



A dance of power and resistance: Supervisee and supervisor perceptions and experiences of clinical supervision in South Africa: A mixed method study

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by

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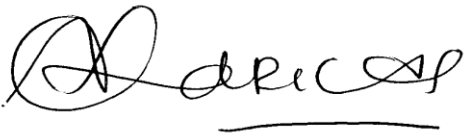
2018

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DECLARATION

I, Shariefa Hendricks hereby declare that this Ph.D. dissertation is my own work and has been generated by me as a result of my own original research. This thesis was supervised under the expert guidance of Professor Duncan Cartwright for the degree of Doctor of Philosophy. Furthermore, I declare that this thesis has not been submitted to this university or elsewhere in partial or full completion of the requirements of another degree.

A handwritten signature in black ink, appearing to read 'Shariefa Hendricks', with a horizontal line underneath the name.

Shariefa Hendricks
2018

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

A handwritten signature in black ink, appearing to read 'Duncan J Cartwright', on a light yellow background.

Prof. Duncan J Cartwright

*This dissertation is dedicated to my mother, Sarah Banoo Haffejee and my late dad, Abdul
Kariem Hendricks
with love and deep appreciation for all they have done for me.*

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It has always been my ambition to complete a Ph.D. in Clinical Psychology. This thesis symbolizes the completion of my Ph.D. This would not have been possible without the support and encouragement of many people. I have to firstly thank God Almighty, for bestowing me with this opportunity and for making this process and its completion possible.

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It always seems impossible until it is done – Nelson R. Mandela

ABSTRACT

This dissertation consists of four (4) separate studies which explore supervisee and supervisor experiences of clinical supervision in South Africa using a Mixed Method Explanatory approach. Studies 1 and 2 investigate the prevalence of negative supervision events (NSEs) and the influence of various contextual¹ and relational variables on supervision outcomes. Findings indicate that 42 (or 45.6%) of the 92 supervisees surveyed, had a NSE, 26.19% categorized their experience as 'harmful', and 73.81% (or 31) as 'inadequate'. Findings indicate race and culture were significantly associated with harmful supervision. Study 2 explored the link between relational variables (Role conflict, Role Ambiguity, Supervisory styles and the Working alliance) and NSEs. A *low* SSI Attractive style (Counsellor) was found to be significantly correlated with WAI Task and WAI Goal, while the Interpersonally sensitive style (Consultant) style) was significantly correlated with WAI Task, Bond and Goal. Of the relational factors that best predict role difficulties, WAI Bond and WAI Goal and a low Attractive Supervisory style were predictive of Role conflict and Role ambiguity. WAI Bond and WAI Task, Role conflict and a low Attractive supervisory style were predictive of negative supervision events. Study 3 explored internship supervisors' perspectives on supervision training and experiences, and their perceived competence, confidence, and effectiveness in providing supervision. Findings reveal many (36 or 83.72%) internship supervisors in South Africa commence supervision without any formal training in supervision, with a vast majority prematurely engaging in supervision responsibilities prior to obtaining three years of independent practice experience. Findings also indicate that internship supervisors tend to become more confident and competent in providing supervision over time, with the majority perceiving themselves to be effective in their supervisory responsibilities. Study 4 explored eight supervisees' subjective experiences of harmful supervision using semi-structured interviews and Interpretative Phenomenological Analysis (IPA).

¹ 'Contextual' variables used in the present study encompasses race, gender, age, language, religion and theoretical orientation.

This study grounds the findings within a relational framework using Relational theory². Three major themes captured trainees' narratives of harmful supervision: (i) *Harmful supervision as a manipulative and negative relational process*, (ii) *Impact on self and others* and lastly, (iii) *Coping process as a means of self-preservation*. Supervisors were described as uninvested in supervision, relentlessly critical and hostile, with unclear expectations, resulting in "dizzying", overwhelming and confused states. Perceptions of being undermined and pathologized, targeted and set up to fail, appeared to amplify trainees' anxiety resulting in compliance and submission (a strategy linked to self-preservation) or resistance. Harmful supervision is perceived to emerge from a power struggle and the misuse of power and authority by supervisors, culminating in a manipulative and negative relational cycle. This revolves around 'a dance of power and resistance', enacted through cycles of domination and submission. Impacts of harmful supervision include breakdown of the alliance and perceptions of a 'superficial alliance', loss of trust, shame, lingering self-doubt, and feelings of inadequacy and incompetence, negatively impacting supervisees' professional development. Supervisees' descriptions of their harmful experiences, offers an understanding of how the power imbalance is perceived to be manipulated in different ways in harmful supervision, setting off a cyclical process.

² Relational theory encompasses Benjamin's theory of mutual recognition and intersubjectivity, in addition to Winnicott's developmental theory and Sullivan's Interpersonal theory

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Table of abbreviations

NSEs	Negative supervision event(s)
IS	Interpersonally sensitive
AT	Attractive
TO	Task oriented
RC	Role conflict
RA	Role ambiguity
CBM	Competency-based supervision model
DM	Developmental Model
IDM	Integrated developmental model
SCM	Supervisor complexity model
RCRAI	Role conflict, role ambiguity inventory
SWAI	Supervisory working alliance
SSI	Supervisory style inventory
ACMS	Attachment caregiving model of supervision

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND TO THE STUDY

Supervision is considered the “signature pedagogy of the mental health professions” (Bernard & Goodyear, 2014, p. 2) and is a principal modality through which psychologists acquire their skills and develop professionally. Furthermore, the purpose of supervision is to foster the professional development of the supervisee³, which in turn ensures client welfare (Bernard & Goodyear, 2004).

Individual differences between supervisor and supervisee and how these differences affect supervision, have become increasingly topical for researchers and theorists (Bernard & Goodyear, 2011). Within a growing body of research on supervision practice, training, competency-based supervision, developmental models of supervision, inter alia, harmful and problematic supervision practices have emerged as an important area of research. In a study on the prevalence of harmful supervision, by Ellis, Berger, Hanus, Ayala, Swords, and Siembor (2014), nearly 36% of the sample was found to be currently receiving harmful supervision and over half reported receiving it previously. In addition, 93% of the sample was found to be currently receiving inadequate supervision. In another earlier study, Ramos-Sánchez, Esnil, Goodwin, Riggs, Touster, Wright, and Rodolfa (2002), demonstrated a significant negative relationship between professional development, feelings of competence or self-efficacy, the development of long-term career goals, and negative supervisory events.

Several damaging effects have also been associated with inadequate and harmful supervision. Key research in this area has found that harmful supervision, “disempowers the trainee, interferes with their learning and leads to overall deterioration of mental health, loss of self-confidence, psychological distress and physical

³ The author uses the terms intern, supervisee and trainee interchangeably throughout this study, with the exception of sections attempting to capture language or construct as presented by a cited author.

well-being, and a decreased ability to function in both professional and personal contexts” (Ellis, Taylor, Corp, Hutman, & Kangos, 2017, p. 14).

Additionally, other effects of negative supervision include lower levels of satisfaction with supervision, weaker supervisory alliances, lower self-confidence, increased stress and anxiety, and a reconsideration of future career goals (Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). Others have reported that students who do not have a positive relationship with their supervisors are more likely to abstain from disclosing information in supervision, adversely affecting their clients (Ladany, Hill, Corbett, & Nutt, 1996).

While the relational variables outlined in the current research project offers some direction regarding factors implicated in inadequate and harmful supervision, and research on negative supervision experience continues to proliferate globally (Ellis, et al., 2014; Gray et al., 2001; Hendricks & Cartwright, 2018; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002), the consequences of harmful supervision for the supervisee “remains largely unrecognized, unacknowledged and not well understood” (Ellis et al., 2017, p.4). The importance of supervisors’ experiences of supervision, specifically their perceptions of their preparedness for and competency in the supervisory role, is an additional area of research that warrants urgent attention (Ellis & Ladany, 1997; Watkins, 1998).

Research has explored negative supervision in terms of various supervisor/supervisee factors and critical events that contribute to negative experience in supervision (Chung, Baskin, & Case, 1998; Ellis, 2001; Ellis, Siembor, Swords, Morere, & Blanco, 2008; Gray, Ladany, Walker, & Ancis, 2001; Lovell, 2007; Ramos-Sánchez et al., 2002), however, a number of areas require further exploration. Firstly, the prevalence of inadequate and harmful supervision in South Africa and the influence of contextual variables are not clearly understood. Secondly, little is known about the link between relational variables (such as the working alliance, role difficulties and supervisory styles) and inadequate and harmful supervision. Thirdly, while much of the extant research has focused primarily on the supervisee, and on factors that impact the supervisee’s

development and perceptions of supervision (e.g. Ladany, et al., 1996; Riggs & Bretz, 2006), in terms of the local context, no major effort has been made to establish the current state of supervision training in South Africa. For this reason, a survey of current supervisory practices was deemed a critical point of inquiry for the current research project. Lastly, trainees' experiences of harmful supervision, associated relational dynamics, and the consequences for their professional development has received scant attention in the literature.

Harmful supervision poses a number of ethical challenges and questions about unprofessional supervisory practice. Consequently, there is a pressing need to create awareness of the contextual and relational variables implicated in inadequate and harmful supervision. It is unfortunate that supervisees should have to fear being harmed during their training and transition into professional psychology. More importantly, the consequences of harmful supervision for the trainee need urgent acknowledgement. While there is no empirical evidence to suggest a link between the lack of supervisor training and harmful supervision, as supervisors we need to acknowledge that the inherent hierarchy and the power differential may contribute to harmful supervision. However, given the lack of research in general on the prevalence of supervision training, practice and supervisor competency, alongside the assumption that training is linked to good supervisory practice and outcomes, a survey of training and supervisory practice within the local context appeared pertinent.

1.2 RATIONALE AND AIMS OF THIS STUDY

The present research project is a response to the marginal research focusing on supervisees' experiences of negative supervision events (NSEs) and supervisors' experiences of clinical supervision in South Africa. It focuses on the four key areas mentioned above.

The overall purpose of this research project is: (i) to build on existing knowledge of the experiences of clinical supervision during internship, specifically the prevalence of negative (inadequate and harmful) supervision

events, (ii) identify the different individual, contextual and relational factors contributing to inadequate and harmful supervision from the supervisee's perspective, and (iii) to investigate supervisors' experiences of clinical supervision and training. In order to fulfil the above objectives, four individual studies were designed. Specific research questions pertaining to each study are explored separately in Chapters 4, 5, 6, and 7. Each of the studies aimed to accomplish the following:

- 1) Establish the prevalence of negative supervision events (NSE) and examine the link between various contextual variables, and NSE's on supervision outcomes (Study 1).
- 2) Identify which relational factors (working alliance, supervisory styles and role difficulties) best predict negative supervision (Study 2).
- 3) Explore the current state of supervisor activity and training in South Africa and examine supervisors' perceptions of their preparedness for supervision and experience in relation to self-perceived competence, effectiveness and confidence in supervision (Study 3).
- 4) Explore the meaning of supervisees' subjective experiences of harmful supervision, how they make sense of their experiences and the short and long-term impact on their learning and professional development (Study 4).

Given that the research project asks questions suited to both quantitative and qualitative enquiry, a Mixed Method Sequential *Explanatory* design⁴ (MMSED) was used. The first phase was quantitative and comprises Studies 1, 2 and 3, while the qualitative phase encompasses Study 4. In the quantitative phase, the researcher used a descriptive design consisting of an online web-based survey. In the follow-up qualitative phase, semi-structured interviews exploring the impact of harmful and inadequate supervision were undertaken with eight supervisees to expand and further explore the quantitative findings.

⁴ See Chapter 2

Importantly, Studies 1, 2 and 4 are a response to a call by leading supervision researchers (Ellis, 2001; Ellis et al., 2014; 2017) for detailed accounts of harmful supervision from other parts of the globe. Hence, the prevalence of negative supervision and the contextual and relational factors appeared to be core areas for further exploration. Study 4, in particular, is a response to the lack of research on the consequences of harmful supervision from the trainee's perspective (Ellis et al., 2017). Using Interpretative Phenomenological Analysis [IPA] and relational theory, Study 4, offers a nuanced understanding of the consequences of harmful supervision and the underlying relational processes and dynamics within which harmful supervision emerges and is embedded.

Following the results of Study 1, findings in relation to general supervisor practice emerged as a pertinent area to explore further and led to the design of a follow-up supervisor survey that explored supervision training, practice and perceptions of competence. Thus, Study 3 addresses an important concern highlighted in the literature related to the lack of training that supervisors receive. Notably, untrained supervisors may be more inclined to perpetuate mistakes made by their own supervisors (Worthington, 1987). Additionally, other authors have pointed out that this may leave supervisors more vulnerable to destructive and ineffective supervision practices (Hoffman, 1994; Milne & James, 2002; Robiner, Saltzman, Hoberman, & Schirvar, 1997). Bearing in mind that training in supervision is non-existent in South Africa, an understanding of supervisors' experiences of supervision and their training needs was thought to be an additional direction to explore in this research project. The scope and design of this dissertation did not allow for the establishment of causal links between supervisor training and negative supervision, thus Study 3 focused solely on understanding supervisors' experiences of supervision and their supervision practices. Evidence from key research suggests that the importance of training in supervision is gaining recognition, with many international credentialing and licensing boards monitoring the practice of supervision (Desmond, Rapisarda, & Nelson, 2011; Falender, 2014).

This research project hopes to make a unique contribution to supervision research, theory, practice, training and development in the following ways: Firstly, this research aims to address the lack of empirical research on clinical supervision in the South African context, producing new insights to an established international field. Secondly, it aims to enhance our theoretical understanding of negative supervision from both a contextual and relational perspective. Thirdly, it aims to apply and elaborate core theoretical concepts in the field. Fourthly, it aims to expand our knowledge of the relational processes implicated in harmful supervision and its impact on the working alliance, learning and professional development. Fifthly, this research might be used to inform practice, policies and ethical frameworks and advocate for training in supervision. Finally, this research hopes to identify acknowledge and raise awareness of the experiences and consequences of harmful supervision and the lack of training in clinical supervision in South Africa.

In the remainder of this chapter I provide an overview of the concepts used across the four studies in this dissertation. In this regard, a brief understanding of clinical supervision, the South African internship context, definitions pertaining to negative supervision, as understood and operationalized in this study (negative, inadequate and harmful supervision), is provided. Thereafter, I briefly discuss the working alliance, role conflict, role ambiguity and supervisory styles. Lastly, I provide a reflexive statement about the project and outline the structure of the dissertation.

1.3 CORE CONCEPTS AND CONTEXTS

Given that this research project comprises four studies, the forthcoming chapters do not include a separate literature review chapter (these are present in each study). It is however, important to define key concepts used in this project and the context within which the research took place.

1.3.1 Defining clinical supervision

Several researchers have provided useful and varied definitions of clinical supervision. Of the many definitions that exist of clinical supervision, Bernard and Goodyear's (2009) definition has been the most popular and well-known. The authors define clinical supervision as:

An intervention provided by a more senior member of a profession to a more junior member or members of that same profession. The relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes 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 & Goodyear, 2009, p. 7).

The above definition captures salient aspects considered fundamental to the trainee supervision context. Two central purposes of supervision include fostering the professional development of the supervisee and ensuring client welfare. The importance of a trusting and collaborative relationship between supervisor and trainee is an essential component of effective supervision. Bernard and Goodyear's (2009) definition emphasizes supervision as an intervention distinct from teaching, counselling, or consultation and the supervisor's role as "gatekeeper". Although this definition is useful, especially in the context of the supervision of trainees, it also points to areas of difficulty in supervision. Notably, the supervisor should be mindful of the implicit power imbalance in the relationship as the supervisor's position of authority may potentially lead to the abuse of power. This problem frames much of the research to be explored in this dissertation.

The term "clinical supervision" in this dissertation is used broadly to refer to all supervision offered to psychology supervisees within an internship context. This includes clinical supervision practice that

encompasses both psychotherapy and psychodiagnostic supervision provided by a primary supervisor to the supervisee. This necessitates the training and development of psychology supervisees in assessment, diagnosis, conceptualization, case management and ensuring ethical service delivery to clients. Such supervision also entails the facilitation and management of the intern's professional adaptation to the demands of the internship site in general. Psychology supervisees and supervisors from both the clinical and counselling scope of practice participated in this study. Furthermore, all supervision referred to in this dissertation refers to individual case supervision as opposed to group supervision.

1.3.1.2 Negative, inadequate and harmful supervision

'Negative supervision' in this dissertation is a collective term used to refer to both 'inadequate' and 'harmful' supervision⁵. Ellis's (2001) definitions were used to define negative supervision events in this study (see Study 1).

One of the problems identified in the literature has been the lack of clearly defined constructs to conceptualize and study supervision that goes badly or harms supervisees (Ellis, et al., 2008). Ellis, et al. (2014) contend that a dozen different terms have been used to describe supervision that goes badly, such as negative supervision (Ramos-Sánchez et al., 2002), counterproductive events (Gray et al., 2001), ineffective supervision (Ladany, Mori, & Mehr, 2013), helpful and hindering multicultural events (Kaduvettoor, O'Shaughnessy, Mori, Beverly, & Ladany, 2009), and unsuccessful supervisory behaviors (Dressel, Consoli, Kim, & Atkinson, 2007), prohibiting a synthesis or comparison of the findings (Ellis, 2001, as cited in Ellis, et al., 2014).

⁵ See Study 1 for definitions of 'inadequate' and 'harmful' supervision (Chapter 4)

In an effort to bring clarity to the topic Ellis et al. (2014) offered a unified framework – a continuum of two constructs: harmful and inadequate clinical supervision. Ellis et al. (2008) theorized that bad and harmful supervision could either consist of the poles of a continuum or be linked through separate constructs (i.e. two-dimensional framework). However, Ellis’s 2001 definitions were regarded as problematic and in need of revision since they did not accommodate varying criteria of harmful and bad supervision (Ellis et al., 2014). Specifically, the definition of “bad” supervision was problematic as “it lacked a theoretical basis, was vague and not clearly delineated”, (Ellis et al., p. 436). This meant that it was difficult to operationalize and empirically test both these constructs. The authors modified the original definitions “(1) by reconceptualising ‘bad’ supervision into ‘inadequate’ supervision and (2) by incorporating more objective criteria and self-identification into the definitions of inadequate and harmful supervision” (Ellis et al., 2014, p. 437). Ellis et al. (2014) tethered their new, revised definitions of inadequate supervision to the definition of clinical supervision as defined by Bernard and Goodyear (2014) and modified it to fit better with ethical standards, standards of training and clinical supervision. The newer definitions are grounded in theory, consider multiple perspectives, and incorporate self-identification and more objective criteria in the definitions (Ellis et al., 2014).

Ellis et al. (2014) contend that inadequate and harmful supervision can be either self-identified or de facto (when the supervisor’s behavior meets specific criteria). Harmful supervision by definition is also considered to be inadequate (Ellis, Creaner, Hutman, & Timulak, 2015).

Given that the present project commenced prior to Ellis et al.’s (2014) revisions, the initial definitions were used. However, some of the aspects of their revised definitions have been included. Notably, three aspects were included (1) the ineffective nature of inadequate supervision and the traumatic consequences of harmful supervision, (2) self-identification of inadequate and harmful supervision and (3) the two considerations for meeting the criteria for harmful supervision, (Ellis et al.,2014):

- the supervisee was genuinely harmed in some way by the supervisor's inappropriate actions/inactions or
- the supervisor's behaviour is known to cause harm even though the supervisee may not identify the action as harmful.

1.3.2 Relational factors in supervision

The link between inadequate, harmful supervision and relational factors, as mentioned previously, appears to be an important area for further exploration. In the present research project, 'relational' factors, refers to the working alliance, role conflict, role ambiguity and supervisory styles as constituted in the supervisory relationship.

1.3.2.1 The working alliance

The supervisory alliance according to Bordin (1983) consists of three components: (1) mutual agreement on the goals of supervision, (2) mutual agreement on the tasks of supervision and (3) the development of a strong emotional bond. Bordin (1983) was of the view that both goals and tasks affect the strength of the alliance, which in turn is dependent on the clarity and mutuality of the agreement between the supervisor and trainee. Additionally, for Bordin the *bond* dimension of the alliance "centres on mutual feelings of liking, caring and trusting that participants share" (1983, p. 36). A lack of collaboration and clarity in either the mutually defined goals of supervision and identified tasks, provides useful insights into how difficulties develop in the relationship and how it affects the quality of the bond. Bordin's (1983) concept of the alliance is discussed in more detail in Chapter 2.

1.3.2.2 Role difficulties

The concepts of role conflict and role ambiguity are two important relational variables explored in Study 2 of this research project. Hence, a brief discussion of the two types of role difficulties experienced by trainees appears warranted.

Role conflict occurs when expectations of supervision differ for supervisees and supervisors and encompasses experiences in which expectations involved in the role of student or trainee oppose roles associated with counsellor and colleague (Olk & Friedlander, 1992).

Supervisees may experience *role ambiguity* when they are unsure of supervisory expectations for performance, are uncertain about the evaluation process or about the consequences of effective and ineffective performance (Biddle, 1979 as cited in Olk & Friedlander, 1992), or uncertain about the extent to which personal issues are suitable for discussion in supervision (Ladany & Friedlander, 1995).

Within the internship context, the “supervisee depends on the supervisor for accurate information about their roles” (Ladany & Friedlander, 1995, p. 220). Difficulties emerge when expectations of behaviour are competing or opposing, these roles may at times conflict with one another (Biddle, 1979 as cited in Olk & Friedlander, 1992; Ladany & Friedlander, 1995).

The occurrence of role conflict can include differences in theoretical orientation (Moskowitz & Rupert, 1983) and is also dependent on the developmental level of the intern, since role conflict is more significant during later stages of supervisee development (Nelson & Friedlander, 2001; Olk & Friedlander, 1992). Supervisors with dual or overlapping roles tend to confuse the supervisee. It is also likely that role difficulties such as disagreements between the supervisee and supervisor regarding the tasks and goals of supervision can strain the supervisor-supervisee relationship (alliance) and give rise to ruptures in the bond dimension of the alliance (Ladany, 2004; Safran, Muran, & Eubanks-Carter, 2011).

1.3.2.3 Supervisory styles

Supervisors adopt a variety of roles and styles in supervision. Friedlander and Ward (1984) defined three interrelated supervisor styles: Attractive [AT], Interpersonally Sensitive [IS] and Task-Oriented [TO] styles. Friedlander and Ward (1984) recognize supervisory styles to be a supervisor's personal manner of interacting with a supervisee and implementing supervision. 'Style' emphasizes the interpersonal or relational aspects of the supervisor's preferred way of helping supervisees learn requisite skills and knowledge that are considered important to supervision outcomes (Bernard, 1997).

These styles are more or less similar to Bernard's (1979) three supervisor roles of interacting with trainees, specifically that of consultant, counsellor, and teacher. A 'role' refers to different postures (counsellor/teacher/consultant) a supervisor assumes, to stimulate a supervisee's professional development and alters the manner in which a supervisee is approached within supervision (Luke & Bernard, 2006). Thus, the supervisor adjusts his/her role in accordance with the supervisee's development and training needs.

An *Attractive* style (i.e. consultant role) is associated with supervisors who demonstrate warmth, empathy, openness respect and support and adopts a collegial approach to supervision. A supervisor with an *Interpersonally Sensitive* supervisory style (similar to the *counsellor* role) has a relationship-oriented style of supervision. This style "reflects psychoanalytic theorist's emphasis on relational aspects of supervision" (Shaffer & Friedlander, 2017, p. 2). It emphasizes the intuitive, reflective, therapeutic, perceptive and invested qualities of a supervisor. Both the above supervisory styles have been linked to predicting supervisee satisfaction and have demonstrated the ability to predict one or more aspects of the supervisory working alliance (Bernard & Goodyear, 2014). Bernard and Goodyear (2014) maintain that the collaborative and emotionally invested nature of these two styles makes for a better-quality alliance. The *Task-Oriented style* supervisor (teacher style) is goal-oriented, structured and has a content-focused style of supervision

(Shaffer & Friedlander, 2017). In terms of current research, the link between supervisor styles as a predictor of role conflict and role ambiguity in the context of negative supervision has not been extensively explored in the literature.

1.3.3 Clinical supervision in South Africa

In South Africa, registration as an Independent practitioner necessitates four mandatory requirements for psychology students pursuing a directed master's degree in Clinical, Counselling, Education or Industrial Psychology. Firstly, a one-year coursework master's at an accredited university is compulsory. Secondly, it is compulsory for all intern psychologists to undertake a 12-month supervised internship (Health Professional Council of South Africa (HPCSA, 2006) at an institution, public hospital or organization accredited by the Board of Psychology of the HPCSA. The primary purpose of an internship according to the Board for Psychology of the HPCSA,

is to integrate, apply and refine the student psychologist's attitudes, competencies and skills that are necessary for independent functioning as a psychologist in a variety of settings. Expected competencies vary according to the specific registration category (HPCSA, form 160, 2006, p. 2).

Following the internship, a third requirement for Clinical Psychologists is the completion of a compulsory 12-month community service placement at an accredited hospital. All other categories of registration are exempted from this requirement. The final requirement for Independent practice registration is the achievement of a 70% pass mark in the National board examination.

According to the Professional Board for Psychology (HPCSA), a "supervisor", or "supervising psychologist", is "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). Supervisors are required to work with trainees as they commence their clinical work, through the

provision of structured clinical supervision of at least two hours per week, as per the Board of Psychology's clinical guidelines for internship. The Board stipulates clear guidelines regarding the ethical obligation of supervisors to ensure the welfare of their trainees' clients first and secondly their role in the professional development of the trainee. Ethically, psychologists undertaking supervisory responsibilities are required to ensure that they do not exceed the boundaries of their competence, training, education and supervised experience (Form 223, HPCSA, 2006; APA 2017).

1.3.3.1 Supervision training in the South African context

The Australian Board of Psychology recently endorsed training in supervision that adheres to a competency-based model for supervisors within a best practice supervision framework (Gonsalvez & Calvert, 2014). In South Africa, formal training in supervision practice is not a mandatory requirement and, as pointed out above, is not a precondition to supervise. This may explain why supervisors have not been vocal about their training needs, the limited availability of formal supervision training programmes, and why training in supervision in South Africa has not been prioritized for psychologists.

Formal training in supervision in South Africa, while noticeably relevant and warranted, has been ignored and relatively unexamined in the clinical supervision literature even though it is recognised as a "separate field of inquiry" (Ellis, 2006, p.122). The absence of training in supervision suggests that supervising psychologists may develop their supervisory skills, methods and styles based on their own experiences of supervision. This appears to be a global trend. In effect, the lack of formalized supervision training programmes may mean that supervisors obtain informal training through Continuous Development Programmes (CPD) comprising brief one-day or weekend workshops on supervision practice.

Clinical supervision provides specific training in the assessment, diagnosis, treatment and management of mental health problems. Given the many challenges and potential problems involved in teaching supervisees ethical practice, for instance how to keep professional boundaries intact, there is increasing appreciation for

the multiple roles and responsibilities undertaken by clinical supervisors. Alongside these, several major challenges face supervision practice in South Africa. These include: (1) the lack of accredited supervision training programmes in the region, (2) a lack of awareness and poor understanding of the difficulties faced by trainees during internship, (3) a lack of explicit ethical and professional practice guidelines and regulatory frameworks that govern clinical supervision and (4) the lack of mandatory supervision training by the Psychology Board of the HPCSA

Both local and international regulatory and professional boards for psychology mandate psychologists to practice exclusively within the boundaries of their competence. The American Board of Professional Psychology of the American Psychological Association (APA, 2014) has established guidelines, and standards in some states to ensure the development, certification, and maintenance of competence as a supervisor. Similarly, regulatory and professional organizations, including individual, state and provincial boards, the APA, the Association of State and Provincial Psychology Boards, and the American Board of Professional Psychology, have ensured the establishment of policies guiding the ethical and professional practice of supervision. Unfortunately, the South African Professional Board for Psychology (HPCSA) has yet to establish guidelines and standards specific to clinical supervision.

1.4 STATEMENT OF PERSONAL AND PROFESSIONAL REFLEXIVITY

My experience as both a former intern-in-training and as an inexperienced and untrained supervisor in the public health setting prompted me to explore the experiences of both interns and supervisors regarding their supervision experiences. The notion of the existence of negative experiences in supervision came about during my own experiences as a clinical intern. During my internship, I felt vulnerable vis-à-vis my supervisor. A few years after qualifying as an independent practitioner, I was faced with the same vulnerability as I did as an intern. As a younger and inexperienced psychologist, I was not trained to be a supervisor and by virtue of my three years of independent practice, I was considered “competent” to supervise. I was unwittingly

placed in a position of power, to gate keep and ensure only competent interns would enter the profession. The enormity of this task forced me to reflect on my supervisory skills (or lack thereof), expertise and knowledge. Therefore, this study emanated from my own experiences around the lack of training and support for both interns and supervisors. Working in a higher education context has also raised my awareness about the differences within the two training contexts that I have been exposed to. I was aware and expected that my personal experiences could possibly be a potential source of bias in this study. I elaborate on reflexivity in greater detail in Chapter 3.

1.5 OUTLINE OF THIS DISSERTATION

This dissertation is divided into eight chapters. The Introductory chapter, Chapter 1, orients the reader to some of the constructs explored and discussed in this study, the aims and rationale of the study, clinical supervision in the South African supervision context and describes the personal and professional influences underlying my decision to embark on this study. Chapter 2 of this dissertation contextualizes the study by providing an in-depth review of the major theories used to conceptualize the underlying supervisory process and negative supervision within the context of the supervisor–supervisory relationship.

Chapter 3 provides an in-depth discussion of the study's Mixed Method Explanatory approach and outlines the methodological, theoretical and philosophical foundations. This chapter also explains the overall research process, the study objectives, design, trustworthiness, ethical considerations and a statement of personal reflexivity.

Chapters 4, 5, 6, and 7 comprise the four individual studies. Each of these chapters provides the reader with an extensive literature review of the area of research before attending to the specific research questions and analysis.

Each of the chapters are broken down as follows:

- Chapter 4 (Study 1) a published study by the author and her supervisor, investigates the prevalence of negative, inadequate and harmful supervision, and identifies the contextual factors implicated in negative supervision.
- Chapter 5 (Study 2) explores the relationship between different relational variables such as the working alliance, supervisory styles and role difficulties and inadequate and harmful supervision.
- Chapter 6 (Study 3) surveys Clinical and Counselling Psychology supervisors across nine provinces in South Africa. Experiences of supervision, their training and their preparedness for the supervisory role, are explored. Data on supervisors' self-appraisals of competence, confidence and effectiveness in the supervisory role are also explored.
- Chapter 7 (Study 4) offers an in-depth subjective account of eight interns' harmful and inadequate experiences of clinical supervision and its impact on their professional development. Semi-structured interviews are analysed using Interpretative Phenomenological Analysis (IPA).

The final chapter of the dissertation, Chapter 8, discusses the objectives of the study and integrates the overall findings of the four studies. It also discusses the theoretical and research implications thereof, the strengths and limitations of this research project and areas for further research. Finally, the researcher reviews and concludes the main findings and offers recommendations, management and intervention strategies emanating from the findings, and concludes this chapter outlining implications of the study.

CHAPTER 2: REVIEW OF THEORIES

“In its own intrinsic structure, subjectivity is already, and in the most profound sense, genuinely intersubjective” - Gabriel Marcel, (1950, p.182-183): The Mystery of Being

2.1 INTRODUCTION

The purpose of this chapter is to ground supervisees' negative supervision experiences and supervisors' 'perceptions of competence' within supervision theory.

Despite the importance of quality supervisory relationships, the experience of negative supervision and relational difficulties between supervisee and supervisor are relatively common (Ellis et al., 2008; 2014; Galante, 1998). Negative supervision experiences appear to be related to individual, contextual and relational factors that adversely impact on the quality of the supervisory alliance.

This dissertation will draw on both Developmental and Relational theories⁶ to understand supervisory development, processes and interaction. Within this framework, an understanding of trainees' subjective experiences of negative supervision and the underlying relational dynamics, merits further examination of the supervisory relationship through the lens of relational theory. Two Developmental Models (DM's) are utilised in this research project: The Integrated Developmental Model [IDM] (Stoltenberg, McNeill, & Delworth, 1998) and the Supervisor Complexity Model [SCM] (Watkins, 1997). Whilst developmental theories underscore the importance of supervisor and supervisee growth and development, these theories are limited, however, in their theoretical understanding of interactional and relational aspects of the

⁶ This study broadly refers to interpersonal, relational and intersubjective views collectively as “relational theory”.

supervisory process. In particular, they fail to emphasize the bi-directional nature of relationships or the idea that relationships are co-constructed. For this reason, relational theory offers a useful addition.

A focus on relational theory draws on Bordin's (1983) Alliance model as an overarching framework. In addition, Frawley-O' Dea and Sarnat's (2001) relational supervision model, and other relational theorists such as Winnicott and Sullivan are used to understand potential experiences and dynamics evident in the supervisory relationship. In line with a developmental focus, this study also draws on the Competency Based Model [CBM], which focuses specifically on competency standards and guidelines for supervisor training and development (Falender & Shafranske, 2004). These conceptual understandings are substantiated in the sections below and revisited in subsequent chapters throughout this dissertation.

2.2 DEVELOPMENTAL MODELS

2.2.1 Integrated Developmental Model

The Integrated Developmental Model (IDM), developed by Stoltenberg (1981), has become the best known and most widely used developmental model. It was later modified by a number of contributors (Falender & Shafranske, 2004; Stoltenberg & Delworth, 1987; Stoltenberg, et al., 1998). The IDM emphasizes the developmental stages that supervisees progress through and "provides a framework for understanding how supervisees change over time and how various supervision environments and interventions (specifically) can enhance or detract from the development of professional competencies" (Stoltenberg, 2005, p. 858). The IDM describes counsellor development as progressing through four levels, level 1, 2, 3 and 3–integrated (3i), each with corresponding characteristics and behaviours required of supervisors working with the supervisee at each level (Stoltenberg et al., 1998; Westefeld, 2009). Each level is based on three domains, (a) motivation, (b) autonomy and (c) self-other awareness (Stoltenberg et al., 1998). Table 1

below briefly describes the characteristics of supervisees as they progress from novice to master level and the strategies employed by supervisors to support their development.

Table 1: Integrated Developmental Model

Supervisee level	Overview of stage	Supervisor strategies
Level 1:	High anxiety, motivation, dependence on the supervisor, fearful of evaluation, requiring a high level of structure and support from the supervisor (Foster, Lichtenberg & Peyton, 2007). Primary focus is on the self.	Provides structure and support, acts as an expert.
Level 2	Supervisee experiences changing confidence and motivation often linking their own mood to success with clients (Smith, 2009). There is conflict between autonomy and dependence.	Less didactic, more facilitative and encourages autonomy.
Level 3	<p>Supervisees are essentially secure, stable in motivation, have accurate empathy tempered by objectivity, and use the therapeutic self in interventions (Falender & Shafranske, 2004; Smith, 2009).</p> <p>Supervisees are independent, show increased insight and have more confidence in their treatment plans (Foster, et al., 2007; Jordan, 2007).</p> <p>They also have more self-awareness and the integration of personal behaviour with professional is very high (Stoltenberg & McNeill, 2010).</p>	Supports development of a professional identity, relationship is consultative and collegial, focuses on trainees' personal and professional integration.

Level 3i	Demonstrates personal autonomy, insightful awareness of their own limitations, develops integration across domains, easily confronts personal and professional issues (Carlson & Lambie, 2012; Salvador, 2016). Trainee functions autonomously and independently, requires a less structured environment because they are more aware of when to seek consultation (Stoltenberg & McNeill, 2010).	Supervisor acknowledges their own limitations, uses more confrontation and challenges the trainee's techniques or case conceptualisation increasing the trainee's self-confidence (Carlson & Lambie, 2012).
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The primary focus for Level 1 trainees is on the self, anxiety about evaluation and a need for structure. Some trainees in this study were between level 1 and 2 at the time of their reported NSE while others were between level 2 and 3. They experienced high vulnerability given that they were in the early stages of supervision, where anxiety and dependence are high, coupled with minimal training and experience (Stoltenberg et al., 1998). Apart from this, trainees needed immense structure, support and positive feedback alongside the desire to know correct or best approaches with clients. Findings in Chapter 7 reflect a lack of structure and relentless, negative feedback which impacted the alliance in a negative way. Based on the IDM model, in such cases, a supervisor's failure to respond to a supervisee's need for structure and support early in their development may jeopardise the alliance, and the supervisee's learning and development. According to Smith (2009), supervisors who adopt this model, need to, "accurately identify the supervisee's current stage and provide feedback and support appropriate to that developmental stage, while at the same time facilitating the supervisee's progression to the next stage" (Smith, 2009). This progression would also rely on the supervisor being clear about the tasks, goals and expectations at that point in supervision.

The model's relational interventions (Stoltenberg et al., 1998), suggest that supervisors should be attuned to trainees' developmental needs and training challenges. If this does not occur, the likelihood of experiencing negative supervision events could be elevated.

Despite the lack of empirical support, the utility of this model in conceptualizing supervisee professional development is favoured over other models since it "identifies a variety of trainee variables in considering how to best deliver supervision" (Westefeld, 2009, p. 299). A further strength of this model is its view of the supervisee as "developing along a continuum, having different generic needs that require different interventions from supervisors at various points along the continuum" (Westefeld, 2009, p. 300). The IDM stresses the need for the supervisor to utilize skills and approaches that correspond to the level of the supervisee. For example, with a level 1 trainee, the supervisor has to achieve a balance between the trainee's high anxiety and dependence on the one hand and being supportive and prescriptive on the other hand (Smith, 2009).

In sum, the IDM raises important questions in relation to the perception and experience of negative supervision. For instance, within a negative supervision context, how might a trainee's relationship with his/her supervisor affect his/her developmental progression in supervision? Also, how might the changing dynamic between the supervisor and supervisee in the context of harmful supervision, affect the supervisor's ability to be attuned to the trainee's developmental needs? Mismanagement of the trainee's anxiety, a lack of structure or a weakened alliance may influence how the trainee experiences the supervisor and the supervision process. In other words, if the supervisor is perceived as unsupportive or unwilling to respond to the trainee's need to be contained, this may lead to perceptions of supervision as "negative".

2.2.2 Supervisor Complexity Model (SCM)

The SCM provides a means of understanding the development process of psychotherapy supervisors. This model places emphasis on supervisor development which occurs as a response to increased challenges among several dimensions as the supervisor gains experience (Watkins, 1994).

In his Supervisor Complexity Model, Watkins (1997) proposed that supervisors progress through four stages – “Role shock, Role Recovery/transition, Role consolidation and Role Mastery on their way to actually becoming a supervisor” (p. 165). Table 2 below provides a synopsis of the stages of the SCM. In addition, Watkins (1997) proposed four primary issues faced by supervisors as they progress through the four stages: (1) competence versus incompetence (2) autonomy versus dependence (3) identity versus identity diffusion and (4) self-awareness versus unawareness.

Table 2: Supervisor Complexity Model

Supervisor stages	Characteristics of each stage
1. Role Shock (Beginning supervisor's)	In this stage the supervisor is described as playing the role of a supervisor (Watkins, 1990). A sense of being a phoney pervades. Feeling overwhelmed, unprepared and lacking in confidence the supervisor either retreats into themselves or into a structure. Uses a concrete and rule oriented approach; little attention is paid to the processes between themselves and their supervisee. Newer supervisors either withdraw or impose a too-rigid structure (Bernard & Goodyear, 2014, Watkins, 1993). There is limited awareness of their supervisory strengths, styles and theories or how they impact supervisees (Watkins, 1993; Ladany & Bradley, 2011).
2. Role Recovery	Supervisors have increasing recognition of their strengths and skills as “supervisors”. They are more confident and aware of their impact on

	<p>trainees. They begin to develop a supervisory identity, which may still be very fragile and prone to being shaken when confronted with supervisory difficulties (Ladany & Bradley, 2011; Watkins 1993). Supervisors' self-appraisals vacillate from feeling good about their performance to feeling bad (Bernard & Goodyear, 2014). There is more awareness of supervisory process issues, such as transference and countertransference.</p>
<p>3. Role Consolidation</p>	<p>Supervisor identity becomes more "consolidated", more "stable and consistent" and "higher level of openness, competence, and skill vis-a-vis supervision." Attains a more realistic perception of self and supervisee. Supervisor identity not easily shaken (Watkins, 1993, p. 59).</p>
<p>4. Role Mastery</p>	<p>Supervisor attains the highest level of functioning. A sense of being a "master supervisor is achieved in identity and skill" (Watkins, 1993). Supervisors are well integrated and have "a theoretically consistent supervisory style" and handle problems effectively and appropriately (Ladany & Bradley, 2011, p. 149).</p>

The SCM enhances supervisors' awareness of their own supervision deficits. The usefulness of this model in identifying qualities of ineffective supervisors (Watkins, 1994) is important to understanding how the supervisor's developmental level and professional maturity influence how they contribute and respond to negative supervision events. The SCM is also useful in understanding the supervisor development process and how it affects the professional identity of the supervisee. The SCM is revisited in Chapter 6 and 8.

Although there has been a proliferation of developmental theories in the theoretical and empirical literature, DM's are limited by their predominant focus on skills acquisition and their tendency to disregard the supervisory relationship (Ladany, 2002). Still further, DM's fail to consider the influence of cultural factors with respect to case conceptualization, as well as the different training contexts in which supervisees and supervisors are situated (Ladany & Bradley, 2011). Finally, although DMs specify "what the counsellor and

supervisor experience and do at each stage” (Worthington, 1987, p. 191), and their specific roles and responsibilities, they do not clarify how the supervisor promotes or impedes movement from one stage to the next. All the above observations suggest additional theory is required to understand supervisory processes and negative supervision events.

2.3 RELATIONAL THEORY AND SUPERVISION

2.3.1 Alliance theory

Bordin’s (1983) conceptualization of the supervisory working alliance is a core theoretical construct used in this study. It serves to highlight key relationship dynamics and has strong empirical backing (Bordin, 1983).

Dating back to the 1900’s the quality of the therapeutic relationship between therapist and patient was of central importance, and to date has remained an unwavering force in the literature (Doran, 2016). Similar alliance factors have also been found to be an essential aspect of the supervisory process. A widely held belief is that Zetzel (1956) was the first to use the term *therapeutic alliance*, in 1956. It was in fact Sterba who coined the term in 1934 (Doran, 2016). Sterba, like Freud, saw the analyst’s role as mostly passive, focussing instead on the patient’s contribution to the alliance. Building on the work of Sterba and Freud, Zetzel, “differentiated transference as therapeutic alliance (the patient-therapist relationship) from *transference neurosis* – a manifestation of resistance to treatment” (Doran, 2016, p. 146).

Zetzel (1956) defined the therapeutic alliance as “the patient’s identification or positive transference with the therapist” (Doran, 2016, p. 146). Extending the work of Zetzel, Greenson (1965) coined the term *the working alliance* which he maintains represented an emotional association between the therapist and the aspects of the patient that desires therapeutic change (Doran, 2016). In Zetzel’s (1956) view, the therapeutic alliance outlined the patient’s ability to utilize the functional, healthy parts of the ego in collaboration with the analyst.

Later on, the salience of the therapeutic relationship to therapeutic outcomes shifted attention to investigating the relationship in greater depth. Bordin (1979) extended the work of Greenson (1965) and proposed a tripartite model of the alliance. In extending the alliance model to supervision, he thought that change of the term “*therapeutic alliance*” to the “*supervisory alliance*” was necessary. The supervisory alliance, according to Bordin (1983), consists of three components: (1) mutual agreement on the goals of supervision, (2) mutual agreement on the tasks of supervision and (3) the development of a strong emotional bond.

Bordin’s (1983) conceptualisation of the supervisory working alliance (SWA) provides a relevant theoretical perspective from which to understand both supervisor and supervisee responsibility toward the development of a strong alliance and the mutual, collaborative effort required from both parties to work towards change. Use of Bordin’s (1983) model also assists in clarifying core factors that influence the supervision process (Kulp, 2011). It promotes a clear alignment between the goals and expectations of supervision which enhances the alliance and reduces role ambiguity and role conflict.

In terms of mutual agreements, Bordin (1983) stated that “no change goals can be achieved without some basic understanding and agreement between the principals involved” (p. 35). He maintained that both goals and tasks affect the strength of the alliance and that the strength of the alliance is dependent on the clarity and mutuality of the agreement between the partners involved. More than that, there must be a clear understanding by the person seeking change of the connection between tasks and the shared goals imposed on each participant. To commence a task, there needs to be a clear fit between the demands of the task and the individual’s unique abilities (Bordin, 1983). Lastly, for Bordin, the bond dimension of the alliance “centres on mutual feelings of liking, caring and trusting that participants share” (1983, p. 36). A lack of collaboration and clarity in either the mutually defined goals of supervision and identified tasks,

provides useful insights into how difficulties develop in the relationship and how it affects the quality of the alliance, particularly the bond dimension of the alliance.

Bordin (1983) lists eight supervisory goals he believes a supervisee should seek. With the exception of a few (see goal 8), not all are change goals: (1) *Mastery of specific skills*; (2) *Expanding one's understanding of clients* (3) *Expanding 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 concepts and theory*; (7) *Provision of a stimulus to research* and lastly, (8) *Maintaining standards of service* (p. 37-38).

Fundamental to Bordin's (1983) model is the supervision contract, its one-to-one character and the need for ongoing summative or summary evaluative feedback. In seeking to foster a strong working alliance, he felt that it is necessary, if not imperative, to have a "frank and relaxed discussion about the supervisee's previous didactic and field experiences" (p. 39). In addition, Bordin (1983) also thought it was important to establish and maintain clear roles and expectations in regard to the structure and boundaries of supervision (Bernard & Goodyear, 2014).

Corresponding to the eight goals listed above, Bordin (1983) identifies three primary tasks for trainees, which involve: (1) preparation of oral or written reports of the hours under review to which the supervisor responds accordingly, (2) participation in objective observation of therapeutic work and (3) selection of problems and issues for presentation. He also encourages the building of a strong supervisory alliance to counteract the tension of status differences between supervisor and supervisee.

Other primary tasks of the supervisor include "focussing on areas of trainee difficulties or deficits, providing trainee feedback and coaching, facilitating trainee development and personal understanding" (Bordin, 1983, p. 39). Bordin (1983) emphasizes the importance of having discussions with supervisees that includes *inter*

alia, a list of the supervisee's research interests, the supervisee's previous supervisory experiences and any previous issues left over from that work that attention should be given to, or the kinds of difficulties the supervisee anticipates they might encounter. These discussions should particularly also include impasses as are commonly found in conflictual or negative supervisory encounters.

Additionally, it is important that discussions with supervisees explore the supervisor's own experience and theoretical commitments. Bordin (1983) writes that it is important to be mindful of the supervisee's unstated goals, and of the supervisor's perceptions of his/her general skill level. In his view, general feedback does not satisfy this need, as it leaves the supervisee unsure of how he/she is being evaluated. Bordin (1983, p. 39) proposes that within the supervisory alliance model, evaluation should be an ongoing and summative process. He suggests that feedback is best provided face-to-face within a well-established working alliance, in which each member in the dyad is able to give and receive both adverse and favourable feedback. Thus, both members of the dyad evaluate and are evaluated. This is an evaluation of their "partnership" which permits the supervisor and supervisee to readily discuss their failures and difficulties.

2.3.1.1 Alliance Ruptures

Although Safran and Muran (2000b) based their understanding of the alliance on the therapeutic relationship, it has been assumed that many of their observations apply unequivocally to the supervisory alliance. However, given the fundamental differences between the two relationships (hierarchy, power differentials, gatekeeping role), more caution is warranted.

Safran and Muran (2000b) define a rupture as "strains in the alliance, consisting either of disagreements about the tasks or goals of therapy or of problems in the bond dimension" (p. 16). The authors further define a rupture in the therapeutic alliance "as a tension or breakdown in the collaborative relationship and a poor quality of relatedness", (Safran & Muran, 2006, p. 289). Ruptures within the alliance are inevitable

and vary in intensity from “relatively minor tensions in which one or both of the participants may be only vaguely aware of, to major break-downs in collaboration, understanding, or communication” (Safran, Muran, & Eubanks-Carter, 2011, p. 80). Breakdown in the alliance appears to have a cyclical effect on interaction (Safran & Muran, 2000a) where both parties affect each other. I return to this in chapter 7 in discussing the relational patterns apparent in harmful supervision.

On the occasion of a rupture it is imperative that supervisors and supervisees recognise the type of rupture with which they are dealing. In this way they are better prepared to resolve the rupture. Drawing on Harper’s Model (1989a; 1989b), Safran and Muran (2000b) identified two major subtypes of alliance ruptures: *withdrawal ruptures* and *confrontation ruptures*. These often occur in combination with one another. In *confrontation ruptures*, the supervisee directly expresses her unhappiness or even anger at some aspect of supervision or the supervisor. However, given the vulnerability of the supervisee, their precarious position in the internship programme, and their anxiety about evaluation it seems more likely that the supervisor would be the one to initiate confrontational ruptures. In *withdrawal ruptures*, the supervisee disengages from the supervisor or some aspect of the supervision process by “withdrawing, deferring or complying” (Safran & Muran, 2000a; p. 287). Supervisees would be less likely to engage in overtly controlling behaviour in supervision and hence far more likely to engage in withdrawal ruptures. Safran and Muran (2000a) posit that supervisees respond defensively or with their own anger to confrontation ruptures and with controlling behaviour, toward withdrawal ruptures. However, given the risk of a negative evaluation, extension or termination from the internship programme, it seems unlikely that supervisees would engage in more overtly controlling behaviours in supervision.

Safran and Muran, (2000a) identify two key strategies that can be employed to effectively address ruptures: (a) supervisors must be aware of their own reactions that the supervisee has elicited; and then (b) supervisors should encourage joint reflections and discussion on the difficulties at hand which ensures

avoidance of perpetuating the maladaptive interpersonal cycle. It may be the case that supervisors are oblivious to their own reactions or may be unwilling to openly communicate about conflict. This may serve to not only perpetuate, but also maintain the maladaptive interpersonal cycle.

Much of the research to date on the influence of the alliance on therapeutic outcome suggests that a strong alliance is a prerequisite to positive outcomes and change, both in therapy and in supervision (Safran, Muran, Samstag, & Stevens, 2001). Similarly, a solid working alliance and an affective bond with the supervisor is considered to be crucial to the outcomes of supervision.

In summary, the quality of the supervisory relationship and the effectiveness of supervision is contingent on the presence and quality of the alliance. Without a solid alliance, the supervisory relationship cannot survive under conditions of strain and tension. The interaction between members of the dyad and the approach used by the supervisor to provide feedback influences both the course of supervision and the development of the alliance. This inadvertently impacts the learning process and trainee development.

Salient questions that come to mind include the following: How does the interaction between the dyad contribute to the development or collapse of the alliance? Does a weak alliance exacerbate the experience of NSE? In what ways does harmful supervision contribute to the breakdown of the alliance? It is essential that we think about how the supervisor's attitude or manner of approach affects the bond with the supervisee and indirectly the development of the supervisory alliance.

In addition to alliance theory and its emphasis on the bond, the next section draws on Benjamin's theory of mutual recognition, intersubjectivity and split-complementarity, and Winnicott and Sullivan's theories, to augment the subjective states present in the supervisory dyad. These theories are used to get closer to core relational dynamics and positions in the supervisory relationship that further explain difficulties in the

alliance. Like Benjamin, Winnicott's and Sullivan's theories are both relational and implicitly based on an intersubjective approach.

2.3.2 Relational theory

Although there are different ways of understanding the bond dimension of the supervisory alliance, it is perhaps best understood from a relational theory perspective. Moreover, these theories are used to recognize the underlying relational (intrapsychic and interpersonal) processes within supervision.

Relational theory draws on more recent efforts in psychoanalysis to move away from a 'one-person psychology' to a 'two-person psychology' (Aron, 1996). Greenburg and Mitchell (1983) write that the essence of this approach is the idea that two subjectivities, working together with mutual influence, organize the relationship (therapeutic or supervisory). In his seminal work, Buber (1958) focused on meaningful relatedness, wherein he outlined two ways of being in the world: the modes of I-It and I-Thou. He proposed that I-It individuals treat each other as objects. I-It refers to the way the world is experienced by an individual and speaks to encounters in the non-living world, whereas I-Thou individuals strive to relate meaningfully to others through meaningful interpersonal relationships (Buber, 1958). Thus I-Thou individuals are relational and engage in reciprocal dialogue. Although he asserts that we should live in both worlds, Buber states that the realm of I-Thou has a different basis, and it is only in the 'I-Thou' realm that people relate with their whole being because only in this world, true dialogue and relationship is possible. The essence of maturity and health is the successful negotiation of this twofold nature of existence. Applied to the supervision context, mutual recognition is implicit in the 'I-Thou' relation since it implies a subject-to-subject relationship and relating to another as a subject is an intersubjective act.

Relational theory posits that from birth, human beings develop within the context of the “relationships they struggle to engage in, maintain and extricate themselves from” (Frawley-O’ Dea & Sarnat, 2001, p. 51).

Accordingly, Mitchell (1988) explains that with a “*two-person psychology*” approach,

Desire is experienced always in the context of relatedness, and it is that context which defines its meaning. The 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).

With this in mind, a relational model of supervision is defined by “mutuality, shared and authorized power, and the co-construction of knowledge” (Frawley-O’ Dea & Sarnat, 2001, p. 24). In applying the above to the supervision context, careful attention needs to be paid to the asymmetries of power in the supervisory relationship. Thus, for relational theorists, the ‘relationship’ is the heart and soul of supervisory and therapeutic endeavours. Given this, Kron and Yerushalmi maintain that the supervisor would need to see herself as “a participant in an intersubjective interchange with the supervisee”, requiring a shift in the goals of supervision (2000, p. 106). Relational theory honours the relationship by placing emphasis on the “mutual embeddedness of the interpersonal and intrapsychic elements” (Frawley-O’ Dea & Sarnat 2001, p. 51). Henceforth, within the context of clinical supervision, adopting a relational approach to supervision means that the supervisor is a participant in the supervisory process and is prepared to understand the supervisee’s concerns and needs through the experience of interpersonal and intersubjective actions in supervision (Kron & Yerushalmi, 2000).

Applied to negative supervision experiences, Maroda, (1999) states that a relational approach requires that both supervisor and supervisee examine,

how and why they are in conflict, what led up to the event, how each person experiences it, how each person's history sets the stage for the current conflict and how they must reveal their emotional responses to each other (p. 122).

This raises important questions about the supervisor and supervisee's subjectivity and their individual contributions to conflict, impasse or a negative supervision event. It also raises questions about the distribution, expression and experience of power in the relationship and how this might influence the experience of inadequate and harmful supervision. Even though mutuality is not tantamount to equality, symmetry or mutual analysis, relational theory does not repudiate or obscure the real power, expertise and experience differential in the patient-therapist/supervisor-supervisee relationship. When applied to the supervisor-supervisee relationship, relational theory recognizes and acknowledges that each have different functions and requirements (Frawley-O' Dea, & Sarnat, 2001).

It is often the case that clinical or treatment paradigms are applied to supervision. Various typologies have been advanced in the literature proposing a unified model of supervision grounded in contemporary relational theory (Fossage, 1997). Frawley-O' Dea and Sarnat, (2001) believe that in order to facilitate thinking about the difference between supervision approaches it was necessary to define a set of dimensions along which they could be compared. They offer a typology consisting of three dimensions, amenable to describing the full range of supervisory roles.

Frawley-O' Dea' and Sarnat's (2001) relational model is an experiential approach to teaching and learning that is built on three key dimensions: (1) the nature of the supervisor's authority (2) the data considered by the supervisor to be relevant for supervisory processing and (3) the supervisor's primary mode of participation in supervisory relationships. The authors apply each of these dimensions to distinguish three

distinct models: (i) the Patient-centred model, (ii) Therapist-centered model and of specific reference to this study, (iii) the Relational Model.

Dimension 1 is considered central to describing the supervisory relationship along a continuum running between two poles (Frawley-O' Dea & Sarnat, 2001). On one end, the supervisor views herself either as the uninvolved, objective expert or the involved participant. As an expert the supervisor knows what is "true" about the patient or what the "correct" technique is. As a participant in the supervision process, the supervisor sees herself as the involved expert, but has no absolute claim to knowing what is true about the patient or what the correct technique is (Frawley-O' Dea & Sarnat, 2001). On one end of the pole her authority is based on knowledge to be taught and on the other end, as participant, it is based on the process that unfolds within the supervisory relationship. Dimension 1 is elaborated on in chapter 7.

Of relevance to study 4 (Chapter 7), dimension 2 relates to what the supervisor chooses to focus on during supervision – the patient's dynamics, the supervisee's dynamics or the psychologies of all participants as primary sources of data. The most striking concern is that most existing models consistently leave out the supervisory relationship as focus for attention, which dimension 2 is cognizant of.

Dimension 3 focuses on the divergent roles of the supervisor: didactic teacher, expert, as self-object, as a container for the trainee's projection, and identifications or affects. It also focuses on how the supervisor participates in the supervision process in terms of willingness to work with the supervisee's conflicts, her understanding of the teach/treat boundary and how this links with the clinical theory she is trying to teach the trainee (Frawley-O' Dea & Sarnat, 2001).

The supervisor's power appears to be a key aspect in relational theory. Firstly, the supervisor's power is earned via her stature in her organization, community or profession, but ultimately rests on both the initial and ongoing authorization of the supervisee (Frawley-O' Dea & Sarnat, 2001). Her authority may

emanate from her training, credentialing, expertise, or years of experience as a professional psychologist, engaged in the training and supervision of psychology trainees who have less experience than the supervisor.

The supervisor in this context, develops more authority from her ability to process the experience that unfolds between herself and the supervisee than from her role as expert on theory and technique (Frawley-O'Dea & Sarnat, 2001). Her self-perception is of an embedded participant in a mutually influencing supervisory process (Frawley-O' Dea & Sarnat, 2001). In this way the supervisee is recognized as a contributing member in the supervision process and is not rendered completely powerless, thereby reducing the supervisor's omnipotence.

Assuming an omnipotent position, in the supervisory process is inconsistent with a relational perspective (Frawley-O' Dea & Sarnat, 2001). Even though the supervisor's power and authority are justified, from a relational theory point of view, *"the power and authority the supervisor wields, is authorized and repeatedly reauthorized in negotiation with the supervisee"* (Frawley-O' Dea & Sarnat, 2001, p. 59).

The *relationally aware* supervisor does not assume knowledge in all areas, only those areas she has knowledge and experience of. In this regard, relational theory espouses an egalitarian framework that implies shared power and authority between the supervisor and supervisee.

The relational theory literature appears to focus on social authority and power, whereas in most countries (e.g. the United States) the supervisor's authority is a function of legal statutes (i.e. laws governing licensure and registration) and the inherent threat as gatekeeper to the profession. Similarly, in South Africa as is the case in most countries, the successful completion of the internship and registration as an independent practitioner can only be attained through the supervisor's endorsement. Hence, in most countries it would seem that legal authority might take precedence.

In sum, as a model applied to supervision, relational theory may seem ambitious and descriptive of an 'ideal' or 'good enough' supervisory relationship, where the supervisor deliberately engages in collaboration, sharing of power, creating safety and trust. The perception that relational theory is aspirational and that it does not consider the hierarchical and evaluative nature of the supervisory relationship continues to persist even though it acknowledges that attention needs to be paid to the asymmetries of power in the supervisory relationship. However, as mentioned earlier, relational theory does not advocate that symmetry must be strived for or that mutuality obliterates the power and authority of the supervisor.

Relational theory is cognizant of the mandated role of the supervisor and the power and authority vested within that role. Accordingly, a relational supervisor focuses on how that power is expressed and experienced within supervision. Both supervisor and supervisee recognize their inevitable differences which may give rise to a 'clash of wills' (Benjamin, 2006) in the dyad's attempt to find mutuality. Although the initiation of a positive, supervisory relationship is perceived to rest with the supervisor, in recognizing each other as separate subjects (recognition of the other's subjectivity), it is implicit that both supervisor and supervisee would bear this burden of responsibility, since mutuality within supervision does not imply equality.

2.3.3 Benjamin's conceptualization of Intersubjectivity and Split-complementarity

Within this relational framework, firstly, Benjamin's theories of mutual recognition and intersubjectivity, are both significant theoretical concepts linked to understanding the interactive process within supervision. Benjamin's Recognition Theory in particular is central to understanding the supervisor and supervisee's subjectivity within the supervisory relationship. Her notion of split-complementarity appears to offer further understanding of how the power dynamics and difficulties negotiating the relationship associated with negative supervision unfold or are perpetuated during supervision.

Intersubjectivity emerged as a new, evolving paradigm that restores the dichotomy between the interpersonal and intrapsychic (Stolorow, 1997). Whereas authors like Stolorow and Atwood (1992) consider intersubjectivity to refer more generally to subjective experiences of mutual and reciprocal influence, others, like Stern (1985) and Benjamin (2004a), consider it to be a developmental achievement.

Intersubjectivity theory sees the relational process as occurring *between* individuals as opposed to *within* individuals (Benjamin, 1990). For Benjamin (1995), emphasis is placed on the felt experience of the other as a separate yet connected being. She proposes that “the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in another’s presence” (Benjamin, 1990, p. 35).

Benjamin’s theory draws on early infant development. Here, the infant’s capacity to recognise the mother as a subject separate from the self, marks an important developmental step (Benjamin, 1995). In Benjamin’s view, recognition is a reciprocal process – each subject is dependent on the other for recognition (Benjamin, 1990). Benjamin (1995) also emphasizes the idea that “intersubjectivity occurs through a relationship determined by mutual recognition” (p .2). She believes human beings have a

need for recognition and a capacity to recognize others in return, with each person experiencing the other as a ‘like subject’ who can be ‘felt with’, but who also has their own separate, distinct center of feeling and perception (Benjamin, 2004a, p. 5).

Benjamin writes that intersubjectivity is “the process by which we become able to grasp the other as having a separate yet similar mind (2004a, p. 5). If applied to the supervision context this means that both supervisor and supervisee recognize each other and are dependent on each other for recognition, but each acknowledges the other as a separate subject. The focus is no longer on the relationship the person has with the internalized object, instead it shifts to the shared but inevitable conflictual dynamics of two people.

Mutual recognition and 'complementary twoness' are two concepts central to Benjamin's Theory of Intersubjectivity (Benjamin, 2007). Applied to the supervision context, it is often the case that trainees view supervisors as "all-knowing", or "all-powerful" which perpetuates the power differential, in turn, casting themselves in the position as the ones who "do not know". This kind of relational context makes the supervisory relationship vulnerable to oppositional relating or 'split-complementarity'. 'Knowing' and 'not knowing' then become the dominant relational positions. More importantly, should these perceived power differentials be abused by the supervisor, such difficulties are bound to intensify, leading to a greater sense of powerlessness and loss of agency on the trainee's part (Benjamin, 2007).

If the supervisor and trainee get caught up in impasses or *enactments*, characterized by a sort of unconscious mirroring that occurs between partners it can result in a "breakdown into complementary opposition" (Benjamin, 2004b, p. 744). This may take the form of *push-me-pull-you*, *doer and done to enactments* (Benjamin, 1988). In a complimentary structure Benjamin sees this as a deep structure of symmetry or negative mirroring between two partners.

Benjamin (2005) states:

...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"), (p. 430).

In other words, each person has a sense of doing to the other as well as being done-to, "because each person feels persecuted by the other's accusations" (2004b, p. 744). Benjamin (2006) states that '*split-complementarity*' may occur if the dyad fails to contain the pressure of opposing needs where there is a clear power differential emphasized in the relationship.

Benjamin (2005) maintains that intersubjective breakdowns are to be expected. Each individual's competing need to be both dependent and independent in their relationships strain the intersubjective dyadic system and results in a 'clash of wills' (Benjamin, 2006). Each person strives for the other's recognition. Benjamin (1995) emphasizes the importance of learning how to balance assertion and recognition and set clear boundaries. Successfully enduring a 'clash of wills' is the only way in which both can be recognized as separate subjects.

In complementary relations of two-ness, one person is idealized at the expense of the other and there is a sense that submission or resistance to the other's demand is the only choice (Benjamin, 2004a). Accordingly, relationships are organized as polar opposites – i.e. relationships alternate between abuser-abused, dominate or be dominated or victim-victimizer. In the supervision context, each person in the supervisory dyad may be perceived as the 'doer' while each may feel 'done-to' by the other, i.e. the trainee and the supervisor each perceives the other as "doing to me" (Benjamin, 2004a, p. 11). When caught up in such interactions, there is a sense that some reciprocal dynamic is at work, each may blame the other or engage in self-blame. Aron (1996) writes that by alternating between these two positions, the person is trapped in complementarity and that in each of these instances someone is obliterated. In doer-done-to relations, there is no space for the Third.

For Benjamin (2005), in order to address such difficulties, "there should be a shift from complementary structures into a more '*recognizing relation*' where the likelihood of communication rather than the push or pull, may lessen complementary structures" (p. 430). This means owning up to and genuinely accepting one's own contributions, taking responsibility for one's failures and surrendering to the "principal of reciprocal influence in interaction, which makes possible both responsible action and freely given recognition" (Benjamin, 2004a, p. 11). This opens up space to return to 'thirdness', enabling negotiation and the ability

to connect (Benjamin, 2004a). In other words, recognition by the other creates a space for *'thirdness'*. It is still unclear whether a more *'recognizing relation'* would lessen the prevalence of harmful supervision.

To achieve mutual recognition, requires the ability to withstand conflict, difference or aggression. One way of doing this, according to Benjamin's theory, is for therapists'/supervisors to acknowledge to themselves their own participation in enactments and validate their patients'/trainees' sense of being injured by them (Aron, 2014). Metacommunication is proffered as way of moving away from the power struggle. Reciprocal listening forms a fundamental part of intersubjectivity. Applied to the supervisory relationship context this refers to the supervisor and trainee's ability to listen and hear what the other is saying and how this is interpreted by the trainee and how that changes what the supervisor will say and do next (Akhtar, 2012).

When the supervisor is stuck in an impasse and searches for *'thirdness'* within him or herself, it "paves the way for a *'shared'* third" (Aron, 2014, p. 236). Benjamin's theory thus suggests a shift from "tit for tat" destructive ways of relating to one that allow each member of the dyad to own up to their feelings, which in turn opens up the space for *thirdness*. In this way, relational theory emphasises the importance of awareness of one's *failures in recognition* to restore the facilitating and containing features of the intersubjective relationship (Benjamin, 2009). Benjamin (2005) suggests that making use of the *'Third'*, an intersubjective mental space, co-created by members of the dyad, may likely move the dyad from relations of complementarity to mutuality and recognition.

A particular version of *'thirdness'* to which Benjamin (2007) refers, is the *'Moral third'*. This connotes connecting to *'rightness'* and *'goodness'* and accepting responsibility for one's actions. Benjamin (2004a) maintains that this is not about morality or goodness, rather it importantly highlights the supervisor and supervisee taking responsibility for their participation in conflicts/impasses. This involves letting go of resistances to responsibility arising from reaction to blame (Benjamin, 2004a). However, in the supervision

context, if the supervisor persists in holding on to her status as being 'all knowing', this may encourage submission or resistance which would undermine collaboration in the supervisory relationship.

Applied to the supervisory context, the moral third appears useful in encouraging the supervisor to listen carefully or closely to him/herself to ascertain how he or she might be contributing to the disruption in the relationship, a rupture in the alliance, or to a negative supervision event. This analytic listening, according to Akhtar (2012), is equally directed at the supervisor's subjectivity and the trainee's subjectivity and the intersubjectivity they create together. The concept of the moral third is returned to in Chapter 7.

In the context of supervision, 'Thirdness' allows the supervisor to restore a *process of identification* with the supervisee's viewpoint without losing her own perspective and thereby moves beyond submission and negativity (Benjamin, 2005). This also involves a process of surrendering to the influences of intersubjective influence (Benjamin, 2007). Surrender does not mean submission to or giving in to but letting go of. It implies recognition and the ability to connect to another's mind while accepting the other person's separateness and difference (Benjamin, 2004a).

In the next section, Winnicott and Sullivan's theories are outlined with particular reference to considering the dynamics of subjective states in the supervisory relationship. Both Winnicott and Sullivan's theories draw on the parent-child relational context in order to understand therapeutic interaction. Relevant aspects of their theories will be applied to the supervisory context.

2.3.4 Winnicott's Developmental Theory

Winnicott's developmental theory, in particular his concepts of 'holding', True self and False self, have particular relevance for the supervision context. His concept of '*holding*' compliments Bordin's (1983) notion of the alliance. Winnicott's (1965) theory of development is object-driven, based primarily on the relational dynamics of the self and its direct experience with objects (Abram, 2008). Winnicott's notion of 'transitional

space' is a useful concept that explains the importance of the intersubjective space between supervisor and trainee.

The infant enters the world with no understanding of what is "me" and what is "not-me" and feels merged with his environment. At this stage, there is no awareness of the *self* as a self. For the individual to really be able to distinguish between *Me and Not-me*, he must first of all have internalized the experience of being seen by the mother (Winnicott, 1967). Similarly, applied to the supervisory context, novice supervisees are inexperienced peer members of the profession.

This stage of *absolute dependence* of the infant on the mother is referred to as "*primary maternal preoccupation*". The mother's preoccupation with the infant delays the infant's separation from her (Winnicott, 1965). For Winnicott (1965) the mother's ability to adapt to the infant's early needs brings about the infant's '*illusion of omnipotence*' (Abram, 2008). This results in the experience of a '*me*' that the infant is later able to contrast with '*not me*'; (Hoechst, 2008). The mother is tasked with gradually disillusioning the infant from feeling omnipotent. In Winnicott's (1965) view the "good-enough" mother repeatedly meets the omnipotence of the infant.

Winnicott (1960) classified *holding*, as successful parental care. He used the term "holding" in a literal sense to refer to both the actual physical holding of the infant, and the symbolic or psychological holding of the infant (p. 43). Applied to the therapeutic context when the therapist 'holds' the client, the therapist contains the clients fears and anxieties, thereby ensuring a sense of safety and trust to develop. The central purpose of holding is to reduce impingements.

Applied to the supervision context, Winnicott's concept of holding raises two pertinent questions about the supervisor: (1) His/her ability to contain the trainee's feelings of fear and anxiety amidst the stress and strain

of the internship and (2) His/her ability to facilitate a sense of safety when the supervisee feels challenged, vulnerable and alone. This requires accommodating to needs with gradual independence in mind.

In Winnicott's (1960) view the infant's compliance is the "earliest stage of the *False Self* and belongs to the mother's inability to sense her infant's needs" (p. 145). The False self-arises out of repeated exposure to maternal care that rejects or abandons the infant's experience. Unlike the "realness felt by the True Self, the existence of the *False Self* results in a sense of feeling unreal or a sense of futility" (Winnicott, 1971, p. 148). Consequently, the child loses his sense of spontaneity and initiative due to the "growing sense of futility and despair" (Winnicott, 1960, p. 133). By developing a compliant *False Self*, the infant has the ability to control negative self-experiences, and avoids conflicts, first with the mother and then with others.

For Winnicott (1960a), the *True Self* is rooted in infancy and refers to the authentic identity with which the child is born, which Winnicott called simply "*being*". When good-enough mothering is not in place, the infant's spontaneity is in danger of being impinged upon by the need for compliance with parents' expectations or wishes. To defend against impingements such as inadequate mothering or failures in empathy, the *False Self* is developed (Daehnert, 1998, p. 251). In contrast, "when acknowledged, received and responded to by the mother, the child's True self is confirmed and given meaning" (Daehnert, 1998, p. 257).

Applied to the supervision context, validation by the supervisor and appearing competent is extremely important to the novice supervisee. On the other hand, impingements by the supervisor (e.g. relentless critical feedback) may give rise to False Self functioning in order to protect the trainee's sense of self.

The lack of 'good-enough' supervision, similar to the lack of holding, referred to earlier, is not considered an ideal state. In other words, when 'good-enough' supervision is not in place, the supervisee is at risk of being impinged upon by the supervisor's needs for compliance. In an effort to defend the True Self from

being exposed, the trainee might employ an ego submissive strategy – the use of a False Self. Thus, the trainee may behave submissively (False Self) and be coerced or manipulated by the supervisor. Often this also occurs in an attempt to gain the approval of the supervisor or escape negative evaluation. Such strategies or self-states may serve multiple functions. These include self-preservation, the need to appease the supervisor, and a means to ward off anxiety and feelings of incompetence.

According to Winnicott (1965,) through adopting the False Self,

the infant builds up a false set of relationships and by means of introjections even achieves a show of being real, so that the child grows up to be just like the mother, nurse, aunt, brother or whoever at the time dominates the scene (p. 146).

Applied to the supervision context, the supervisor is perceived as the one who holds the power, which may culminate in the trainee complying with the supervisor's demands and authority by building up a False self. For example, the supervisee may emulate the supervisor, as a means of appeasing the supervisor but does not access their own particular developmental needs (discussed in detail in Chapter 7). This suggests a particular dynamic that short-circuits trainees' optimal learning and development and results in trainees behaving in inauthentic ways that contradict their core self.

Within the clinical supervision context, it appears important to examine the complex and unique ways in which a False Self-organization may develop in response to the recurrent exposure to negative supervision experiences (conflict with the supervisor). What is the function of the False Self within a harmful supervision context? (i.e. compliance, self-preservation or strategic self-presentation). What factors play a role in the development and maintenance of the False Self in the instance of negative supervision? What is the relationship between supervisor omniscience and the False Self? Is supervisor omniscience a front to

conceal supervisor inadequacy through overt strategies to dominate the supervisee? These questions will be returned to in the discussion section of Chapter 7).

2.3.5 Sullivan's interpersonal theory

Sullivan (1953) believed that people develop their personality within a social context and that our personalities are shaped by the relationships we have with other people. In his self-system theory, he conceptualizes *anxiety* as the key psychological factor that shapes personality and regulates interpersonal interactions. Additionally, his theory appears useful in understanding further strategies employed when inadequate or harmful supervision is in the room. In particular his ideas related to 'security operations' and 'personifications' or self-states will be discussed.

Sullivan (1953) believed people acquire certain images of the self and of others that begin during infancy and are shared by most people (called stereotypes) and which continue throughout development. He referred to these subjective perceptions as *Personifications*, which help people understand themselves and the world. Three basic personifications develop during infancy: *the "bad" mother*, the *"good" mother* and the *"me"* (Sullivan, 1953). For Sullivan (1953) this personification is a representation or personification of the Self, which is what people talk about when they are referring to 'I', 'me' or 'my' (p. 167). The above personifications develop into three secondary states which become the building blocks of self-personifications: the *"bad me"*, the *"good me"*, and the *"not me"* (Sullivan, 1953). Each of these is essential for interpersonal contact and has different impacts on learning (Sullivan, 1953).

The *'good me'*, is related to self-esteem and what we mean when we address ourselves as 'I' and represents everything people like about themselves and share with others (Sullivan, 1953). The *'bad' me* grows out of experiences of punishment and disapproval, representing those aspects of the self that are negative and hidden from both the self and others. The *'not me'* results from anxiety provoking experiences that invoke

'security operations' (Sullivan's term for defence mechanisms) that lead to parts of the self being dissociated from a core sense of self. These include experiences that are denied or kept out of awareness or repressed. Acknowledging 'not me' experiences creates negative emotions and high anxiety. For Sullivan, anxiety is a chief disruptive force blocking or obstructing the development of healthy interpersonal relationships. Sullivan's Interpersonal theory, when applied to the supervisory relationship, offers an explanation of anxiety, self-esteem and the self-system within supervision. High levels of anxiety have the potential to impact the learning process in a negative way.

Trainees, who experience harmful supervision, may seek to protect themselves from anxiety provoking experiences, and reduce feelings of insecurity and anxiety, by engaging in *security operations*. In this way, they ensure a feeling of security and protect their self-esteem (Sullivan, 1953). Here, the 'self' is a complex organization of experiences that operates primarily on the need for security and the management of anxiety. A primary goal through the use of 'security operations' is to strengthen and protect the 'self'. Often the 'self' creates an illusory sense of power and control over life by navigating itself away from anxiety (Sullivan, 1953). There are two types of security operations described: (1) The use of dissociation, and (2) the use of selective attention - a refusal to see things that one does not wish to see (Sullivan, 1953).

The above has application to the supervisory relationship in terms of managing anxiety. For example, both supervisors and supervisees may deny or disregard the severity of negative experiences by using security operations (dissociation or selective inattention) in an effort to ward off anxiety or reduce feelings of inadequacy, insecurity or a lack of safety. Sullivan (1953) maintains that both security operations remain active throughout one's life although they may not be fully conscious. In the supervisory relationship, a supervisee's anxiety may be activated by the supervisor's negative feedback, thus prohibiting the formation of an efficacious and trusting supervisory relationship.

The next section focuses the discussion on the underlying principles of the competency-based model (Falender, 2004) which has special relevance for Study 3 (Chapter 6).

2.4 COMPETENCY-BASED SUPERVISION

Formal training and standards of competence have come under the spotlight in recent years (Falender, Cornish, Goodyear Hatcher, Kaslow, Leventhal, Grus, & Stoltenberg, 2004). Consequently, the shift towards a competency-based model has been placed at the forefront of supervision pedagogy. This has highlighted the specific requirements for competent psychological practice for supervisors.

With this in mind, the Association of Psychology Postdoctoral and Internship Centers (APPIC) co-sponsored a conference in 2002, dedicated to identifying and developing competencies within education and training. A chief objective of this task group was to identify the core components of supervision, as well as strategies for assessing and instilling competence in supervision (Falender & Shafranske, 2004). The workgroup was tasked with producing a supervision competencies framework, in addition to suggesting broad areas for future attention in the field of psychology supervision (Falender et al., 2004). Falender and Shafranske, (2004) defined competency-based supervision as a:

Distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modelling, and mutual problem-solving. Building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy. Supervision ensures that...it is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large (p. 3).

Falender and Shafranske, (2007, p. 233) proposed a further elaboration of competency-based supervision as an approach that:

Explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency, develop learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and the requirements of the local clinical setting.

According to Falender et al. (2004) the supervision competencies framework outlines six core competencies, representing,

(1) Knowledge (e.g. about area being supervised and supervisee development models, theories, research, etc.); (2) skills (e.g. including supervising modalities, ability to build a relationship/alliance, etc.); (3) values (e.g. responsibility for the clients and supervisee rests with supervisor, being respectful toward the trainee and valuing the empowerment of the trainee etc.); (4) social context (e.g. diversity, ethical and legal); (5) training of supervision competencies (e.g. coursework in supervision and supervision of supervision) and (6) assessment of supervision competencies (verification of previous supervision of supervision, documenting readiness to supervise independently); evidence of direct observation (e.g. audio or videotape) (p. 772).

Supervision competencies within the competency-based supervision framework encompass monitoring and evaluation strategies, legal and ethical considerations, giving corrective/positive feedback, prevention and support for supervisee vicarious traumatization, self-care, management and evaluation of impaired supervisees and those who do not meet performance competency standards.

These core competencies indicate that the provision of competent supervision is an ongoing and complex process and reflects what psychologists do and how they do it (Falender & Shafranske, 2004). However, Rings, Genuchi, Hall, Angelo, and Cornish (2009) have been more critical of this model, stating that there is a need for more discourse around exactly what makes for competent clinical supervision.

According to Falender and Shafranske (2007), an important component of competency-based supervision is the supervisor's '*Metacompetence*'. This refers to the supervisor's ability to assess what she knows and does not know. In this way it holds a "pivotal position in the development of competence and is required to address the complex responsibilities involved in maintaining competence throughout one's career" (Falender & Shafranske, 2007, p. 232). Kitchener (2000) contends that identifying the absence of competence is much easier than defining it. In this regard, professional development means depending on one's own self-assessment and self-directed learning which is not evaluated by an external source.

The American Psychological Association's Presidential Task Force on Evidence-Based Practice (2006) is clear that "competence involves understanding and performing tasks consistent with one's professional qualifications, which involves specialized training, anchored in evidenced based practices and cognizant of cultural and individual differences" (as cited in Falender & Shafranske, 2007, p. 233). In essence, effective supervision (performance) hinges on "competence", which in turn implies systematic training, supervision of supervision, monitoring and accountability. Emphasis is also placed on the supervisor's responsibility for promoting trainee competence that protects client welfare, the society and profession at large (Falender, Shafranske, & Ofek, 2014). In summary, the competency-based model outlines four superordinate values and pillars of supervision: (1) Integrity in relationships, (2) Appreciation of diversity, (3) Science-informed and (4) Evidence-based practice (Falender & Shafranske, 2004).

The strength of the competency-based model lies in its emphasis on accountability, monitoring of supervisory practice and evidenced based practice (Falender & Shafranske, 2014). Thus, supervisors have to demonstrate mastery of the identified competencies. As a strengths-based approach, the CBM adopts a reflective, mindful approach to clinical supervision. The CBM is particularly important in the present research project because pillars of supervision outlined by the model include the supervisory alliance which is endemic to the supervisory relationship (Bernard & Goodyear, 2004), particularly, the development of the

bond and the effectiveness of supervision, which is shaped by the degree to which the superordinate values mentioned previously, are expressed.

The CBM is considered useful in the context of negative supervision given that it supports the values and ethics of the profession and also upholds the roles and responsibilities of traditional supervision (Falender & Shafranske, 2014). With the use of this model, supervisors prepare and evaluate trainees against a common standard instead of being evaluated against each other.

2.5 SUMMARY

In sum, this chapter highlights several theoretical concepts that may elucidate the experience of inadequate and harmful supervision experiences for supervisees. These concepts need to be considered as we develop and contextualise our understanding of how negative relational processes may unfold and exacerbate negative experiences in supervision. The developmental models identify trainees' and supervisors' developmental progression and importantly highlight several needs of trainees, behaviours and strategies for supervisors to promote trainee development.

Benjamin's Theory of Intersubjectivity when applied to the supervisory relationship, suggests that the supervisee's and supervisor's need for recognition and engagement, if ignored or thwarted, may lead to negative supervision outcomes.

Winnicott's concept of *'holding'*, alongside Bordin's alliance highlights the importance of providing a safe and nurturing environment, and how the lack of clear tasks and goals, potentially influences the supervisory relationship and trainee learning. Appearing competent in the supervisor's eyes is extremely important to the trainee. This may give rise to False self-relating as the trainee seeks out the supervisor's validation and approval. This is further substantiated in study 4 (Chapter 7).

Sullivan's concept of 'security operations' are important for understanding strategies that the supervisee uses to reduce anxiety and enhance security. Furthermore, Sullivan's self-states (1953) discussed in Chapter 7, provide an understanding of strategies used by trainees to ensure self-preservation through compliance with the supervisor's authority.

In the context of supervision training, CBM outlines various standards of competency from an objective standpoint (Falender et al., 2004). The CBM also places emphasis on the importance of competence in supervision, training, accreditation and supervision of supervision. An overview of the methodology and philosophical assumptions is provided in the next chapter.

CHAPTER 3: METHODOLOGY, DESIGN AND PHILOSOPHICAL

ASSUMPTIONS

3.1 INTRODUCTION

This chapter outlines the methodology, design and philosophical assumptions employed by the researcher to explore the phenomenon of negative supervision and supervisors' perceptions of their adequacy in the supervisory role in clinical supervision. In an effort to provide a comprehensive understanding of the phenomena under study, this study was led by a Mixed Method Design [MM]. Johnson and Onwuegbuzie, (2004) define mixed methods as "the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study" (p. 17). MM has a separate methodological orientation, with its own worldview and techniques. This is not limited to specific qualitative and quantitative methods but may include different underlying research paradigms (worldviews) and philosophy of science parameters (Creswell & Plano-Clark, 2007). A Mixed method was the researcher's method of choice because it utilizes multiple exploratory avenues to explore a research problem, with the specific aim of providing a comprehensive and holistic picture of the research topic under investigation (Creswell & Plano-Clark, 2007). In the absence of suitable questionnaires to measure some of the variables in this study, MM was considered an appropriate methodology for developing better, more context specific instruments (Creswell & Plano-Clark, 2007).

While there are a number of different sequential mixed method designs (e.g. embedded, exploratory, transformative), this study's research objectives (see below) were best suited to a Mixed Method sequential *explanatory* design (MMSED) (Creswell & Plano-Clark, 2011). This type of MM design is distinguished by the *sequenced use* of phases in the data collection process. The MMSED is a two-phase sequential design. With this type of design, the quantitative data collection and analysis occurs separately and precedes the

qualitative data collection and analysis (Creswell & Plano-Clark, 2011). In the context of this study, the quantitative data collection and analyses is referred to as Phase 1, while Phase 2 forms the qualitative data collection process. This allowed the researcher to use the quantitative results yielded from Phase 1, to make decisions about the types of research questions, sampling and data collection for the second phase. In doing so, the researcher interprets to what extent the qualitative phase supports and contextualizes the quantitative results (Creswell, Plano-Clark, Guttman, & Hanson, 2003).

To date, few studies have explored the phenomenon of negative supervision, particularly the contextual and relational variables in the context of internship training for clinical and counselling psychology trainees. For this reason, it remains unclear how both inadequate and harmful supervision experiences influence supervisees' professional development. In addition, supervisors' experiences of their training and perceptions of their effectiveness, competence and confidence in clinical supervision are poorly understood.

The researcher's rationale for choosing this particular approach was informed by the strength of using a two-phase approach that would provide a statistical baseline and overview of the research topic. Additional qualitative data analysis was used to refine, extend and explain the general picture and thereby lend greater depth and meaning to the quantitative findings (Creswell et al., 2003). In addition, the quantitative nature of the first phase of the MMSED allows a proportionate amount of generalisation of the qualitative results. Consequently, this suited a broader aim of this research project, which was to enhance the scope of research on negative supervision, using a rigorous approach to a complex issue.

3.2 OVERVIEW OF STUDY DESIGN

The quantitative phase (Phase 1) comprises Studies 1, 2 and 3, while the qualitative phase (Phase 2) encompasses Study 4 (see Table 3). In the quantitative phase, a descriptive design using an online web-based survey (Studies 1, 2, 3), was considered the most appropriate methodological approach to answer the research questions, beginning with establishing the prevalence of negative supervision and identifying

contextual and relational factors associated with inadequate and harmful clinical supervision (Study 1 & 2). Study 3 (Chapter 6), explores *supervisors'* experiences of the adequacy of their training and perceptions of their competence, confidence and effectiveness in supervision.

In the follow-up Qualitative Phase (Study 4), semi-structured narrative interviews were used to explore the impact of harmful and inadequate supervision. Eight supervisees from the same sample participated in this phase. Table 3, below, offers a graphical representation of the MMSED adopted in this study.

Table 3: Summary of Mixed Methods Explanatory Design and Assumptions

Methodology Mixed Method Explanatory Approach	Research Design		Method	Philosophical assumptions
Phase 1: Quantitative	Descriptive	Study 1 Study 2 Study 3	Survey: questionnaires	PRAGMATISM Post-Positivism
Phase 2: Qualitative	Exploratory	Study 4	Semi-structured Interviews	Social Constructionism, Constructivism and Interpretivism

Creswell and Plano-Clark (2011) encourage the use of different assumptions during each stage of the research process. For this reason, Pragmatism is the preferred umbrella worldview for mixed method research (Creswell & Plano-Clark, 2011). Drawing on the Mixed-Method Explanatory approach, this research project embraces multiple philosophical assumptions beginning with the perspective of Post-positivism in Phase 1. This shifts in Phase 2 to assumptions related to social constructionism and

constructivism/interpretivism, which are more compatible with Interpretative Phenomenological Analysis's phenomenological assumptions. The research objectives pertaining to the four individual studies are outlined below:

3.3 RESEARCH OBJECTIVES

The objectives used to guide this project were as follows:

Phase 1: Quantitative

Study 1:

1. To establish the prevalence of negative supervision events (NSEs) amongst a large sample of South African intern psychologists.
2. To examine the link between various contextual variables, NSE's, and inadequate and harmful supervision.

Study 2:

1. To identify the relational factors (working alliance, supervisory styles and role difficulties) that best predict negative supervision, role conflict and role ambiguity.

Study 3:

1. To establish the current state of supervisor activity and training in South Africa.
2. To examine supervisor's perceptions of their preparedness for supervision and experience in relation to self-perceived competence, effectiveness and confidence in supervision.

Phase 2: Qualitative

Study 4:

1. To explore the meaning of supervisees' subjective experiences of harmful supervision, how they make sense of their experiences, and the short and long-term impact on their learning and professional development.

3.4 RATIONALE FOR A MIXED METHODS RESEARCH DESIGN

The use of multiple data collection methods has been an approach used in social science research for many decades (Hanson, Creswell, Plano-Clark, Petska, & Creswell, 2005) and over the last 20 years has become an increasingly popular methodology amongst social scientists. Use of the Explanatory sequential design was considered the most compatible method for the variables under study, based on its simplistic and straightforward design.

Historically the “paradigm debate” rendered mixed methods “untenable or incompatible”, because “some researchers were of the view that a post-positivist philosophical paradigm could only be combined with quantitative methods and that naturalistic worldviews could be combined only with qualitative methods” (Hanson et al., 2005, p. 225). However, Cook and Reichardt (1979) refuted this viewpoint, arguing that researchers could establish compatibility by combining different paradigms *and* methods because there is no inherent link between the two.

Various arguments in favour of a mixed method approach have been advanced in the literature. In this body of work, mixed method advocates that “neither quantitative nor qualitative data is sufficient on their own [as methodologies] to capture the trends and details of situations” (Creswell, 2004 as cited in Curry, Nembhard, & Bradley, 2009 p. 1442; Creswell & Plano-Clark, 2011). Combining these two strands of data collection allows for: (1) corroboration and validation of findings, (2) generation of data that are more

complete, (3) augmentation of insights, attained using a complementary method (Curry, et al., 2009, Creswell & Plano-Clark, 2011).

MM answers a broad range of questions and uses the strength of an additional method to overcome weaknesses in another (Creswell & Plano-Clark, 2007). For instance, Phase 1 of this research project establishes the prevalence of negative supervision events and investigates a number of contextual and relational factors implicated in negative supervision using a large sample. Phase 2 strengthens and corroborates the findings of Phase 1, offering an in-depth subjective understanding of how harmful supervision experiences unfold and escalate, capturing the specific nuances, meanings and experiences not captured in a quantitative method alone.

Similarly, capturing the prevalence of NSEs, or related variables in a single study, using a large sample, would not have been possible utilising a qualitative design. Thus, mixed methods allow the researcher to take advantage of the strength of each approach (Curry, et al., 2009). A further strength is triangulation of data. Denzin (1978) broadly defines triangulation as the “combination of methodologies in the study of the same phenomenon” (p. 291). *Triangulation* allows for convergence and confirmation of data, assuring reliability and validity of the phenomena under study (Creswell & Plano-Clark et al., 2011). Thus, different kinds of data and multiple viewpoints or perspectives allow for greater accuracy of data (Jick, 1979). Triangulation is achieved through the process of linking data from the two phases in a coherent and meaningful way. As outlined above, this study was ultimately led by the sequence of the phases in the MMED. An alternative design considered was the Exploratory design, which involves the use of a qualitative phase followed by the quantitative phase. However, because the researcher’s objective was to establish a baseline of negative supervision and supervisor training, the use of the MMED was considered more appropriate.

The next section provides an overview of the philosophical assumptions of this research project, the methods and data analysis used in each of the phases followed by ethical considerations of the study.

Creswell and Plano-Clark (2011) indicate that within the context of mixed methods, “worldview” is often used synonymously with paradigm. According to Polkinghorne (2005) the qualitative researcher is “interested in gaining a rich and inclusive account of the participant’s experience” (p. 142) and seeks to understand social phenomenon from the participant’s perspective. Similarly, Denzin and Lincoln (2003) state that in qualitative research the objective is to study things in their natural settings, and the researcher attempts to interpret phenomena in terms of the meanings people bring to them. According to Willig and Stainton-Rogers, (2010), one of the challenges of qualitative research, is to:

Go beyond what presents itself, to reveal dimensions of a phenomenon which are concealed or hidden, whilst at the same time taking care not to impose meaning upon the phenomenon, not to squeeze it into pre-conceived or theoretical formulations, not to reduce it to an underlying cause (p. 9).

Unlike quantitative researchers, qualitative researchers believe that the use of detailed interviews and observations permits the researcher to get closer to the participant’s perspective (Denzin & Lincoln, 1994). Initially, the researcher considered grounded theory, a theory-driven approach to research, with the primary goal of developing a theoretical, explanatory account of negative supervision which is rooted or “grounded” in the data (Smith, Flowers, & Larkin et al., 2009). However, developing a theory of negative supervision was not an objective of this study and did not address the research questions of Phase 2 of the project. Grounded theory was also considered inappropriate owing to its focus on participants’ willingness to develop an explanatory account and the use of a structured protocol (Smith et al., 2009).

The researcher also considered IPA and Discourse analysis. However, a major distinction between Discourse analysis and IPA, is IPA’s emphasis on exploring how people ascribe meaning to their experiences

in their interactions with the environment (Smith, Jarman, & Osborn, 1999), whereas, discourse analysis is concerned with the role of *language* in describing people's experiences (Biggerstaff & Thompson, 2008; Smith, 1996; Smith, 2004, Willig, 2001). Given that the qualitative phase was focused on how trainees make sense of their experiences of NSE's, IPA's focus appeared to be more compatible with the objectives of Study 4. IPA was considered the most appropriate method of analysis particularly because the researcher set out to explore the subjective, "lived" experience of a particular group, (i.e. South African psychology interns), of people who share a particular experience (completing an internship under intense duress and scrutiny). The researcher was interested in documenting how the phenomenon of negative supervision is experienced, and IPA's experiential and interpretative focus was deemed the most suitable approach (Smith et al., 2009) because it "allows rigorous exploration of idiographic, subjective experiences and, more specifically, social cognitions" (Biggerstaff & Thompson, 2008, p. 175).

IPA is centrally concerned with exploring personal lived experiences in detail, the purpose of which is to examine how people make sense of their personal and social world (Shinebourne, 2011). Thus, focus is also on the interpretation of meaning for a particular person in a particular context (p. 195). Smith et al. (2009) contend that "whereas the individual experience is the topic, the individual is the unit of analysis" (p. 195). IPA's analytical process is defined in terms of a *double hermeneutic* or dual interpretation process. In essence, this means that firstly, participants make meaning of their world and secondly, the researcher tries to decode that meaning (Smith & Osborn, 2008).

3.5 OVERVIEW OF PHILOSOPHICAL ASSUMPTIONS

3.5.1 Ontological and Epistemological Assumptions

Methodology identifies the particular approaches used to attain knowledge. This can be understood in terms of a study's ontological and epistemological assumptions. Ontology refers to the nature of reality and what is real (Creswell & Plano-Clark, 2011). Epistemology refers to the nature of the relationship between the researcher and what can be known. Epistemology addresses how we come to know that reality, and poses the questions, "*how do we know what we know?*" and "*what is the relationship between the knower and the known?*" (Terre Blanche & Durrheim, 2006, p. 6). Lincoln and Guba (2000), and Creswell (2009), state that there is an intimate relation between epistemology, ontology and methodology. Worldviews also differ in terms of the role values play in research (axiology), the process of research (methodology) and the language of research (rhetoric) (Creswell & Plano-Clark 2011, p. 41).

Given the mixed methods approach of this research project, the overarching philosophical assumptions of this research project are rooted in pragmatism. Although multiple paradigms may be used in mixed methods approaches, researchers also need to be explicit about their use (Creswell & Plano-Clark, 2011). Within a mixed methods approach there are competing assumptions. As outlined in table 3, each phase of this research project has different underlying philosophical assumptions. Post-positivism is the underlying philosophical framework that informs Phase one of this research project, while social constructionism and interpretivism/constructivism informs the rationale and direction taken in Phase 2.

A worldview or paradigm describes the set of beliefs and assumptions about knowledge that guides and informs a study's inquiries. Denzin and Lincoln (2000b) further point out that the paradigm selected serves as a guide to the researcher in terms of philosophical assumptions about the research, the participants, the range of tools, instruments, and methods used in the study

According to Tashakorrie and Teddlie (2003a), pragmatists believe in the intrinsic link between human thought and action. As a worldview, pragmatism differs from other theoretical frameworks, with its focus on the consequences of research. Pragmatism places emphasis on the *research questions*, which are considered more important than the worldview or the method and maintains that a practical and applied research philosophy should guide methodological choices. Pragmatists also believe that multiple data collection methods inform the study and that the nature of reality can be singular or multiple (Creswell & Plano-Clark, 2011). It is considered to be central to the conduct of a two-phase research process, as it focuses on the link between the two paradigms (Tashakorrie & Teddlie, 2003a).

Arguing in favour of pragmatism, Tashakkori and Teddlie (2003a) state that a single study may contain both quantitative and qualitative research. In adopting pragmatism as an overall philosophical foundation for this mixed method study, emphasis was placed on the research problem and the utilization of different methods to obtain an understanding of negative supervision.

3.5.2 Post-Positivism

Quantitative approaches are linked to a post-positivistic worldview (Creswell & Plano-Clark, 2011). According to Guba (1990), ontologically, post-positivism moves from what is now recognized as a naïve realist position to one that is referred to as *critical realism*. Guba (1990) states that post-positivism is essentially a “modified version of positivism” and that prediction and control remain the aim (p. 20). The post-positivist worldview is concerned with “determinism or cause-effect thinking, reductionism, detailed variables and focusing on select variables and theory verification” (Slife & Williams, 1995, in Creswell & Plano-Clark, 2011, p. 40). However, post-positivism challenges the traditional assumptions of absolute truth and knowledge associated with positivism.

Post-positivists tend to view reality (ontology) as singular and the relationship between the researcher and researched (epistemology) as distant and impartial (Creswell & Plano-Clark, 2011). During the quantitative

phase of this study, data collection occurred via on-line questionnaires, permitting distance, thereby allowing the researcher to remain objective and impartial.

3.5.3 Social Constructionism and Constructivism/Interpretivism

IPA and the narrative approach share the same ontology. Narrative inquiry and IPA subscribe to both social constructionism and constructivism/interpretivism. Ontologically, these approaches privilege experience and narrative. Thus, IPA lies in the centre of a discursive and descriptive perspective, which lends further support for blending these two approaches.

The relevance of adopting a *social constructionist* position to the understanding of narrative is influenced by its strong focus on how individuals participate in constructing their perceived realities. Moreover, its emphasis is on how knowledge is constructed as opposed to discovered (Andrews, 2012), which is important to understanding how participants give an account of their experiences, through the construction of narratives. In this constructive process, understanding is acquired by interpreting subjective perceptions (Denzin & Lincoln, 2011).

According to Denzin and Lincoln, (2011) “the underlying ontological notion of the intersubjective stance is that people are essentially relational, and our social world is a product of social interactions and relations, while epistemologically these traditions are grounded in the notion that object and subject mutually influence each other, engaged in conversation, through a dialogical relationship” (p. 673). Similarly, interpretivists assume that researchers cannot separate themselves from what they know and who they are, and how they understand the world is pivotal to how they understand themselves, others and the world (Cohen & Crabtree, 2006). While social constructionism and constructivism are closely related, and the terms are often used interchangeably, *constructivism* focuses on an individual’s learning that takes place because of his/her interactions that occur within the group. Constructivism, like interpretivism, is based on the assumptions that there are multiple realities and knowledge is constructed through “lived” experiences. The researcher’s active

participation in the research process and interactions with others is encouraged ensuring that the knowledge created, is a reflection of their own reality (Cohen & Crabtree, 2006).

Unlike constructivists, social constructionists are less interested in the cognitive processes that accompany knowledge, and view society as existing in both a subjective and objective realm. As Andrews (2012) contends, this gives rise to a “tension between objective interpretation and subjective experience” (p. 3).

Interpretivism is based on the idea that irrespective of which research methods are used we cannot know how the world really is (Denzin & Lincoln, 2011). Interpretivism advocates concentrating on local understanding through exploring alternative forms of representation, which accurately illuminate and describe questions that we strive to understand. Due to this, interpretivists “discard the search for generalizable truths and laws about human behaviour and assume that reality as we know it, is constructed intersubjectively, through the meanings and understandings developed socially and experientially” (Denzin & Lincoln, 2011, p. 103). Within the interpretivist paradigm, the strong reliance on a subjective relationship between the researcher and subjects emphasizes the need to put analysis in context (Reeves & Hedberg, 2003).

The interpretivist perspective is grounded on several assumptions (Nieuwenhuis, 2007). Firstly, that human life can only be understood from within and cannot be observed from external reality. Focus is on “people’s subjective experiences and how they construct their social world by sharing meanings, and how they interact with or relate to other people” (Nieuwenhuis, 2007, p. 59). A second assumption is that reality is not objectively determined, but socially constructed. Interpretive researchers believe reality consists of people’s subjective experiences of the external world; it adopts an inter-subjective epistemology. Thirdly, the researcher attempts to uncover how meanings are constructed in order to gain insight into the meanings imparted to improve their comprehension of the whole (Nieuwenhuis, 2007). Fourthly, interpretivists assume that the social world does not “exist” independently of human knowledge.

In terms of the present research project, this had a number of implications. In order to understand experiences of negative supervision, the interpretivist researcher attempts to enter the subjective world of the trainee (as powerless trainees in their internship) in order to understand and interpret the perception they have of their own activities and the meanings constructed. As a researcher, psychologist and supervisor, I was mindful of how my own knowledge and understanding of the phenomena under study constantly influenced me in terms of the types of questions I asked and the meanings I ascribed to participants' experiences. I was deeply aware that my own knowledge and comprehension of negative supervision was limited to my theoretical knowledge and unique personal experiences, both as an intern and a supervisor, and the meaning I had imparted. I was cognizant of how my humanness and own preconceived ideas, directed and influenced my construction of negative supervision (Nieuwenhuis, 2007).

The next section draws specific attention to IPA's theoretical underpinnings, which complements the philosophical assumptions discussed above.

As part of the constructivist-interpretivist tradition, IPA's distinctive epistemological framework and research methodology is informed conceptually by Phenomenology, Hermeneutics and Idiography, which guide the exploration and analysis of information (Smith, 2004).

Phenomenology is both a philosophical approach and a "range of methods concerned with how things appear to us in our experience" (Smith et al., 2009; Willig & Stainton-Rogers, 2010, p. 180). A major aspect of IPA's phenomenological roots originates from its concern with the detailed examination of an individual's lived experience and how he/she make sense of that experience (Willig & Stainton-Rogers, 2010). IPA is guided by a particular worldview and epistemology.

IPA is informed by the ideas of Husserl (1927, 1982) who emphasized the description of consciousness, the careful examination of lived experiences or the individual's life world. Husserl's call (*Zu den Sachen*) "expressed the phenomenological intention to describe how the world is formed and experienced through

conscious acts” (Willig & Stainton-Rogers, 2010, p. 180). Phenomenological inquiry for Husserl is also concerned with “that which is experienced in the consciousness of the individual” (Smith et al., 2009, p. 13). Thus, there is an intentional relationship between the consciousness of something and one’s awareness of it (Smith et al., 2009).

Husserl was also concerned with the experiential underpinnings of knowledge (Holstein & Gubrium, 1994). He developed a ‘phenomenological method’, intended to identify the core structures and features of human experience (Smith et al., 2009, p. 13). This entails an untainted appreciation for things as they are instead of trying to fit them into existing knowledge and experience (Smith et al., 2009). For Husserl, phenomenology requires a process of bracketing or “putting aside one’s own taken-for-granted world, in order to concentrate on our perceptions of that world” (Smith et al., 2009, p. 13). The aim of phenomenology is to capture as carefully as possible the way in which a phenomenon is experienced first-hand by individuals, so that they can give an accurate description of events that took place. Phenomenology also “seeks the psychological meaning that constitutes a phenomenon through investigating and analysing lived examples of the phenomenon within the context of participants’ lives” (Smith, 2008, p. 28).

According to Smith et al. (2009), “IPA is strongly influenced by the hermeneutic version of phenomenology” and is interested in how individuals derive meaning from particular experiences (p. 34). At the same time, IPA appreciates and acknowledges that access to experiences cannot be obtained directly, except through the researcher’s own interpretation thereof (Smith et al., 2009). The central focus of hermeneutics is the theory of interpretation (Smith et al., 2009).

Biggerstaff and Thompson (2008), contend that “IPA’s theoretical underpinnings stem from phenomenology which originated with Husserl’s attempts to construct a philosophical science of consciousness, with hermeneutics (the theory of interpretation), and symbolic-interactionism (meanings an individual ascribes to events), are of central concern but are only accessible through an interpretative process” (p. 4).

Hermeneutics was developed as a separate philosophical movement to phenomenology, however, Heidegger presented hermeneutics as a prerequisite to phenomenology (Shinebourne, 2011). With its emphasis on the interpretation of subjective lived experience, IPA therefore does not share the same underlying assumptions held by Husserl (Shinebourne, 2011). Smith et al. (2009) articulate the IPA interpretative process to the reader eloquently in their detective analogy:

There is a phenomenon ready to shine forth, but detective work is required by the researcher to facilitate the coming forth, and then to make sense of it once it has happened (Smith et al., 2009, p. 35).

Making sense of what is being said or written requires close interpretative engagement on the part of the reader or listener. Based on the Heideggarian method of hermeneutics, IPA draws on the 'the circularity of understanding'. This is often referred to as the 'hermeneutic circle' and refers to how the researcher uses prior knowledge of the phenomenon in understanding and interpretation (Nieuwenhuis, 2007). Both a cyclical approach and bracketing become necessary, as the researcher is not always aware in advance of any preconceptions (Smith et al., 2009). Hence, the researcher "is making sense of the participant making sense of x" (Smith et al., 2009, p. 35). This interpretative exercise is referred to as the "double hermeneutic" (Smith et al., 2009). In this way, the dual role of the researcher as both like and unlike the participant is emphasized (Smith et al., 2009). Consequently, the participant's meaning-making is regarded as first order while the researcher's sense making is "second order" (p. 36).

The double hermeneutic is said to operate in another way. Smith et al. (2009) draw on Ricoeur's (as cited in Smith et al., 2009) two broad interpretative positions, a "*hermeneutic of empathy*" and a "*hermeneutic of suspicion*" (or hermeneutics of questioning), stating that successful IPA work combines both stances (p. 36). In the former, the researcher develops an "insider perspective, sees what it is like from the participant's point of view", whilst in the latter, the IPA researcher stands alongside the participant and takes a look from a

“different angle, asking questions and puzzling over things they are saying” (p. 36). Analysis moves away from representing what the participant says, to the researcher’s interpretation of the participant’s intended meaning (Smith et al., 2009).

According to Shinebourne (2011), “Interpretation is envisaged as a dynamic process, an interplay between the interpreter and the object of interpretation” (p. 48). IPA’s focus on researcher interpretation contrasts with Husserl’s emphasis on researcher bracketing off their assumptions of reality (Finlay, 2009). In sum, IPA requires a combination of both hermeneutics and phenomenological insights (Smith et al., 2009). Phenomenology permits the researcher to get close enough to personal experience whilst acknowledging the interpretative endeavour for both researcher and participant. As Smith et al. (2009) put it, “*Without phenomenology there would be nothing to interpret and without hermeneutics the phenomenon would not be seen*” (p. 37).

The third theoretical underpinning of IPA is idiography. The sole purpose of idiography is an in-depth focus on the “particular” and a commitment to comprehensive, finely textured, analysis of real life and lived experience (Smith et al., 2009; Shinebourne, 2011). Idiography is comparatively different to most nomothetic research trends and focuses its claims at a group or population level (Smith et al. 2009). In such instances, IPA’s commitment to the particular operates at two levels. In the first instance IPA’s analytic process is (1) committed to detailed and in-depth analysis, (2) rigorously examining similarities and differences of a particular case and (3) then across cases to yield meticulous accounts of patterns of meaning, reflecting on mutual or shared experiences across cases (Shinebourne, 2011; Smith et al., 2009). IPA focuses on diverse aspects of a specific account (Shinebourne, 2011). According to Shinebourne (2011), the IPA researcher shows how a case relates to other existing research through connecting the findings to existing psychological literature. IPA prioritizes quality over quantity, grasping the meaning of intense, in-depth experiences for a particular person.

IPA also does not avoid generalizations; instead it finds a different way of establishing generalizations, locating them in the particular, by exercising more caution in developing them (Harre, 1979 as cited in Smith et al., 2009). It is for these reasons that IPA uses small, purposeful samples (Smith et al., 2009).

In the next section, the research methods used for each phase of the study are outlined, followed by an analysis of the ethics, reliability, validity and trustworthiness of data.

3.6 RESEARCH METHODS USED IN THIS PROJECT

3.6.1 Survey design

According to Walker (2005) a researcher may use a descriptive or exploratory study when little is known about a particular phenomenon. Given the paucity of research on negative supervision and supervisors' experiences of training in supervision in South Africa, Studies 1, 2 and 3 were exploratory and descriptive, (Sousa, Driessnack, & Mendes, 2007). All three studies in Phase 1 made use of a cross-sectional survey design (Appendices A3 and B1, D1 and D2), which is regarded as the simplest survey design and involves approaching participants on a single occasion (Breakwell, Hammond, & Fife-Schaw, 1995). The cross-sectional design made it possible to make comparisons across different subgroups (for example, different races, scopes of practice, or gender, or cultures). McMillan and Schumacher (2001), state that the purpose of survey data is to describe and explain the status of phenomena, to track change and make comparisons. The researcher selected this specific design based on the research questions and objectives of each study. Specific variables (e.g. negative supervision, gender, race, language, theoretical orientation, supervision training, competence, confidence), and empirical measures (role conflict, role ambiguity⁷, the working alliance and supervisory styles inventory (Appendices B2, B3 and B4 respectively) were framed within an *a priori* theory and tested in the survey. The researcher utilized a "flow plan" (Kerlinger, 1986) outlining the design,

⁷ Permission to use these instruments was granted by the respective authors

sampling and implementation of the survey. The flow plan identified the study's objectives, and the steps to be taken, ultimately culminating in analysis and a research report. During the initial stage of survey construction the researcher conducted a literature search on negative supervision and supervisory training, in an attempt to identify gaps and limitations in the literature to assist in formulating questions for the survey. Next the researcher identified a sample and then proceeded to develop the questionnaires and identify other instruments to be used (Kerlinger, 1986). During this step, the main task was to translate broad research questions into a survey instrument (Kerlinger, 1986).

In terms of survey construction, the researcher utilised guidelines recommended in the theoretical literature to guide questionnaire construction (Kerlinger, 1986; Howell, 1989). The final questionnaire consisted of a combination of open-ended and closed-ended questions. For example, to identify prevalence of negative supervision, a closed-ended question included in the survey was, "*Have you experienced a negative supervision event during your internship?*" Participants were given three answer options (Yes, No, Not applicable). Closed ended questions in the survey were supplemented by open-ended response options. Relevant questions used in other studies on negative supervision and supervisors' perceptions of their training in supervision (Robiner et al., 1997; Ramos-Sánchez et al., 2002; Nelson & Friedlander, 2001) were also adapted for use in Study 1 and 3.

Data was analysed based on the type of questions asked. As Phase 1 was descriptive, no hypotheses were developed. Thus the choice of statistical tests in Studies 1, 2 and 3 were based purely on the type of research questions in each study (the relationship among variables, a description of trends, and the prevalence of negative supervision). It was also based on the "number of independent and dependant variables, the types of scales used to measure the variables" (Creswell & Plano-Clark, 2011, p. 207). As the project progressed, the quantitative analysis progressed from descriptive to inferential analysis (Creswell & Plano-Clark, 2011).

Contrary to popular belief, Breakwell et al. (1995) state that survey response rates are generally high, allowing the researcher to collect data in a short period. On the downside, surveys are overly susceptible to time of measurement effects. Advantages include, the researcher's ability to remain objective and larger samples can be targeted.

3.6.2 Semi-structured interviews

Following the collection and analysis of quantitative data, the second qualitative phase (Study 4) was an attempt to extend and explain the line of inquiry established in Study 1 and 2. The primary method of data collection was face to face interviews, each lasting approximately between forty-five to ninety minutes in duration. The researcher made use of a semi-structured interview guide (see Appendix 9).

According to Creswell and Plano-Clark (2011), "during this phase the researcher develops or refines qualitative questions, purposeful sampling procedures and data collection protocols, as they follow from the quantitative results" (p. 83). Consequently, sampling occurs at two different points in this design, because the two phases are related to each other. Thus, the participants in the follow-up phase were drawn from the initial quantitative phase since they contributed to the quantitative data set and for this reason were considered best suited (Creswell & Plano-Clark, 2011). The researcher then had to make a number of decisions regarding sample size, how to select participants and what questions to ask (Creswell & Plano-Clark, 2011).

The researcher explored eight psychology trainees' lived experiences of harmful supervision, using semi-structured interviews, aimed at collecting stories and experiences of negative supervision in order to obtain a complete account of trainees' experiences. Interviews were thus informed by narrative principles because the researcher wanted to elicit stories that explained aspects that capture the meaning of trainees' experiences, how they made sense of their experiences and the impact it had on their personal and professional lives.

This approach was also appealing because of the manner in which it is described by several authors. For instance, Clandinin and Connelly (2000), drawing on Dewey's two criteria of experience to develop a narrative view of experience, define narrative inquiry as a

way of understanding experience. It is collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that made up people's lives, both individual and social (p. 20)

This approach to interviewing was supported by its emphasis on capturing the personal experiences of participants in the context of their roles as supervisees and the storied experiences of negative supervision (particularly harmful). By using stories as a medium, supervisees were able to reflect and render a complete picture of their personal encounters of harmful supervision and the destructive relational processes that unfold when supervision becomes harmful.

The narrative interviewing method has the explicit goal of generating detailed accounts rather than brief answers or general statements (Reissman, 2008, p. 23). Hence, narrative inquiry is an unstructured, in-depth interview that "encourages and stimulates interviewees, to tell a story about a significant event or experience in their life (Jovchelovitch & Bauer, 2000). Although it is recommended that no interview schedule is used, the integration of IPA with narrative interviews permitted the use of a semi structured interview guide. The semi-structured interview technique was considered useful as it enabled the researcher to answer some of the research questions. The semi-structured interview is a means of communicating and gathering information that is focused but is less structured and intimidating than most structured approaches to interviewing (Tashakkorie & Tedlie, 2003a).

Identified issues and topics arising from the quantitative phase were used as a focus for more in-depth exploration. Thus, participants were not restricted to a series of questions, but were given an opportunity to tell their “stories” and allowed to reflect and speak freely (Smith et al., 2009).

In addition, the open-ended nature of the interviews enabled the researcher to understand important issues related to negative supervision experiences from the perspective of the trainee, enabling a “rich, detailed, first person account of their experiences” (Smith et al., 2009, p. 56) and provided the researcher with substantial data with which to work.

IPA has strong intellectual links with various forms of narrative analysis, given IPA’s concern with meaning making (Smith, et al., 2009). Bruner (1987) whose model of narrative as “an interpretative meaning-making endeavour clearly resonates with IPA” makes a strong case for blending Narrative with IPA (as cited in Smith et al., 2009, p. 197). As a largely social constructionist paradigm, narrative also shares strong links with several aspects of phenomenological psychology, especially when narrative is used as a means for understanding life experience. Although with a narrative approach, the focus is not on “sense making” per se, but rather on how narrative relates to sense-making (e.g. via genre, structure, tone or imagery), combining IPA and narrative interviews allowed the researcher to simultaneously focus on the content of participants’ stories, their personal meaning and sense-making (Smith et al., 2009). Focus on the structure of participants’ stories is regarded as less important than the personal significance the stories had for each participant. As such, exploring participants’ use of “narrative as a mechanism for understanding life experience” (Smith et al., 2009, p. 197) was more central to the objectives of Study 4.

In the next section, I focus on the overall inclusion and exclusion criteria for participation in this research project as well ethical principles that underpinned the four studies. Analysis is discussed within the respective studies.

3.7 INCLUSION AND EXCLUSION CRITERIA

This section includes criteria for both the quantitative and qualitative data strands. Sampling for a mixed method explanatory design occurs at two points, first for the quantitative phase and then the qualitative phase. Data collection in both the phases is related to each other and is not independent (Creswell & Plano-Clark, 2007). Thus, the same participants in the quantitative phase participated in the qualitative phase, as one phase builds on the other (Creswell & Plano-Clark, 2011). For this study, trainees participated in both data strands, whereas supervisors only participated in the quantitative phase. Criteria for participation in the study overall are presented below.

a) Supervisees:

Criteria for inclusion in Studies 1, 2 and 4, included:

1. Professional registration with HPCSA as a Clinical or Counselling intern psychologist.
2. Currently in the process of completing internship or the internship must have been completed between 2012 and 2014.
3. In the process of completing or commencing community service.
4. Educational and industrial psychology trainees were excluded from the sample.
5. Criteria for participation in the second phase (qualitative interviews) included completion of the online survey, the experience of at least one negative supervision event during internship and willingness to participate in a follow-up interview.

b) Supervisors:

1. Professional registration within the Clinical or Counselling Psychology scope of practice.
2. At least one-year experience as a clinical supervisor.

3. Actively engaged in the supervision of psychology interns.
4. Employed in either the private or public sector.

3.8 ETHICAL ISSUES

While undertaking the study, several ethical principles were adhered to, including considerations contained in the 'World Medical Association Declaration of Helsinki' (2013) document. The Department of Health guideline (2015) also guided the implementation of the research. Participants were only contacted after full ethical approval (HSS/1350/013D) was granted by the UKZN Humanities and Social Sciences Research Ethics Committee (Appendix A5) and gatekeepers' consent was authorized by the various hospitals and institutions. Given that participation in a study on negative supervision experiences was anticipated to be an emotionally distressing experience, all attempts to abide by the ethical principles that guide ethical research were ensured. The study and the researcher were guided by the following ethical principles:

3.8.1 Autonomy and respect for the dignity of persons

Participation in this study was voluntary and pseudonyms and token numbers were used to protect participants from being identified. As indicated above, a possible indirect risk was respondent distress arising from participation in the study for participants who had experienced NSEs. Potential risks arising out of their participation in the study were outlined and/or discussed with all participants. Study participants were also allowed to withdraw from the study at any time without any consequences. All participants who agreed to participate in this research were asked to read and sign the informed consent forms– this included both online and written informed consent forms (see Appendix A1).

3.8.2 Non-maleficence

This principle supplements the autonomy principle that requires that the “researcher ensures that no harm befalls the participants as a direct or indirect consequence of the research” (Wassenaar, 2006, p. 67). This was a non-experimental study; hence no deception or covert observation of participants’ behaviour occurred.

3.8.3 Beneficence

This principle requires that the researcher maximizes benefit to the participants through knowledge creation. Consent forms stated that participants would not benefit directly from the research. However, it was anticipated that participants would benefit indirectly through development of insight, creating awareness of the challenges experienced during internship and an opportunity to engage in reflective practice.

3.8.4 Anonymity and Confidentiality

Anonymity was assured by assigning tokens and/or pseudonyms to ensure anonymity and confidentiality of participants’ identifying demographic information. This included non-disclosure of hospital or university internship site locations to safeguard participants from unwanted exposure (Denzin & Lincoln, 2003).

3.9 RELIABILITY, VALIDITY AND TRUSTWORTHINESS OF DATA

In mixed method studies, validity differs in the different phases of data collection, analysis and interpretation. According to Creswell and Plano-Clark (2007), “to assess the validity for a study, investigators establish the validity of their instruments through content validity and of their scores through criterion related validity procedures” (p. 210). Thus, studies have to be designed in such a way as to reduce the threats. Studies 1, 2 and 3 were not experimental studies and thus no cause/effect inferences were made, thereby reducing threats to internal validity. Notwithstanding this, the researcher attempted to reduce threats to validity, by (1) ensuring that the same individuals who participated in the quantitative study were selected for the follow up qualitative study, (2) a large sample size was used for the quantitative phase and a small sample was used

for the qualitative phase, (3) using appropriate nonparametric statistics to analyse quantitative data, (4) using empirically based instruments to ensure content and construct validity, (5) testing questionnaires developed by the researcher (Study 1 and 3) on colleagues in the field to ensure face validity, and (6) selecting a representative sample to ensure external validity. Most of the correlations were moderate to strong, suggesting that the scales are valid and there is a relationship between the variables studied (working alliance, role conflict, role difficulties and supervisory styles).

According to Creswell and Plano-Clark (2011), reliability refers to whether scores received from participants are consistent and stable over time. The majority of the subscales had excellent internal consistency rates (>.9, see Study 2) suggesting that the instruments used consistently measured what they intended to measure.

Unlike positivists who base the trustworthiness of their data on reliability and validity, naturalistic approaches to research focus on other means to verify their data. Trustworthiness refers to the reliability and validity of qualitative research and is used as a measure of the quality of research (Lincoln & Guba, 2000). Lincoln and Guba (2000) propose four criteria in pursuance of trustworthiness of qualitative data that is akin to the criteria employed by quantitative researchers (p. 64). According to Morrow (2005), *credibility* is equivalent to internal validity, *transferability* is equivalent to external validity/generalizability, *dependability* is analogous to reliability and *confirmability* is analogous to objectivity.

Credibility refers to the congruency of the findings with reality. Lincoln and Guba (2004) argue that ensuring credibility is an important factor in establishing trustworthiness of the data. Consequently, through the use of a renowned, evidenced-based qualitative methodology such as IPA, the researcher has endeavoured to establish trustworthiness. In addition, the mixed method approach used here means that triangulation (Shenton, 2004) of data was possible where the researcher could use the results of one phase to corroborate findings of the second follow-up phase.

The researcher also undertook other measures to establish credibility of the research such as keeping accurate notes of all her observations, insights and thoughts in a reflective journal. Interviews were audiotaped and transcribed verbatim. Both these measures established a comprehensive paper trail. During data analysis ongoing corroboration of interpretations of participants' narratives and emerging themes were discussed with fellow colleagues engaged in IPA research. The researcher's supervisor reviewed transcripts and verified the researcher's analysis and emerging themes by conducting an independent audit of the transcripts.

Transferability refers to the extent to which the reader is able to generalize the findings of a study to other contexts and the extent to which a researcher can make claims (Morrow, 2005). Providing information about the research context, participants and the researcher's thoughts and reflections address this issue, allowing the reader to decide how findings may transfer. Researcher reflections are provided below.

Dependability refers to the processes through which findings are derived and should be made as explicit as possible (Morrow, 2005). *Dependability* and triangulation are identified as important standards of quality. The researcher ensured dependability by carefully tracking the research design, keeping an audit trail, a research journal regarding influences on data collection (my own reflexivity) and emerging themes. The researcher's supervisor also examined the audit trail.

Lastly, *confirmability* (objectivity) refers to the acknowledgement of subjectivity within in research (Morrow, 2005). This is grounded in the notion that "integrity of findings lies in the data, analytic processes and findings in such a way that the reader is able to confirm the adequacy of the findings" (Morrow, 2005, p. 252). In addition, researcher *reflexivity* affords the researcher an opportunity to reflect on how his/her own understandings and experiences influence the research process (Morrow, 2005).

Interviews for this research project were conducted by me. Thus, findings could have been influenced by my own personal vulnerability and my experiences of internship as well as my own under-preparedness for the

supervisory role, my beliefs, values and attitude as a supervisor and researcher. Although I attempted to partition (Smith et al., 2009) off any existing biases, the extent to which the interview questions, interpretation and analyses of narratives and development of themes were possibly subject to potential researcher bias and were influenced by my own attitude, subjective feelings and beliefs, is not known.

In addition to the above, Patton (2002) suggests that “*Verstehen* (an enhanced and deep understanding), praxis (integration of theory and practice) and doing justice to the integrity of unique cases, enhance trustworthiness of qualitative research” (p. 546). Finally, understanding participants’ constructions of meaning also depends on factors such as context, culture and rapport, which are essential for understanding the meaning that participants make of their experience (Morrow, 2005). This is in line with IPA’s notion of the researcher’s attempt to make sense of the participant’s attempts to make sense.

Due to the psychological nature of the current study, the researcher was mindful about over-focusing on intrapsychic and interpersonal variables to the exclusion of contextual issues (Morrow, 2005). The researcher supplemented quantitative data (which focused on contextual and relational factors) with interview data, contributing to a deeper, and more meaningful and comprehensive understanding of the findings. The next section provides insight into the researcher’s reflexivity.

3.10 RESEARCHER’S REFLECTIONS

This study grew out of my own experiences of internship training which still stand out for me today, albeit many years later. During the start of my internship, a fellow colleague and I were faced with various organizational constraints (for example, staff shortages). This resulted in us having to attend to all new admissions to psychiatry, attend all the ward rounds, assess and manage all spinal and TB patients, do individual and group psychotherapies, all of this with minimal and at times no supervision. At the time, it was a huge responsibility for inexperienced interns to undertake. However, I also felt immensely proud of my

professional maturity and ability to carry out these responsibilities with minimal supervision. A responsibility that was carried off without incident.

When the supervisor based at this hospital finally returned from leave, to our dismay she evaluated our performance as “satisfactory”. We immediately brought our unhappiness to her attention. However, it was implicitly clear she was not to be challenged. My experience of clinical supervision with her was immensely anxiety provoking and at times a debilitating space for me, one in which I felt very alienated and afraid to speak out, due to fears of being extended or worst, terminated from the internship programme. This appeared to hover above every intern’s head because we had been informed that a fellow intern and colleague, from the previous year, had had their internship terminated due to poor performance.

Ultimately, I felt powerless and unsupported. I reflected on the limited supervision I received and on my supervisor’s failure to affirm and validate my ability to cope as well as I did, without supervision. Her indifference to my expertise, knowledge and contributions to the supervisory process affected my development and submerged me in a state of constant self-doubt. Consequently, my own experience during internship and as a supervisor, as well as the absence of research in this area, was a significant driver of this study. This forced me to reflect on the power bestowed to the supervisor, the trainee’s sense of powerlessness and how the power differential is perpetuated in supervision. My experience during internship and as a supervisee, confirmed the reality and impact of negative supervision (Ramos-Sánchez et al., 2002; Ellis et al., 2017).

I reflected on whether my supervisor’s inability to make explicit the goals, tasks and expectations of supervision, influenced my learning and development; whether my fear of her influenced my ability to be authentic in supervision and in the therapeutic situation, and whether it influenced client outcome. Besides the balanced, critical verbal feedback, I realized that her facial expressions, tone of voice and attitude during feedback and evaluation, influenced the overall supervision experience for me and ultimately shaped my

perceptions of my professional self. Although I am inclined to believe I did learn from her, at the time, I failed to recognize my experience as negative. For me, it was a natural part of an internship – a rite of passage per se.

Many years later, I can still vividly remember my supervision experiences. This led me to speculate about the incidence of negative supervision. I pondered whether any interns had had similar experiences or perhaps even worse. I wondered how interns may be differently affected when the experience of supervision is inadequate versus harmful and what impact it might have on their professional development, perceptions of professional competence and confidence. I also wondered whether this experience influenced the emotional bond that is developed between supervisor and supervisee.

A few months after I completed my community service year, untrained and inexperienced, I obtained employment in a public hospital, entrusted with the responsibility of supervising interns about to exit their internship. It was a tacit expectation, part of the job, and I simply never thought to challenge it. In fact, I embraced it. Initially, it did not occur to me that I needed specific training for this role. At the time, I firmly believed my training as a psychologist would suffice. In retrospect I believe I was too ashamed to protest, because I wanted my superiors to think they made the right choice. Aware of the futility of protesting, instead of resisting, I chose to comply.

I recall making a concerted effort to avoid the mistakes my own supervisor had made. During supervision sessions, I became increasingly wary of my non-verbal behaviour and of what I said and did not say. Outside of supervision, I scrutinized everything that I now realize was out of my own fear of “missing something” which would reflect incompetence on my part. Without any formal training or peer supervision, I read profusely around the theory of supervision and developed all kinds of systems and protocols to circumvent my lack of training, my own anxiety and a nagging sense of incompetence. In spite of my efforts to compensate for

what I considered “incompetence” and despite positive reviews from trainees, I felt overwhelmed and out of my depth.

These experiences led me to explore the notion of negative supervision from the supervisee’s perspective and supervisors’ experiences of their training in supervision. I questioned whether other trainees and psychologists had similar experiences or concerns about their negative experiences and lack of training in supervision. I wondered whether supervisors were aware of their lack of training in clinical supervision. At the time of this study, research on supervisors’ and supervisees’ experiences of clinical supervision was non-existent, confirming the consensus in the field that supervision is an understudied phenomenon. Given its importance, an understanding of supervisees’ experiences of supervision and of supervisors, training (or lack thereof) warranted urgent attention. Finally, this study is a response to Watkins’ (1998) recommendation, to call attention to the importance of training in supervision and, more importantly, to enhance research rigour in clinical supervision.

Throughout the research process, I was mindful of the role my identity as a psychologist, a former supervisee, a developing supervisor and ultimately a budding researcher, played in the research process. The qualitative research design for the second phase of my research allowed me to give an account of my personal involvement in the research process. At the start of each face-to-face interview, I purposely yet carefully disclosed some of my own internship experiences, to ease participants’ discomfort in speaking about their difficulties in supervision. Central to my disclosure was the need to ensure participants of confidentiality, to build trust and rapport. During my interactions with the participants, I endeavoured to understand participants’ construction of reality and of their lived experiences, as well as the meanings they ascribed to their personal experiences as interns. I was mindful of not taking on a therapeutic role during the interviews when aspects of a traumatic experience were disclosed. Trainees were informed that provision for counselling could be made should participation in the study cause retraumatization. I also kept notes of my own observations and

reflections in a personal research journal throughout the research process, which allowed me to reflect on the research process as it unfolded. I was also acutely aware of how my experiences could possibly introduce a potential source of bias into the study's interpretation and discussion of the findings. This allowed me to reflect on my own frustrations, growth and development as a psychologist, novice supervisor and researcher. Given the methodological and philosophical framework that underpins this study, I was unable to take a consistently objectivistic stance. Adopting an interpretivist paradigm required me to take an empathic stance, to acknowledge my role in the research process and to be mindful of how my background and experience as an ex-intern, psychologist and supervisor shaped my interpretations. From an intersubjective standpoint, I was mindful of demonstrating the ability to interact with others in a reciprocal and meaningful way (Grinnell, 1983), which again was carried off without incident.

3.11 CHALLENGES OF MIXED METHOD EXPLANATORY DESIGN

Despite the MMSED's straightforward design, there were a few challenges with this type of design. For instance, a lengthy amount of time was required to implement the two phases. The collection of survey data took much longer (14 months) than anticipated. This meant that selection of participants and data collection (interviews) could only be conducted after all the initial data of the first phase were collected and analysed. This caused significant delays in the project as a whole. Additionally, shifting between a post-positive paradigmatic stance to a social constructionism, interpretivist/constructivist stance, required significant personal reflexivity and acknowledgement of my inability to take on a consistently objective stance throughout the research process. Integrating of the quantitative and qualitative findings (discussed in Chapter 8) into a meaningful whole was also overwhelming given the insurmountable nature of the data.

3.12 SUMMARY

Chapter 3 sought to explicate the mixed method research design and the various methods utilized in this study. An overview of the mixed method explanatory design, the two phases of data collection and rationale for its use were also discussed. Pragmatism as a broad philosophical assumption of mixed method research was outlined along with the philosophical and theoretical influences that guided the MMSED used in this study. Reliability, validity and trustworthiness of research findings were discussed in an attempt to substantiate the quality of the findings. Finally, the researcher engaged in issues of personal reflexivity, considered essential in qualitative research evaluation. Further discussion on the questionnaires or instruments used, procedure and data analysis undertaken in each study can be found in the self-contained studies discussed in the sections to follow.

The next chapter (Study 1) discusses the first of the four self-contained studies in this research project. Study 1 investigates the prevalence of inadequate and harmful supervision among Clinical and Counselling psychology supervisees in South Africa and explores the influence of various contextual variables on supervision outcomes.

CHAPTER 4: STUDY 1

Prevalence of South African psychology intern's perceptions of negative supervision events⁸: A cross-sectional survey

Abstract

Prevalence rates of negative supervision events among Psychology interns in South Africa are non-existent. This study investigates the prevalence of negative supervision events and explores the influence of various contextual variables on supervision outcomes. Quantitative data were obtained via a web survey from a sample ($N = 92$) of Clinical and Counselling psychology interns across nine provinces in South Africa. In all, 42 (or 45.6%) of the 92 participants had a negative supervision event during their internship, 26.19% categorized their experience as 'Harmful', and 73.81% (or 31) had an 'Inadequate' experience. A total of 14 (or 22.6%) interns experienced a negative supervision event on a weekly basis. Proportionately more White interns reported experiencing negative supervision events and had the highest number of reported harmful experiences. Neither race nor gender significantly impacted the feedback and evaluation process. A significantly larger number of mixed race and mixed culture dyads reported harmful negative supervision compared to same race/culture dyads. There was no significant positive relationship between inadequate or harmful negative supervision events and sexual orientation, theoretical orientation, gender, religion, and language. Implications for training and professional development are discussed.

Keywords

Harmful supervision, inadequate supervision, intern, negative supervision events, supervisee

4.1 INTRODUCTION

Although there has been some research on clinical psychology training and mental health service provision in South Africa (Ahmed, & Bawa, 2013; Ahmed & Pillay, 2004; Pillay & Johnston, 2011; Pillay & Kramers-Olen, 2014; Pillay & Kritzinger, 2007; Pillay & Siyothula, 2008), research on the effectiveness and quality of supervision among psychology trainees remains relatively unexamined. A growing body of international research has explored positive and negative supervision experiences associated with the quality and

⁸ Findings of Study 1 was published in the South African Journal of Clinical Psychology, 48 (1), pp. 86-98. Permission to use the findings was granted by the authors: S Hendricks and DJ Cartwright. The paper was reworded by an editor to avoid self-plagiarism

outcome of clinical supervision. Here, positive supervision has focused on characteristics of the ideal supervisor and effective supervisory behaviours, while negative supervision has been articulated as harmful, inadequate, ineffective, negative, counterproductive, lousy, or conflictual (Allen, Szollos, & Williams, 1986; Bang & Goodyear, 2014; Ellis et al., 2014; Ellis, et al., 2015; Ellis, Swagler, & Beck, 2000; Gray, et al., 2001; Henderson, Cawyer, & Watkins, 1999; Hutt, Scott, & King, 1983; Ladany, Moir, & Mehr, 2013; Magnuson, Wilcoxon, & Norem, 2000; Nelson & Friedlander, 2001; Olk & Friedlander, 1992; Ramos-Sánchez et al., 2002; Watkins, 1994; Wilcoxon, Norem, & Magnuson, 2005b). While international literature appears to be developing, many of the above studies offer limited insight into the contextual variables that contribute to negative supervision events (NSEs).

As mentioned previously there have been several attempts to define negative supervision experiences (Ellis, 2001; Gray et al., 2001; Magnuson et al., 2000; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). However, although these definitions refer to the same phenomenon, they vary in focus and content (Lovell, 2007).

As discussed in chapter 1, negative supervision events is a term used to collectively refer to 'inadequate' and 'harmful' supervision. Using Ellis's 2001 definitions, 'Inadequate' supervision refers to supervision that does not meet supervisees' training needs and could entail a poor quality supervisory relationship (e.g. mismatch in personality styles or theoretical orientation, disinterest/lack of investment in supervision, failure to provide timely feedback or evaluation). 'Harmful' supervision, involves events where physical, psychological, or emotional trauma are experienced as a result of the supervisor's actions (Ellis, 2001), such as negligence or malice, violation of ethical standards, engaging in sexually intimate relationships, being racist/sexist/ageist, abusive or vindictive and disrespecting intern boundaries.

Ellis and his colleagues importantly clarify that their definition of harmful supervision excludes painful issues in supervision such as the supervisee's difficulties in hearing challenging or emotionally upsetting feedback in

relation to the trainee's professional competence, which may be necessary for professional growth and protection of client welfare, and forms part of the supervisor's professional gatekeeping responsibilities (Ellis et al., 2014). It may also exclude instances of corrective feedback which has also been referred to as negative feedback in the theoretical and empirical research on feedback. The experience of harmful supervision can be once off or a series of incidents.

Negative supervision experiences inevitably happen within a relational context, independent of the supervisor's benevolent intentions (Ladany et al., 2013). Characteristics of a bad or ineffective supervisor have been relatively under examined, although there has been research exploring the relational aspects of supervision and the positive attributes of an effective supervisor (Allen et al., 1986; Carifio & Hess, 1987; Hutt et al., 1983; Kennard, Stewart, & Gluck, 1987). This leaves supervisors unsure of which behaviours they should avoid or minimise (Watkins, 1994).

Supervision is a well-defined professional competency that requires formal training and education (Falender, 2014a). International supervision guidelines, best practices, and competency-based frameworks have been established and continue to be revised (APA Guidelines, 2014, ASPPB, 2015). Supervision guidelines provide direction to supervisors and supervisees regarding appropriate expectations and responsibilities within the supervisory relationship (Westefeld, 2009).

Literature calls attention to a critical issue, pertaining to the lack of formal training in supervision, among supervisors (Milne & James, 2002), suggesting that supervisors may not have the required theoretical and practical foundation from which to render competent supervision. Hence, the notion that supervision is being incompetently delivered appears to be supported (Binder, 1993 in Milne, Sheikh, Pattison, & Wilkinson, 2011). Locally, the absence of practice guidelines and training specific to supervision may mean that supervisees and supervisors lack clear rules regarding good practice.

Potentially harmful consequences associated with a lack of training in supervision include the emergence of supervisors who are either passive or destructive, demanding or aggressive, and judgemental or authoritarian (Hoffman, 1994; Milne et al., 2011). Supervision conflicts can also occur because of implicit or explicit disagreements regarding case management, the goals and tasks of supervision, interpersonal differences, differing expectations, organisational dysfunction, transference, and miscommunication, among others (Moskowitz & Rupert, 1983; Nellis, Hawkins, Redivo, & Way, 2011; Nelson & Friedlander, 2001). Ramos-Sánchez et al. (2002) propose five categories of negative supervision: (1) Interpersonal relationship and style; (2) Supervisor tasks and responsibilities; (3) Conceptualisation and theoretical orientation; (4) Ethical, legal, and multicultural issues; and (5) Supervisor distress or impairment. Finally, supervisor behaviours likely to lead to failures in supervision, include, 'denigrating the supervisory relationship, demonstrating multicultural incompetence, being overly narcissistic or an unethical "supermodel," using antiquated evaluation instruments, dating, pathologising or infantilising a trainee, and colluding with or using a trainee as one's therapist' (Ladany, 2014, p. 1094).

There are only a few international studies on the prevalence of harmful, conflictual, and negative supervision (Bang & Goodyear, 2014; Ellis, 2001; Ellis et al., 2014; 2015; Lovell, 2007; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). Ramos-Sánchez et al. (2002) noted that 21.4% of the 126 participants in their study (54% pre-doctoral interns and 46% practicum students) experienced a negative event in supervision. According to Lovell (2007), the restricted nature of much of the research in this area means that findings related to prevalence, cause, and the implications thereof remain obscured. In Ellis et al.'s (2014) study, 93.0% of the 363 supervisees were currently receiving inadequate supervision and 35.3% were receiving harmful supervision. More than half of the supervisees had received harmful clinical supervision at some point. A comparative study conducted by Ellis et al. (2015) reported that 79.2% (Republic of Ireland) and

69.5% (United States) of the supervisees were currently receiving inadequate supervision, and 40.3% (Republic of Ireland) and 25.2% (United States) were receiving harmful supervision.

Racial and gender bias in evaluation and feedback have emerged as important aspects affecting the supervisory relationship (Harber, 1998; Ladany, & Pate-Carolan, 2007; Son & Ellis, 2013; Tummala-Narra, 2004; Walker,). Poor racial and cultural awareness may result in supervisors who are ignorant of their own racism (Cook, 1994) and how their racial and cultural stereotypes, views, and biases impact the supervisory encounter (Bernard & Goodyear, 2014).

In terms of cultural competence, supervisors need “to be aware of their own values, prejudices, and biases, as well as differences between them and their students” (Schroeder, Andrews, & Hinds, 2009, p. 300). It is difficult to imagine that unconscious racial or cultural stereotypes and microaggressions may occur in the context of supervision. Yet microaggressions often occur in supervision as automatic and unconscious, brief everyday exchanges, or ‘subtle insults’ towards people of colour (Solórzano, Ceja, & Yosso, 2000). Recent scholarship focuses on the incidence of racial microaggressions; the constructs of racism, privilege, and oppression (O’Hara, 2014); and the importance of modelling and teaching cultural humility in supervision (Hook, arrell, Davis, DeBlaere, Van Tongeren, & Utsey, 2016).

Gender disparity may also be a factor in problematic supervisory relationships (Paisley, 1994; Walker et al., 2007) because of entrenched societal views around gender. An awareness of the importance that culture, gender, and race play in supervision is growing (Schroeder et al., 2009). Studies that have explored diversity issues have found that conflict is probable when cultural factors are disregarded in supervision (Cook, 1983; Helms, 1982, as cited in Cook & Helms, 1988). South Africa’s apartheid legacy and consequent racial tensions make such research questions even more pertinent.

In summary, various factors have been implicated in negative supervision experiences. Race, gender, as well as several supervisor and supervisee factors, appear to influence the emergence of negative supervision. Although the incidence of negative supervision has been explored abroad, the prevalence of negative supervision among South African psychology interns and the contextual factors contributing to its emergence, is not known. For this reason, the current investigation is a response to the lack of empirical research on the prevalence of NSEs and the influence of various contextual variables on supervision outcomes, with a specific focus on prevalence, severity, frequency and type of NSE from a South African perspective. This study also explores the influence of race and gender on the feedback and evaluation process.

4.1.1. Research questions

- (1) How prevalent is negative supervision among clinical and counselling supervisees in South Africa?
- (2) How do psychology supervisees categorise their NSE?
- (3) How frequently do supervisees experience NSEs during their internship?
- (4) Using Ramos-Sanchez et al's. (2002) types of negative supervision, which 'type' contributes significantly more to supervisees' experiences of negative supervision?
- (5) Does race or gender influence the feedback and evaluation process?

4.2 METHOD

4.2.1 Participants

A total of 92 psychology interns across nine provinces in South Africa responded to the survey. In all, 75 participants were clinical interns and 16 were counselling interns. One intern listed her scope and supervising psychologist as 'other'. All except one clinical intern were supervised by a supervisor from the same scope of practice. Purposive, convenience, and snowballing sampling methods were used.

Of the 375 Clinical and Counselling interns registered with the HPCSA (Y. Daffue, personal communication, August 15, 2014), following gatekeeper's approval, 200 interns were contacted telephonically informing them of the study. Of these, 135 (or 36%) agreed to participate in the study. In all, 92 completed surveys were returned, constituting a response rate of 24.5%. A total of 45 participants were interns in 2014, 31 participants completed their internship in 2013, and 16 completed it in 2012. A total of 23 participants (or 25%) were male (16 males had a female supervisor and 7 had a male supervisor) and 69 (or 75%) were female (54 were supervised by a female supervisor and 15 by a male supervisor). In terms of age, 26 participants were between 21 and 28 years, 56 were between 26 and 35 years, and 10 were between 36 and 51 years. Respondents differed from their supervisor along race (57.1%), religion (51.1%), language (36%), gender (36%), culture (61.8%), and sexual orientation (19.8%) dimensions. Table 4 illustrates race difference between supervisors and supervisees (see footnote 8 below).

Table 4: Race⁹ differences between supervisees and supervisors.

		Supervisor race					Total
		African	Indian	Coloured	White	Other	
Participants' race	*African	4	4	1	14	0	23
	*Indian	1	5	1	2	0	9
	*Coloured	0	0	1	2	0	3
	*White	7	15	6	26	2	56
	Other	0	1	0	0	0	1
Total		12	25	9	44	2	92

⁹ Racial terms are used in this study/chapter only to highlight the differences among the different race groups within the South African Psychology profession. These racial groupings refer to the standard StatsSA categories.

In all, 67 (or 72.83%) participants completed their internship at a provincial, private, or district hospital; 17 (or 18.47%) at a university, technikon, or student counselling centre; and 7 (or 7.61%) listed their internship placement as 'other', with 1 (or 1.08%) missing response.

4.2.2 Instrument

An online survey method was considered due to its ability to obtain mass opinion and measure many variables, its cost efficiency, and versatility (Wright, 2005). The need for a baseline study to identify prevalence and the influence of contextual factors on negative supervision was necessary. In the absence of documented prevalence studies and an instrument to measure NSEs, a demographic and self-report questionnaire was designed specifically for this purpose (see Appendix A3 & B1). A pilot study was carried out with five colleagues to ensure face validity of the survey. Participants were requested to focus on a supervisor with whom they had had most contact and to respond to questions with this in mind. Open-ended, Likert, and Yes/No questions were used. Of the 24 questions, 12 were based on demographic data (age, gender, race and theoretical orientation, supervision hours received, stage and location of internship, and registration category). This chapter discusses six of the 12 self-report questions: (1) Have you experienced a negative event in your internship with a current or previous supervisor? (2) If 'yes' how would you categorise your NSE? (inadequate or harmful); (3) On average, how many times during the period of your internship did you experience a negative event? (4) How would you describe your NSE? and (5 and 6) 'During the feedback and evaluation process, I often felt discriminated against because of my race/gender'.

4.2.3 Procedure

A covering letter (See Appendix A1) outlining risks and benefits of the study was sent to supervisors via e-mail so that they could notify supervisees about the study. Participants were also recruited via various social media sites, professional associations, private organisations, and at the Psychological Society of South Africa's (PSySSA) 2014 annual national conference. Each participant was emailed an electronic survey

invite containing the link to the survey and an information leaflet (See Appendix A4). Once the participant accesses the link an individualised token number, is automatically assigned to the participant, ensuring anonymity.

4.2.4 Ethical considerations

Ethical approval (HSS/1350/013D, see Appendix A5) for the research was sought and obtained from the University of KwaZulu-Natal (UKZN) and gatekeeper's permission (see Appendix A2) was requested and obtained from the relevant training institutions. Online consent to participate was a prerequisite to the survey questionnaire. Participation was voluntary and participants were informed that they could withdraw from the study at any time without any consequences. All data were stored in password-protected electronic format. After 12 months of data collection, the survey was deactivated.

4.3 DATA ANALYSIS

The SPSS, v22 programme was used to analyse the data. Specifically, descriptive statistics were computed together with Pearson's chi-square tests of significant difference (Kerlinger, 1986).

4.3.1 RESULTS

4.3.1.2 Prevalence of NSEs

Participants ($N=92$) were asked to reflect on their clinical supervision experience with a current or previous supervisor with whom they had the most contact during their internship and to indicate whether they had experienced a NSE. Of the 92 supervisees, 45.65% (or 42) reported a NSE while 54.35% (or 50) indicated they did not experience such an event.

4.3.1.3 Prevalence of inadequate and harmful supervision

Participants who experienced a NSE were asked to indicate whether the episode was either inadequate or harmful. The survey included a reference to Ellis's (2001) definitions of Inadequate and Harmful supervision(see Appendix B1). Of the 42 participants, 31 (or 73.81%), identified their NSE as 'inadequate' and 11 (or 26.19%) identified it as harmful. Chi-square analysis indicated that there were no significant differences between the proportion of clinical and counselling interns who experienced a NSE, ($\chi^2 (1, N=42)=328, p >.05, ns$).

4.3.1.4 Frequency of NSE

A total of 62 participants responded to the question on frequency of NSEs during their internship. The majority (35.4% or 22) *rarely* experienced a NSE, while 22.6% (or 14) experienced it on a *weekly* basis, 19.4% (or 12) on a *monthly* basis, 3.2% (or 2) experienced it on a *daily* basis, and 19.4% (or 12) had never experienced a NSE during internship.

4.3.1.5 Type of negative supervision experience

In order to answer question 4 outlined above, participants were asked to identify the types of NSEs they experienced. A table outlining Ramos-Sánchez et al.'s (2002) five types of negative supervision were provided in the survey with the following instruction: "In the table below are the different types of negative supervision experiences you may have had. Which one/s do you think best describe your experiences of negative supervision? You may select one (or more than one) incident that has impacted you in a negative way".

Table 5 illustrates the most to least common 'type' of NSEs reported by the participants in this study. Some participants selected more than one category to describe their NSE, which resulted in 89 responses overall.

Table 5: Types of Negative supervisory events

Summary of types of negative experiences ¹⁰	Frequency	%
1. Interpersonal relationship and style – differing attitudes, personality conflicts, communication difficulties, supervisor being critical, judgemental, disrespectful and unsupportive	31	34.8
2. Supervision tasks and responsibilities – issues pertaining to activities, roles, goals, expectations and time spent in supervision, lack of supervision, inadequate knowledge and/or skills of the supervisor	23	25.8
3. Conceptualisation and theoretical orientation – conflicts involving client conceptualisation, diagnosis, treatment decisions interventions, for example, disagreements related to different theoretical orientations	14	15.7
4. Supervisor distress or impairment – sexual contact or exploitation, poor boundaries, personal issues of supervisor intervening in the supervision process	8	8.9
5. Ethics, legal and multicultural issues – ethical and legal considerations pertaining to professional practice multicultural competence, clinical issues and case management	7	7.9
6. Other	6	6.7
Total	89	100.0

Results of this study suggest that ‘Interpersonal relationship and style’ (31 or 34.8%) was identified as the most common NSE encountered, followed by ‘Supervision task and responsibilities’ (23 or 25.8%), while ‘Conceptualisation and theoretical orientation’ accounted for 15.7% (or 12) of the NSEs.

4.3.1.6 Race and prevalence of NSEs

Chi-square analysis suggests that there was a significant difference between the number of NSEs reported by White interns ($n = 20$ – inadequate and $n = 10$ harmful) compared to the other racial groupings ($\chi^2 = 14.9294$, $p < .00485$, $p < .05$). Thus, more White interns than any other race group experienced NSEs. ‘African’ ($n = 4$ – inadequate), ‘Indian’ ($n = 5$ – inadequate), and ‘Coloured’ interns ($n = 2$ inadequate, $n = 1$ harmful) reported significantly fewer NSEs. Two Indian interns omitted the question on the prevalence of

¹⁰ ‘Types’ of negative supervision (1–6), reproduced with permission from L Ramos-Sánchez.

NSE while one White intern omitted the question on 'type'. Chi-square analysis indicated that there was no significant difference in the proportion of same race dyads and mixed race dyads in terms of experiencing a NSE ($\chi^2 (1, N = 89) = .001, p > .05, ns$) and in the proportion of same and different culture dyads in terms of having a NSE ($\chi^2 (1, N = 79) = .202, p > .05, ns$). However, results were significant when harmful experiences were considered separately, for race ($\chi^2 (1, N = 41) = 4.898, p < .05$) and culture ($\chi^2 (1, N = 35) = 5.600, p < .018$). Thus, harmful events were more prevalent among mixed race and culture dyads than same race and culture dyads. Finally, no significant difference was noted in the proportion of same and mixed gender and race dyads, for language, religion, theoretical orientation, and sexual orientation in terms of having a NSE, nor when inadequate and harmful experiences were considered separately.

4.3.1.7 Perceptions of discrimination in the evaluation and feedback process: race and gender bias

A noticeably higher proportion of supervisees indicated that their race ($\chi^2 = 69.082, p < .000; M = 1.74$, standard deviation [SD] = 1.139) and gender ($\chi^2 = 74.656, p < .000; M = 1.64, SD = .001$) did not impact the feedback and evaluation process.

4.4 DISCUSSION

4.4.1 Prevalence of inadequate and harmful supervision

Findings on the prevalence of NSEs (42 or 45.65%), of harmful (26.19%) and inadequate supervision (73.81%), are disconcerting, yet tally with the results of previous studies discussed earlier (Ellis, 2001; Ellis et al., 2014; 2015; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). In terms of frequency of NSEs, 14 trainees experienced negative supervision on a weekly basis.

4.4.2 Types of NSEs

A significant finding on the types of NSEs encountered, '*Interpersonal relationship and style*' accounted for the majority of the NSEs (Table 5; 34.8% or 31%), reported by participants in this study. This suggests that

participants may have experienced supervisors as harsh or overly critical, as having inadequate knowledge and/or skills. *Supervision Tasks and Responsibilities*' (25.8% or 14%) was also significant. This suggests that trainees may have felt judged by supervisors they perceived as incompetent, uninvested, or unavailable for supervision. Similar results were reported by Ramos-Sánchez et al. (2002). Theoretically (as discussed in Chapter 2), these findings are reinforced by both alliance and relational theory which emphasises the importance of supervisor and supervisee responsibility toward the development of a strong alliance and the mutual, collaborative effort required from both parties to work towards change. These findings suggest that the supervisory relationship is central to the formation of a strong alliance. In addition, findings suggest that trainees require structure and support from supervisors, as pointed out by the IDM.

Other factors that may have contributed, include goals, tasks, or supervisory style, attitude and personality of the supervisor, lack of training/skills in supervision, and differences in age between supervisor and supervisee. Results of this study also support the view that NSEs can be attributed to both the actual process of supervision and the relationship between the supervisor and supervisee (Ramos-Sánchez et al., 2002). Bordin (1983) emphasised the importance of establishing clear goals and expectations in contributing to a strong alliance. As discussed in Chapter 2, a solid working alliance and an affective bond with the supervisor is considered crucial to the outcomes of supervision. Similarly, supervisors need to be cognizant of the trainees development and how this may influence their experience of negative supervision. In terms of the IDM, these findings appear to support the idea that trainees need sufficient structure and support. Without this, one would imagine they are more likely to encounter negative supervision events.

4.4.3 Predominance of inadequate NSEs among White supervisee–supervisor pairs

Going against predicted trends, a unique finding in this study is the high frequency of inadequate NSEs among White interns ($n = 31$) with lower than expected prevalence among Black interns. A significantly higher frequency of inadequate NSEs were found among same race supervisor–intern dyads (20 of the 31 White

interns had a White supervisor). It is possible that historical factors, cultural values, and mores about being outspoken regarding difficulties and conflict are more readily expressed by the historically dominant White group. Alternatively, this may also explain the relative 'silence' among Black interns in this sample – who come from a previously racially marginalised group. It may also be the case that past historical racial imbalances and power differentials, linked to white entitlement, privilege, and preferential treatment (Hird, Cavalieri, Dulko, Felice, & Ho, 2001), that supervisors may be unaware of, are still coming up in the area of supervision. This may imply that NSEs may have occurred among some same race supervisor–supervisee pairs because of unconscious interpersonal bias, discrimination, and microaggressions (Constantine & Sue, 2007; Dovidio, Gaertner, Kawakami, & Hodson, 2002). Interpersonal biases include supervisors making stereotypic assumptions about supervisees' experience, their sexual orientation/identity, gender, or disrespecting supervisees' cultural or ethnic perspectives (Dressel et al., 2007). In addition, prior relationship difficulties, interpersonal differences, a weakened alliance, an emphasis on supervisees' clinical weaknesses rather than strengths (Constantine & Sue, 2007), and perceptions of supervisor harshness during feedback, may have also led to increased sensitivity on the part of the supervisee. Some supervisees may have been defensive, uncomfortable, or embarrassed by corrective (negative/critical) feedback or perceived the feedback as incongruent with their views of themselves (Hoffman, Hill, Holmes, & Freitas, 2005; Motley, Reese, & Campos, 2014). Professional growth, learning and development (Hoffman et al., 2005) could possibly be hampered by such negative reactions. They could also contribute to increased anxiety in supervision and may be linked to impression management strategies and interpersonal conflict (Burkard, Knox, Clarke, Phelps, & Inman, 2014; Nelson et al., 2008; Ronnestad & Skovholt, 1993).

It is possible that standards of competence and general evaluation and feedback practices may differ for White and Black supervisees. Harber (1998) purports that compared to Black supervisees, White supervisees are judged more harshly. Alternatively, White supervisors quite possibly adopted an 'aversive

racial stance' (Hook et al., 2016) in an attempt to give off the impression that White interns are not favoured, thus recusing themselves of racial bias. The higher prevalence of NSE among same race supervisor-supervisee pairs may also be explained by other dynamics such as ageism, classism, and the higher number of White psychologists in the mental health field. Qualitative studies would help confirm or explain such possibilities.

4.4.4 Higher prevalence of harmful NSEs among White supervisee–Black supervisor pairs

Although cross-race comparisons of 'inadequate' events were not significant in this study, the prevalence of 'harmful' experiences among White supervisees receiving supervision from Black supervisors is noted. This is in line with the findings of harmful NSEs among mixed race and culture dyads. 'Unintentional oppressive practices' (Yabusaki, 2010, p. 55) by Black supervisors towards White supervisees might explain this unusual finding. Several other factors could possibly also account for these findings, such as supervisor–supervisee characteristics, racial or cultural bias, past racial inequalities, the organisational and training context, culture and politics of the organisation, nature of the internship setting, service delivery demands, role conflict and supervisory style (Davy, 2002; Lovell, 2007). Given the racial hierarchy (Eagle, Haynes, & Long, 2007) and concomitant historical marginalisation of Blacks in *apartheid* South Africa, it was expected that higher incidences of NSEs ought to have been reported by Black Supervisee–White supervisor pairs. However, this was not the case. Possible reasons for this are explored below.

The higher prevalence of *harmful* supervision among mixed race and culture dyads suggests that when race or culture become an obstructive influence in supervision, the NSE may be perceived as harmful rather than inadequate. To some degree, this study's findings support Cook and Helms' (1988) study who found that conflict was more common among racially mixed dyads than racially homogeneous dyads. An unexpected finding among same and mixed gendered and race dyads was that race and culture was significant among mixed race and gender dyads when harmful supervision was considered separately. However, gender,

language, theoretical orientation, religion, and sexual orientation differences did not significantly contribute to NSEs. However, this may be explained by the small sample size.

4.4.5 Lower prevalence of NSEs among Black supervisees

The lower prevalence of NSEs among Black supervisees bucks expected trends. The researcher speculated that higher frequency of NSEs would be reported by Black supervisees given past oppressive practices against minority groups. The tendency to underreport NSEs among Black supervisees may partly be due to the cultural impropriety of speaking up against authority figures. This appears to support Bang and Goodyear's (2014) assertion that supervisees with ethnic cultures may be less inclined to disclose a negative event due to heightened sensitivity, lack of assertiveness, or because of cultural or societal norms that discourage speaking ill of persons in authority. In addition, Blacks have been historically marginalised, oppressed, and disempowered, possibly resulting in previously disadvantaged groups being less able to assert themselves or vocalize concerns. Substantiating this, Vander Kolk (1974) found that Black supervisees anticipate less empathy, respect, and congruence than White supervisees prior to supervision. Black trainees are perhaps more subdued than White trainees as a result of internalised and institutionalised oppression or subservience. This possibly manifests itself through a sense of inferiority, a creation of apartheid spanning generations, making Black supervisees more inclined to expect unfair treatment and less likely to complain. It seems logical to conclude that awareness of their supervisor's evaluative power may create heightened anxiety levels among Black participants in the process of completing their internship, pending final evaluation. Given inherent power imbalances and the hierarchical and evaluative nature of supervision, Black supervisees may have harboured fears of possible extension or termination of their internship. Concerns regarding relational power, trust, and respect for authority might have also deterred participants from reporting NSEs. The above issues may lead to particular role difficulties. Theoretical ideas related to role conflict and role ambiguity may help further understand the above issues.

The substantially higher number of White supervisors supervising Black interns, and their own subjective distress (Constantine & Sue, 2007), inexperience, or multicultural competence, is also relevant in this regard. White supervisors were perhaps more mindful in their interactions with Black supervisees, in an attempt to maintain a non-prejudicial self-image (Dovidio et al., 2002). This is possibly related to their need to demonstrate a non-racist White identity (Cook, 1994), which may have contributed to some supervisors adopting an 'over compensatory conscience' (Hendricks & Cartwright, 2018). This adds weight to the premise that white supervisors overcompensate by avoiding criticism and giving excessive praise to Black trainees (Bradshaw, 1982, in Chung, Marshall, & Gordon, 2001).

4.4.6 Evaluation and feedback

Findings indicate that differences in race and gender did not significantly influence the feedback and evaluation process – an unexpected finding given the significance of harmful NSEs among mixed race dyads. It also contradicts findings of previous studies (Chung et al., 2001; Doughty & Leddick, 2007; Paisley, 1994). Again, the small sample size and issues of anxiety or trust regarding the evaluative process may explain this. It may be that supervisors supervising across races, particularly the White supervisors in this study, were reluctant to provide negative feedback to Black supervisees out of fear of being seen as racist or harbouring racially stereotypical or sexist assumptions about trainees (Constantine & Sue, 2007).

Perhaps unconscious negative stereotypes held by White supervisors regarding Black supervisees' competencies or capabilities may have also resulted in more lenient feedback given to Black supervisees (Harber, 1998), while selectively applying higher standards to White supervisees. One would imagine that the lower prevalence of NSEs among Black interns could mean Black supervisees felt favoured by White supervisors who exhibited positive bias when giving direct feedback to ethnic minorities (Harber, 1998). As a result, they would probably experience greater satisfaction with supervision (Cook & Helms, 1988) and therefore be less inclined to report a NSE. Brightman (1984) purports that supervisees generally perceive

supervisors as the omniscient object. Hence, it might be that Black supervisees' awareness of their subordinate positions in supervision relative to their supervisors' contributed to self-perceptions of intellectual inferiority, and in such instances negative feedback would be acceptable. It might also be the case that some supervisors were reluctant to give critical feedback. This may be due to inexperience, apprehension, legal concerns, or fears of straining an already weak supervisory relationship (Hoffman et al., 2005; Motley et al., 2014). Finally, supervisors may be more inclined to give positive feedback in an attempt to avoid confrontation (Hoffman et al., 2005). One would imagine that all of the above issues affect the alliance in a particular way. Although the sample size was small, race and culture was implicated in harmful supervision experiences. It may be that race contributes to particular types of role difficulties. Some of these issues will be explored further in Study 2 and Study 4.

Contrary to Chung et al. (2001) findings this study's findings suggest that gender bias was not a significant factor in the evaluation and feedback process. The larger number of female supervisor-supervisee pairs and the prevalence of NSEs, suggest that supervisees with same gendered supervisors are as likely to experience a NSE as supervisees with different gendered supervisors. These findings contradict literature that alludes to the power differential between males and females (Gilbert & Scher, 1999) and challenges traditional views that female supervisee-male supervisor dyads are more likely to experience gender bias difficulties.

The methodology, small sample size, and the utilization of Ellis' (2001) nomenclature instead of Ellis et al.'s (2014) revised framework may have impacted the accuracy and limits generalizability of the above findings. The response rates of White to Black interns and the predominance of White, mostly female participants, with predominantly White supervisors, raises issues of external validity. Selection bias or fears of a negative evaluation from supervisors could explain why some supervisees chose to participate while others opted out of the study. The subjective nature of the study lends itself to response bias as the study focused primarily

on supervisees' 'negative' perspectives. Findings should therefore be interpreted cautiously. Additional research devoted exclusively to obtaining supervisors' perspectives of supervisees' contribution to NSEs is warranted. Another limitation is the retrospective nature of the study. Fortunately, the short time frame between completion of the internship and data collection made recall of NSEs accessible. Perhaps the use of standardised instruments with established reliability and validity and in-depth interviews may have contributed to more substantive data.

4.5 SUMMARY

This study highlights the prevalence of NSEs among Psychology supervisees in South Africa and the contextual factors contributing to their emergence. The prevalence rates of NSEs and, in particular, the existence of harmful supervision are disconcerting. In terms of the 'type' of negative events considered to contribute significantly to trainees experiences of negative supervision, '*Interpersonal relationship and style*' and '*Supervision tasks and responsibilities*' were prominent findings in this study. This importantly highlights the influence of relational factors such supervisors style, interpersonal difficulties and personality dynamics and factors central to the supervisory relationship such as goals, tasks, role difficulties and the supervisory alliance. Further quantitative studies extending this line of inquiry focusing on the influence of relational variables in the emergence and exacerbation of negative supervision warrant further exploration. The traumatic consequences of harmful NSEs extend beyond the supervisory encounter, influencing supervisee self-perceptions of competency, the working alliance, and professional development. For this reason qualitative studies exploring trainee's subjective experiences of inadequate and harmful supervision also appears to be a worthy area of further investigation, particularly given the scant research on the consequences of harmful supervision from the supervisee's perspective. In addition, given the tentative link between negative supervision and the lack of supervisor training in supervision, it may be useful to explore supervisor's experiences of supervision and their perceptions of competence. Finally, race and culture was

significant among mixed race and gender dyads when harmful supervision was considered separately. However, although race was not explored as a separate construct due to the small sample size, racial microaggression emerged in Study 4. Future research exploring the dynamic of race using larger samples, appears to be an important link to explore further.

In conclusion, the above findings suggest more concerted efforts need to be made to create awareness of negative supervision. Furthermore, findings also suggests that it is imperative that supervisors engage in reflective practice to ensure that the quality of supervision they provide is given priority. It is anticipated that the findings of this study could possibly stimulate further research into the impact of negative supervision with a view to enhancing the quality and effectiveness of supervision.

In the next Chapter the researcher explores the relationship between negative supervision events and relational factors such as the working alliance, supervisory styles and role difficulties.

CHAPTER 5: STUDY 2

Relational factors in negative and harmful supervision

Abstract

This study explores the association between relational supervision factors (Role conflict, Role ambiguity, Supervisory styles and the Working alliance) and supervisees' experiences of Negative supervision events (NSEs). A cross-sectional sample of 92 South African Clinical and Counselling psychology interns was surveyed regarding their current or most recent supervision experience. Participants rated relational supervision factors using the Role Conflict, Role Ambiguity Inventory (RCRAI), the Supervisory Styles Inventory (SSI) and the Supervisory Working Alliance (SWAI) inventory. Results indicate that the majority of subscales had excellent internal consistency with alpha scores above .9. Significant correlations were noted between WAI Bond, Task and Goal. A low SSI Attractive style (Counsellor) was found to be significantly correlated with WAI Task and WAI Goal, while the Interpersonally sensitive style (Consultant) style was significantly correlated with WAI Task, Bond and Goal. Of the relational factors that best predict role difficulties, WAI Goal and WAI Bond and a low Attractive Supervisory style were predictive of Role conflict and Role ambiguity. WAI Bond and WAI Task, Role conflict and an Attractive supervisory style were predictive of negative supervision events. Trainees with higher scores on role conflict and ambiguity and perceptions of a low Attractive supervisory style, were more likely to report harmful supervision experiences (as opposed to inadequate experiences). The mean differences on all three elements of the WAI were affected for participants reporting harmful supervision.

Key words: Inadequate, harmful supervision role conflict, role ambiguity, supervisory styles, working alliance

5.1 INTRODUCTION

Bernard and Goodyear (2014) write that individual differences between supervisor and supervisee, and how these differences may affect supervision, are becoming increasingly topical for researchers and theorists. Supervisees' experiences of their supervisors and of supervision, contribute to them experiencing supervision as either positive or negative. The complex, relational nature of supervision means that conflict in supervision is inevitable (Moskowitz & Rupert, 1983). While there has been a gradual increase in research on negative supervision globally (Ellis, et al., 2008; 2014; 2017; Gray et al.; 2001; Nelson & Friedlander, 2001; Ramos-Sánchez, et al., 2002), this phenomenon has been unexplored in South Africa (Hendricks & Cartwright, 2018). Based on the results of Study 1 on the prevalence of negative supervision among psychology supervisees in South Africa, relational factors appear important to explore within this context. As indicated in Study 1, (Chapter 4), Ellis' (2001) conceptualization of inadequate and harmful supervision was used to define

negative supervision events [NSEs]. The authors, (Hendricks & Cartwright, 2018) speculated that factors such as “personality and attitude of the supervisor, lack of training/skills in supervision, and ageism or factors central to supervision, for example, goals, tasks, or supervisory style, may have had more of an influence on the emergence of NSEs” (p. 8). The authors further speculated that interpersonal bias, relational difficulties, a weak alliance and cultural diversity may have been sources of conflict that contributed to supervisees’ experiences of NSEs. The authors reasoned that contextual factors such as historical racial imbalances and power differentials may explain the high frequency of inadequate NSEs among same race supervisor/supervisee pairs (See Study 1, Chapter 4).

Moreover, the authors highlighted two other chief sources of conflict identified by participants reporting NSEs in their study: (1) “*Interpersonal difficulties*, relating to differing attitudes, personality conflicts, communication difficulties, supervisor being critical, judgemental, disrespectful and unsupportive” and (2) “*Supervisor tasks and responsibilities* which refer to activities, roles, goals, expectations and time spent in supervision, a lack of supervision and inadequate knowledge and/or skills of the supervisor” (Hendricks & Cartwright, 2018, p. 7). Literature suggests that supervision is influenced by individual supervisor (e.g. training, competence) and supervisee factors (e.g. trainee anxiety), relational factors (role difficulties or supervisory style) and process issues. Although studies have looked at negative supervision in general and have identified various supervisor factors and critical events that can contribute to the experience of supervision as less than positive (Chung, Baskin & Case, 1998; Ellis, 2001; Ellis et al., 2008; Gray et al., 2001; Lovell, 2007; Ramos-Sánchez et al., 2002), fewer studies have specifically explored the association between relational variables and negative supervision.

The results of Study 1 (Hendricks & Cartwright, 2018) underscore the importance of relational factors implicated in NSEs and raise several pertinent questions. For instance, are there significant relationships between the working alliance, role difficulties and supervisory styles? Are these relational factors associated

with NSEs and if so, how might the strength of the alliance be affected when a supervisee experiences negative supervision? Does the working alliance and supervisory styles predict role conflict and role ambiguity? Whereas the researcher sought to identify the prevalence and type of NSEs in Study 1, Study 2 attempts to extend this line of inquiry by examining negative supervision events within the context of specific relational elements such as the working alliance, role difficulties and supervisory styles.

5.2 The working alliance and negative supervision events

In the context of the supervisory relationship, the alliance is understood using Bordin's (1983) theoretical conceptualization of the supervisory working alliance (see Chapter 2 for an in-depth review of Bordin's Alliance theory). Briefly, Bordin (1983) postulates that the Supervisory working alliance (SWA) consists of a mutual understanding and agreement between the supervisor and supervisee to work collaboratively regarding the goals of therapy, the tasks that each of the partners need to accomplish to achieve these goals and the affective bond formed between the dyad. Although Bordin (1983) regarded these as three separate components, he considered the affective bond as the most significant component of the alliance (Bennet, Mohr, Deal, & Hwang, 2012). All three components need to be present for the relationship to be considered a "positive" alliance. This is considered as the primary means by which supervisors enhance the development of their trainees (Bordin, 1983).

Several supervision factors are linked to both positive and negative experiences of clinical supervision and have been shown to contribute positively to the working alliance. "Ideal" supervisor factors identified as contributing to positive supervision experiences are supervisors who (1) set clear and explicit goals, (2) make use of appropriate levels of empathy, respect and genuineness and (3) possess the capacity for self-disclosure (Carifio & Hess, 1987). A study on clinical psychology trainees' satisfaction with supervision by Britt and Gleaves (2011) found that collaboration and mutual understanding was the best predictor of overall satisfaction with clinical supervision.

Bernard and Goodyear (2014) proposed three important aspects that affect the quality of the alliance – supervisor factors, supervisee factors and the supervision process. The five supervisor factors that are conceptualised as impacting on the quality of the supervisory working alliance are (1) supervisory style, (2) use of expert and referent power, (3) use of self-disclosure, (4) attachment style and emotional intelligence, and (5) ethical behaviour.

In his Supervisor Complexity Model, Watkins (1993) identified several qualities of ineffective supervisors that may negatively affect the alliance. This includes being overly defensive, intolerant, non-empathic and discouraging towards the supervisee. In addition, a lack of interest in training and developing supervisory skills are perceived as being threat to the alliance. The supervisor's relational approach to supervision and other unique aspects of the supervision process are known to influence the quality of the supervision experience for supervisees. For instance, Madani, Kees, Carlson and Littrell's (2010) study highlights the importance of adopting a relational approach to supervision that is sensitive, flexible, and open to the needs of individual students. Similarly, Friedlander and Shaffer (2014) regard *supervisor responsiveness* as being the core of effective supervision. The top five components of "good enough" supervision thought to have a relational focus include (1) a supportive relationship (2) bi-directional trust (3) respect (4) devoting enough time to supervision and (5) investment in supervision (Campoli, Cummings, Heidt, O'Connell, Mossière, & Pierce, 2016).

Both the theoretical and empirical literature suggest that individual *characteristics* of the supervisor and supervisee play a critical role in developing and maintaining the quality of the supervisory working alliance (Bordin, 1983), such as interpersonal attractiveness, supervisor expertise, trustworthiness, being non-judgmental, supportive, empathic, and validating (Allen, et al., 1986; Worthen & Mcneill, 1996). Schulz et al. (2002) also observed that the more supervisors used their expertise and an attractive style, the stronger the working alliance. Several studies have shown that positive supervision experiences and a good supervisory

relationship characterised by warmth, empathy and mutual respect (Friedlander & Ward, 1984), a sense of humour, a positive outlook and consideration for others, contribute positively to the working alliance (Kaufmann & Schwartz, 2004; Loganbill, Hardy & Delworth, 1981; Riggs & Bretz, 2006). Relational characteristics of trainees and supervisor factors such as “above-average intelligence, a positive attitude, strong listening skills and ethical integrity” are also purported to contribute to a strong alliance (Bucky, Marques, Daly, Alley & Karp, 2010, p. 159).

The supervisor’s manner of approach, supervisory style, investment in, and attitude toward supervision and the supervisee particularly, may have a significant impression on how the supervisee perceives the alliance. This directly or indirectly, requires supervisors to appreciate variables that threaten the alliance to ensure the maintenance of a quality alliance (Bernard & Goodyear, 2014). Critical events, related to role conflicts, multicultural issues, gender related misunderstandings, supervisee competence and sexual attraction, reportedly can also weaken the alliance (Ladany, Friedlander, & Nelson, 2005).

Extant research points to the supervisory working alliance as being an important relational variable in the supervisory process. Several studies have explored the impact of the alliance on supervision outcomes and emphasize the importance of a positive supervisory working alliance in enhancing supervision outcomes (Bordin, 1983; Cheon, Blumer, Shih, Murphy, & Sato, 2009; Ghazali, Wan Jafaar, Tarmizi, & Noah, 2016; Stoltenberg et al., 1998; Storm, 2002; Worthen & Mcneill, 1996; Worthington & Roehlke, 1979). Lehrman-Waterman and Ladany (2001) found that a strong working alliance is positively associated with effective evaluation practices in supervision and flexible supervisory styles (Ladany, Walker, & Melincoff, 2001), supervisee satisfaction (Ladany, Ellis, & Friedlander, 1999) and less role conflict and role ambiguity (Ladany & Friedlander, 1995; Olk & Friedlander, 1992). Other studies have demonstrated that proficient supervisee multicultural competencies (Ladany, et al., 1999) and shared racial identity attitudes are also positively correlated with a strong working alliance (Ladany, Brittan-Powell & Pannu, 1997).

A weak alliance was found to be related to conflictual supervisory relationships (Nelson & Friedlander, 2001), counterproductive and negative events in supervision (Gray et al., 2001; Ramos-Sánchez, et al., 2002) and low racial identity development (Bhat & Davis, 2007). Research on negative supervision indicates that most of the difficulties experienced, relate to the relational qualities of the supervisory relationship (Chung et al., 1998; Ramos-Sánchez et al., 2002).

Essentially, the multifaceted and dynamic nature of the supervisory relationship means that like any other relationship, the supervisory dynamic alternates through periods of strength and weakness (Bernard & Goodyear, 2004; Lovell, 2007). Indeed, within negative and particularly harmful clinical supervision, “there is potential for different and interactive aspects of the working alliance to be uncertain, lacking, fractured, or unresolved” (Lovell, 2007, p. 33). Since the alliance is an outgrowth of the relationship (Bennet et al., 2012), understanding the dynamics of negative supervision events within the context of the supervisory alliance and how each of the dimensions influences and is influenced by NSEs appears relevant in the way Bordin (1983) conceptualized the Goal, Task and Bond components of the alliance. Lovell (2007) contends that this proposition is best reflected in Bordin’s theory of the alliance.

5.3 Supervisory styles and negative supervision events

Supervisors differ in the way they approach and respond to supervisees. The approach that the supervisor takes toward the supervisee facilitates the development of the supervisory relationship, which is a fundamental part of the supervision process (Bernard & Goodyear, 1998). Both the counselling relationship and trainee development is impacted by the supervisory style used and personality of the supervisor (Patton & Kivlighan, 1997). Friedlander and Ward (1984) defined supervisory styles as different approaches and manners of responding used by supervisors. They categorized three interrelated supervisor styles: Attractive [AT], Interpersonally Sensitive [IS] and Task-Oriented [TO]. See Chapter 1 for a brief discussion of the three different styles outlined by Friedlander and Ward (1984). These styles are more or less similar to Bernard’s

(1979; 1997) discrimination model, which describes three supervisor roles of interacting with trainees, specifically that of consultant, counsellor, and teacher.

Supervisory styles were found to be related to the positive effects of supervision on supervisees' professional development and client progress (Friedlander & Ward, 1984). Supervisory styles have been linked to “many supervision-relevant process and outcome variables” (Ladany et al., 2001, p. 264), particularly the supervisory working alliance (Efstation, Patton & Kardash, 1990). Studies that have investigated the predictive power of the SSI for the supervisory working alliance, have demonstrated that certain style profiles are linked with a strong working alliance, and supervisee satisfaction with supervision (Bernard & Goodyear, 2014; Chen & Bernstein, 2000; Fernando & Hulse-Killacky, 2005). Additionally, the relationship between supervisory style, the strength and quality of the working alliance and supervisee role difficulties has been confirmed in the literature.

Although various authors have identified the importance of the working alliance and supervisory style as being key relational components to the supervisory relationship, few have explored which component of the working alliance and specific supervisory style profile best predicts role difficulties.

5.4 Role conflict and Role ambiguity and negative supervision events

Trainee role difficulties have received increasing attention in the literature (Cheon, et al., 2009; Korinek & Kimball, 2003; Ladany & Friedlander, 1995). Supervisees, in their capacity as trainees, are expected to manage several roles at once, and may have trouble attending and managing multiple roles, as each of these roles requires a different set of behaviours (Holloway, 1984).

Olk and Friedlander (1992) examined two specific role difficulties – role conflict and role ambiguity. *Role conflict*, a concept derived from organisational psychology literature (Nelson & Friedlander, 2001), occurs when supervisees are expected to manage multiple roles (supervisee, therapist, and student) and when their

role expectations or behaviours as student, therapist or colleague disagree with another role (Olk & Friedlander, 1992). For example, their role as student might oppose their role of therapist (i.e. they are expected to follow supervisor's instructions or recommendations but demonstrate competence simultaneously). *Role ambiguity* occurs when supervisees are unsure of supervisor expectations and are uncertain about the evaluation process (Olk & Friedlander, 1992). Role ambiguity also refers to uncertainty about how to perform to meet these expectations and the consequences of effective and ineffective performance (Biddle, 1979 as cited in Olk & Friedlander, 1992). For example, supervisees' uncertainty about what to disclose in supervision or the extent to which personal issues are suitable for discussion in supervision (Ladany & Friedlander, 1995).

Studies have shown that the supervisory working alliance [SWA] is significantly related to perceptions of Role Conflict [RC] and Role Ambiguity [RA]. Ladany and Friedlander, (1995) for instance, found that a stronger alliance was predictive of less role conflict and role ambiguity in supervision. Moreover, the authors found that the goal-task component of the alliance significantly predicts RA, whereas the bond element of the alliance was not uniquely predictive of RA. Kulp (2012) found that supervisee anxiety, the working alliance and counselling self-efficacy, were related to role conflict and role ambiguity. Role difficulties were also found to be predictive of work-related difficulties such as work-related anxiety, general work dissatisfaction and dissatisfaction with supervision (Olk & Friedlander, 1992). The authors found that higher levels of role ambiguity were reported by supervisees early in their training, however, role ambiguity diminished as supervisees gained experience. In sum, when role difficulties are present, the supervisory relationship has often been found to be adversely affected.

Role difficulties appear important to explore specifically within the context of negative supervision. Ultimately, it is the supervisor's responsibility to respond to trainees' uncertainty and to address their expectations. Failure to do so may result in role difficulties becoming a catalyst for negative supervision events. Few

studies have examined whether certain styles of supervision are related to an increase in role difficulties. Ladany and Friedlander (1995) believed that one other factor that may influence trainees' experience of role conflict and role ambiguity is supervisory style. They maintained that future research should explore this possibility.

The literature is also unclear about whether the different elements of the working alliance predict role difficulties. For example, is role conflict or role ambiguity related to a weak bond or unclear goals or tasks? In addition, the link between trainee role difficulties and negative supervision is also unclear. The researcher speculates that NSEs encompasses role difficulties and that the experience of role difficulties increases the likelihood of NSEs. Results of study 1 (see Chapter 4), specifically '*interpersonal relationship and style*' and '*supervision tasks and responsibilities*' suggest that the supervisor's supervisory styles and the working alliance are important variables in trainee's role difficulties and thus were conceptualised as predictor variables in the present study. It is also imperative to examine whether role conflict and role ambiguity predicts negative supervision events.

5.5 Relational factors and NSEs

As mentioned previously, although experiences considered to be inadequate, harmful, conflictual, or negative, have been examined, (Ellis, 2001; Gray, et al., 2001; Hutt et al., 1983; Ladany, Ellis, & Friedlander, 1999; Nelson & Friedlander, 2001; Ramos-Sánchez, et al., 2002), the relationship between negative supervision events and specific supervisor styles, role difficulties or how the working alliance may be affected, has been less explored.

Multiple relational factors may seemingly contribute to supervisees' experiences of negative supervision (Kulp, 2012). Various correlational studies have investigated the relationship between trainees' experiences of role conflict and role ambiguity and the working alliance (Ladany & Friedlander, 1995) and supervisees' perceptions of supervisor styles and the impact of conflictual supervision on supervisees' training (Nelson &

Friedlander, 2001; Shuss, 2012). Although role conflict was implicated in negative supervision events and was found to be more salient for experienced supervisees (Olk & Friedlander, 1992), what remains unclear is whether there were any unique differences between role conflict and role ambiguity and supervisees' experiences of inadequate and harmful events.

In a study by Shuss (2012) on student perceptions of generic counsellors' supervisory styles, only the task-oriented style was related to negative supervisory experiences. The specific influence of negative supervision experiences on the working alliance, or the extent to which role conflict and role ambiguity jeopardises the working alliance or contributes to NSE's (Olk & Friedlander, 1992), has received significantly lesser attention in the literature.

Ramos-Sánchez et al. (2002) surveyed a sample of 126 pre-doctoral and practicum interns regarding their negative supervision experiences. The authors explored the relationship between negative supervision events, satisfaction with supervision, attachment style, the supervisory working alliance and supervisee developmental level among others. The authors found significant relationships between supervisee developmental level and the working alliance and between negative events and a weaker alliance. The authors concluded that negative supervision events weaken the supervisory alliance. A breach in the alliance led to supervisees reporting negative experiences. The "type" of negative experiences reported by participants led to dissatisfaction with the supervisor, and adversely affected training, client outcomes and future career goals (Ramos-Sánchez, et al., 2002).

Although, empirical studies that are considered more "alliance" focussed have been conducted (Nelson & Friedlander, 1995; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002), these studies do not explicitly focus on the variables addressed in this study. Based on research and theory discussed thus far, it appears that role difficulties and the supervisors' style could provide a fertile breeding ground for negative supervision events (NSEs), which in turn would affect the bond dimension of the alliance. It is probable that other factors

related to supervisory styles, the quality of the bond and role difficulties may significantly predict whether supervision is experienced as negative, inadequate or harmful. However, this conjecture has been relatively unexplored and untested. Although it might be said that NSEs intuitively weaken the alliance (Bernard & Goodyear, 2014), there have been minimal attempts to empirically examine the impact of negative supervision on the supervisory alliance (Ramos-Sánchez, et al., 2002). Similarly, insufficient attention has been given to the supervisory style linked to negative supervision encounters and whether there are any differences in the specific role difficulties associated with this phenomenon. This lacuna is perhaps due, in part, to the insufficient attention given to investigating supervision as both a relationship and a process (Hess, 1980), advancing the need for additional empirical studies investigating these phenomena from a relational perspective. With this in mind, the researcher attempted to address the following questions:

5.5.1 Research questions

- 1. Are there any significant relationships between elements of the working alliance, supervisory styles and role difficulties?*
- 2. Which elements of the working alliance and supervisory styles predict role difficulties?*
- 3. Which of the three components of the working alliance best predicts NSEs?*
- 4. Which of the three supervisory styles best predicts NSEs?*
- 5. Is role conflict or role ambiguity a better predictor of NSEs?*
- 6. Are there differences between the type of NSE (inadequate and harmful) and role difficulties, the working alliance and supervisory styles?*

5.6 METHOD

This study set out to investigate and understand supervisees' perceptions of the relationship between various relational factors (i.e. the working alliance, supervisory styles, and role conflict, role ambiguity) and participants' experiences of negative supervision events. This study is based on the second segment of the online web-based survey conducted by the researcher; hence participants' demographics are the same as

per Study 1. The reader is referred to Study 1 for a detailed description of the sample and analysis of participant demographics (also see Graphs 1 and 2 in Appendix F).

5.6.1 Procedure

The same procedure followed in Study 1 was utilised. Participants were requested to complete a set of three standardised instruments¹¹ [Role Conflict Role Ambiguity Inventory (RCRAI), the Supervisory Styles Inventory (SSI) and the Supervisory Working Alliance Inventory (SWAI), (see Appendices B2, B3 and B4], in relation to their most recent supervision experience with the same supervisor in mind (As discussed in Study 1). The following instruction was outlined in the survey: *“Think of your current or most recent supervisor and your supervision experience with him/her. If you had more than one supervisor choose one that “stands out” for you or one who has supervised you consistently for a minimum of at least 6 months of your internship and complete the following questionnaires with that experience in mind.”*

5.6.2 Instruments

The researcher utilized a demographic questionnaire (see Study 1 and Appendix 5a) and three standardized instruments [RCRAI, SWAI and SSI] to examine trainees’ perceptions of the relationship between negative supervision experiences, role conflict, role ambiguity, supervisory styles and the working alliance. The researcher also attempted to identify specific relational factors associated with NSEs and harmful supervision. The three standardised instruments utilized in the study are explained in detail below. APA and author permissions to utilize the RCRAI, SWAI and the SSI measures were granted specifically for this study.

¹¹ Permission to use Role Conflict Role Ambiguity [RCRAI]; Supervisory Styles Inventory [SSI] and The Supervisory Working Alliance [SWAI] was granted by the APA and directly from the authors (Myrna Friedlander and Professor Adam O. Horvath)

5.6.3 The working alliance inventory-Supervisee form (WAI, Horvath, 1982)

The WAI supervisee version (Horvath, 1982), which is designed to measure Bordin's (1979) model of the therapeutic working alliance, is a 36-item self-report instrument that assesses trainees' perceptions of the three dimensions of the supervisory working alliance – the goals, tasks and bond. Each of the three subscales contains 12 items. Ratings are based on a 7-point Likert scale from 1 (never) to 7 (always), with higher ratings reflecting a stronger working alliance. For each subscale, scores are obtained by summing up the item ratings and then dividing by the number of items in each dimension. Total scores range from 36 to 252. Subscale scores range from 12 to 84, with higher scores reflecting higher perceived agreement with the supervisor on the goals and tasks of supervision and a stronger emotional bond. The Goals subscale measures the extent to which a supervisor and trainee agree on the goals (outcomes) that are the target of the intervention. The Tasks subscale measures the extent to which a supervisor and trainee agree on the “in-counselling behaviours and cognitions that form the substance of the counselling process” (Horvath & Greenberg, 1989, p. 224). Lastly, the Bond subscale measures the extent to which a supervisor and trainee possess “mutual trust, acceptance, and confidence” (Horvath & Greenberg, 1989, p. 224). The internal consistency coefficients for the current sample were $\alpha = .95$ (Task), $\alpha = .90$ (Bond) and $\alpha = .93$ (Goal).

5.6.4 The Supervisory styles inventory (SSI)

The SSI developed by Friedlander and Ward (1984) is a 33-item, self-report instrument that describes supervisees' perceptions of their supervisors' supervisory styles. The SSI assesses the supervisor's manner of approach and response within clinical supervision (Lovell, 2007). The instrument consists of three subscales. The *Attractive* (AT) subscale contains 7 unipolar items such as “friendly”, “trusting” and “supportive”. The *Interpersonally Sensitive* (IS) subscale contains 8 items such as “intuitive”, “invested” and “reflective”. The *Task-oriented* (TO) subscale contains 10 items such as “structured”, “goal-oriented” and “evaluative”. Supervisees are asked to rate each item using a 7-point Likert type scale ranging from 1

(*not at all characteristic*) to 7 (*Very characteristic*). For example, a rating of 2 on the item 'supportive' would mean the supervisor is not supportive. Eight additional filler items are included, totalling 33 items. The SSI has high internal consistency estimates ranging from .76 to .93 (Fernando & Hulse-Killacky, 2005).

According to Friedlander and Ward (1984), normative means for the AT scale are 5.23 for practicum trainees and 5.28 for interns. Means for the IS scale are 5.41 for practicum trainees and 5.77 for interns (Friedlander & Ward, 1984). Validity of the SSI has been obtained based on the instruments' relation to a variety of supervision variables, including the supervisory working alliance and supervisor self-disclosure (Efstation, Patton, & Kardash, 1990; Friedlander & Ward, 1984; Ladany, et al., 1996). Normative means for the current sample were $M= 4.95$ for Attractive (AT), $M= 5.10$ for Interpersonally sensitive (IS) and $M= 4.63$ for Task Oriented (TO).

According to Friedlander, each of the 3 subscales reflect various dimensions of the supervisor's approach in supervision, for example, high Attractive [AT] scores reflect warm collegiality, while high interpersonally sensitive [IS] scores reflect a focus on the supervisory relationship. Finally, high Task oriented [TO] scores reflect a methodical, didactic, content-focused approach. The subscales are not correlated with social desirability; they are reliable (as ranging from .76 to .93) and valid predictors of trainee experience level, supervisor's theoretical orientation, and trainee satisfaction with supervision (Friedlander & Ward, 1984). Finally, the IS scale predicts trainees' perceptions of the effects of supervision on their professional development (Friedlander & Ward, 1984).

5.6.5 The role conflict, role ambiguity inventory [RCRAI]

The RCRAI was developed by Olk and Friedlander (1992). It consists of 29 self-report items that measure role difficulties in clinical supervision. According to the authors, the inventory consists of 2 subscales, Role conflict (RC -13 items) and Role ambiguity (RA - 16 items). All items are rated on a 5-point Likert scale, ranging from 1 (not at all) to 5 (very much) depending on the level of agreement with each statement. The

Role conflict subscale estimates trainees' perceptions of role conflict (opposing expectations for their behaviour) while the latter measures role ambiguity (uncertainty about for their performance). Items are grounded in supervisory theory and research (Olk & Friedlander, 1992).

An example of a question on the RA subscale includes, '*I was not certain what materials to present to my supervisor* and, on the RC subscale, '*My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply*'. Raw scores are summed up and then divided by the number of items in each sub-scale. Both the RC and RA subscales are moderately correlated ($r=.59$) and reliable ($\alpha =.89$ [RC] and $\alpha =.91$ [RA]). In the present study Role ambiguity was significantly positively correlated with Role conflict ($r=.801$), with alpha scores above .9. The internal consistency coefficients for the two subscales in the current sample was $\alpha=.95$ (RA) and $\alpha=.90$ (RC). The scales are predictive of work-related anxiety, general work dissatisfaction, and dissatisfaction with supervision (Olk & Friedlander, 1992). Ellis and Ladany (1997) have recommended the RCRAI as a psychometrically sound measure for use in supervision research.

5.7 DATA ANALYSIS

Data analysis was conducted using the SPSS v.22 and .23 programme. The researcher utilized a quantitative descriptive research design. Data analysis consisted of parametric and non-parametric tests. Spearman's rank order correlation was used to measure the strength, direction and significant associations between the variables (Kerlinger, 1986). Ordinary least squares regression analysis was used to study the predictive ability of the independent variables (perceptions of supervisory style and working alliance) on role conflict and role ambiguity. Furthermore, logistical regression analysis was used to explore (1) the working alliance (WAI Goal, WAI Bond and WAI Task) (2) Supervisory styles (3) Role conflict and role ambiguity, as predictors of NSEs. Lastly, t-tests were used to test for any mean differences between the relational variables and the type of NSE (inadequate and harmful experiences).

5.7.1 RESULTS

5.7.2 Intercorrelations between the subscales

The Cronbach's coefficient alpha scores indicated that most of the subscales had excellent internal consistency with alpha scores above 0.9., indicating that the results were reliable and valid.

Spearman's rank-order correlation analyses were computed to examine whether the expected associations between all eight variables were supported in this study. The results of the Spearman's rho (r_s) revealed that the correlations between the various subscales were all significant.

Table 6: Correlations between SSI, WAI and RCRAI¹²

	SSI [ATT]	SSI [IS]	SSI [TO]	WAI BOND	WAI TASK	WAI GO	ROLE AMB	ROLE CON
SSI Attractive [AT]		.866**	.437**	.672**	.798**	.768**	-.624**	-.642**
SSI Interpersonally sensitive [IS]	.866**		.619**	.759**	.762**	.818**	-.628**	-.632**
SSI Task oriented [TO]	.437**	.619**		.500**	.449**	.535**	-.427**	-.359**
WAI Bond	.672**	.759**	.500**		.850**	.940**	-.666**	-.627**
WAI Task	.798**	.762**	.449**	.850**		.907**	-.673**	-.677**
WAI Goal	.768**	.818**	.535**	.940**	.907**		-.726**	-.706**
Role Ambiguity	-.624**	-.628**	-.427**	-.666**	-.673**	-.726**		.801**
Role Conflict	-.642**	-.632**	-.359**	-.627**	-.677**	-.706**	.801**	

** $p < .001$; N=92.

**($r = 0.1 - 0.3$: weak relationship; $0.4 - 0.6$: moderate relationship; between $0.7 - 0.9$: strong relationship)

Spearman's rank order correlations indicated significant associations between WAI Bond and WAI Goal, $r_s = .940$, followed by WAI Goal and WAI Task, $r_s = .907$ and between WAI Bond and WAI Task, $r_s = .850$, (all $ps < .001$). Most of the correlations were moderate to strong (see Table 6).

¹² Note: Table 6: The Attractive, Interpersonally orientated and Task Orientated style refers to the three supervisory styles (Friedlander and Ward, 1984); Goals, Task and Bond refers to the three subscales of the Working alliance-Trainee form (Horvath, 1982); Role conflict and Role ambiguity refer to the two subscales of the Role Conflict and Role Ambiguity Inventory (Olk & Friedlander, 1992).

There was a significant, positive relationship between the SSI Attractive style and the Interpersonally sensitive style, $r_s = .866$, ($p < .001$). The Interpersonally sensitive (Consultant) style was stronger in its strength of relationship to the working alliance, (i.e. WAI Goal, $r_s = .818$, WAI Task, $r_s = .762$, $p < .001$), and WAI Bond, $r_s = .759$), (*all ps* < .001). The Attractive supervisory style (counsellor style) was significantly related to WAI Task, $r_s = .798$; and WAI Goal, $r_s = .768$, and WAI Bond $r_s = .672$, (*all ps* < .001).

Role conflict was significantly related to Role ambiguity, $r_s = .801$, ($p < .001$). However, a strong, inverse relationship was found between Role conflict and WAI Goal and $r_s = -.706$; and between WAI Goal and Role Ambiguity, $r_s = -.726$, (*all ps* < .001). A significant inverse relationship was also found between role conflict/ambiguity and Attractive supervisory style, Interpersonally Sensitive supervisory style, WAI bond and WAI Task (*all ps* < .001). In general, significantly weaker relations were noted between the scores on the Task Oriented Supervisory style and the Attractive supervisory style, the working alliance and role conflict and role ambiguity (*all ps* < .001).

5.7.3 The working alliance and supervisory styles as predictors of role conflict

In response to the question, “*Which elements of the working alliance and supervisory styles predict role difficulties?*” Ordinary least square regression analysis was conducted to assess the ability of three independent variables (WAI Bond, WAI Goal, WAI Task) to predict role conflict (see Table 7). The total variance explained by the model as a whole was 45.4 %, $F(3, 88) = 26.235$, $p < 0.05$, $R^2 = .45$, $p < .05$).

Only perceptions of WAI Bond were significant. Of the variance in role conflict explained, WAI Bond uniquely explained 41.1 % ($\beta = -.774$; $t = -8.274$, $p < .005$), while WAI Goal and WAI Task explained 2.1% and 1.5% respectively.

In examining the contribution of the three Supervisory styles (SSI Attractive, SSI Interpersonally sensitive, SSI Task Oriented independent variables) in predicting role conflict, the total variance explained by the model was 41.6%, ($F = (3.88) = 22.650, p < 0.05, R^2 = .42, p < .05$). Only perceptions of the Attractive style were significant. Of the variance in role conflict explained, the Attractive subscale accounted for 3.5 % of the variance in role conflict ($t = -2.323, p < .05$). In sum perceptions of WAI Bond and an Attractive supervisory style were predictive of Role conflict.

Table 7: Ordinary Least Squares regression model: Supervisory styles and the Working alliance as predictors of Role conflict				
Model	Standardized Coefficients β	t	sig	part
<i>F = 26.235* Adjusted R square=.454</i>				
WAI Task	.184	1.586	.116	.123
WAI Bond	-.774	-8.274	.000*	-.641
WAI Goal	.188	1.870	.065	.145
<i>F = 22.650* Adjusted R square=.416</i>				
SSI Attractive	-.384	-2.323	.022**	-.186
SSI Interpersonally sensitive	-.294	-1.551	.124	-.124
SSI Task oriented	-.009	-.081	.935	-.007
<i>*$p < .005$ **$p < .05$; N=92</i>				

5.7.4 Supervisory styles and Working alliance as predictors of Role Ambiguity [RA].

Ordinary least square regression analysis was conducted to assess the ability of three Working alliance variables (WAI Bond, WAI Goal, WAI Task) to predict role ambiguity (see Table 8). The total variance explained by the model as a whole was 45.8 %, $F (3.88) = 26.666, p < 0.05, R^2 = .45, p < .05$. Perceptions

Table 8: Ordinary Least Squares regression model: Supervisory styles and Working alliance as predictors of Role Ambiguity [RA].

Model	Standardized Coefficients β	T	Sig	Part
F = 26.666** Adjusted R square=.458				
WAI Task	-.051	-.443	.659	-.034
WAI Bond	-.682	-7.319	.000**	-.565
WAI Goal	.369	3.676	.000**	.284
F = 21.998** Adjusted R square=.409				
SSI Attractive	-.366	-2.196	.031***	-.177
SSI Interpersonally sensitive	-.238	-1.247	.216	-.101
SSI Task oriented	-.120	-1.128	.262	-.091
* $p < .005$ ** $p < .000$ *** $p < .05$				

of both WAI Bond and Goal were significant. Of the variance in role ambiguity explained, WAI Bond uniquely explained 31.9 % ($\beta = -.682$; $t = -7.319$, $p < .005$), while WAI Goal explained 8.06% ($\beta = .369$, $t = 3.676$, $p < .005$) of the variance in role ambiguity. WAI Task explained 0.1% of the variance.

In examining the contribution of the three independent variables (SSI Attractive, SSI Interpersonally sensitive, SSI Task Oriented) in predicting role ambiguity (see Table 8, the total variance explained by the model was 40.9% ($F = 3.88$), $R^2 = .41$, $p < .05$). Only perceptions of the Attractive style were significant. The Attractive subscale explained 3.13% of the variance in role ambiguity ($t = -2.196$, $p < .05$). Thus, perceptions of WAI Bond and Goal and the Attractive Supervisory style were predictive of role ambiguity.

In sum, perceptions of both WAI Bond and Goal, and an Attractive supervisory style were predictive of role ambiguity.

5.7.5 RELATIONAL VARIABLES AND NEGATIVE SUPERVISION EVENTS

5.7.5.1 The working alliance as a predictor of negative supervision events

In response to the question, “Which of the three dimensions of the working alliance (Bond, Tasks, and Goal) best predicts NSEs?” a simple logistical regression was calculated to predict the effects of WAI Task, WAI Bond and WAI Goal on the likelihood of having a negative supervision event. As presented in Table 9 the logistical regression model was significant at the $p < 0.001$ level ($\chi^2 (df=3) = 53.587$).

Predictor variables	B	SE	Wald	df	P	Exp (β)/OR	95% C.I.for EXP(B)	
WAI Task	.143	.073	3.849	1	.050	1.154	1.000	1.331
WAI Bond	-.194	.044	19.867	1	.000	.824	.756	.897
WAI Goal	.059	.049	1.416	1	.234	1.060	.963	1.168
Constant	.598	1.983	.091	1	.763	1.818		

* $p < .005$ ** $p < .000$ *** $p < .05$

After controlling for all the variables, results indicated that WAI Bond was statistically significant and had the effect of either increasing (if weak bond) or decreasing (strong bond) the likelihood of negative supervision events. The model suggests that perceptions of a weaker bond increase the likelihood of a negative supervision event ($\beta = -.194$, $p = .000$ OR = .824, 95% CI: .756-897). Similarly, in terms of any unique contributions, the model indicated that WAI Task had the effect of increasing the probability of negative supervision events ($\beta = .143$, $p = .050$ OR = 1.154, 95% CI: 1.000-1.331).

However, the model indicated that perceptions of WAI Goal were not significant ($\beta = .059$, $p = .234$ OR 95%CI: .963 -1.168). The model explained 59% (Nagelkerke, $R^2 = .59$) of the variance in negative supervision events and correctly classified 81.5% of cases.

5.7.5.2 Supervisory styles as a predictor of negative supervision events

In response to the question, “Which of the three supervisory styles best predicts NSEs?”, a logistical regression was performed to determine the effects of Supervisory styles (Attractive, Interpersonally sensitive and Task Oriented style) on the likelihood of having a negative supervision event. The logistical regression model (see Table 10) was significant at the $p < 0.001$ level ($\chi^2 (df=3) = 43.003$).

Table 10: Logistical regression: Supervisory styles as a predictor of NSEs								
Predictor variables	B	SE	Wald	Df	(Sig)p	Exp(β)/OR	95% CI for EXP(B)	
SSI Attractive [AT]	-.103	.041	6.246	1	.012	.902	.832	.978
SSI Interpersonally Sensitive [IS]	-.031	.051	.370	1	.543	.970	.878	1.071
SSI Task Oriented [TO]	-.005	.028	.034	1	.854	.995	.942	1.051
Constant	4.890	1.314	13.858	1	.000	132.989		
* $p < .005$ ** $p < .000$ *** $p < .05$								

In terms of any unique contribution, only perceptions of an Attractive supervisory style were significant. Participants who perceived their supervisor’s style as being less Attractive were more likely to have reported experiencing a negative supervision event ($\beta = 6.24$, $p = .012$, $OR = .902$, 95% $CI: .832-.978$). Results indicated that a low Attractive style was a better predictor of NSEs than the other two styles. The model explained 50% (Nagelkerke R^2) of the variance in negative supervision events and correctly classified 79.3% of cases.

5.7.5.3 Role conflict and role ambiguity as predictors of negative supervision events

In response to the question, “Is role conflict or role ambiguity a better predictor of NSEs?”, a logistical regression was calculated to determine the effects of RC/RA on the likelihood of having a negative supervision event. The logistical regression model (Table 11) was significant at the $p = 0.001$ level ($\chi^2 (df=2) = 33.81$).

Table 11: Logistical regression: Role conflict and role ambiguity as predictors of NSEs								
Predictor variables	B	SE	(Wald) β	df	(Sig) p	Exp (β)/OR	95% CI for EXP(B)	
Role ambiguity [RA]	.036	.024	2.300	1	.129	1.037	.989	1.086
Role conflict [RC]	.086	.038	5.086	1	.024	1.090	1.011	1.174
<i>Constant</i>	-3.761	.780	23.244	1	.000	.023		
* $p < .005$ ** $p < .000$ *** $p < .05$								
N=42								

Only perceptions of role conflict were significant. Thus, supervisees who perceived higher levels of role conflict in the supervisory relationship were more likely to have reported experiencing NSEs ($\beta = .086$, $p = .038$, or 1.090, 95% CI: 1.01-1.17). The model explained 41% (Nagelkerke, R^2) of the variance in negative supervision events and correctly classified 78.3% of cases. The model suggests that role conflict was a better predictor of NSEs than role ambiguity.

5.7.6. RELATIONAL VARIABLES AND HARMFUL EVENTS

Although the number of participants who experienced a harmful NSE was small ($n = 11$), the researcher did a follow-up analysis, using T-tests (see Appendix H), to investigate whether there were any mean differences in scores on the SSI, WAI and RCRAI for participants who had a harmful experience compared to those who had an inadequate experience.

For the participants who reported NSEs ($n = 42$), analysis indicated that participants who reported a harmful supervision experience ($n = 11$) had lower mean scores on all three working alliance subscales. However, only the mean difference on the WAI *Bond* Subscale was significant ($t = 2.871$, $p < .007$). In other words, respondents who categorized their experience as “harmful” had lower WAI scores than those who reported “inadequate” negative experiences.

In terms of supervisory styles, results also indicated that supervisees who reported a harmful experience had lower mean scores on all three supervision styles with a significant mean difference on the Attractive style ($t=2.169, p<.05$) compared to those who had an inadequate experience.

In terms of role conflict and role ambiguity, participants who reported a harmful NSE had significantly higher mean scores on both the role ambiguity ($t=-2.114, p<.05$) and role conflict subscales ($t=-.113, p<.005$), compared to trainees who reported an inadequate experience.

5.8 DISCUSSION

The present study reports overall excellent internal consistency between the three different scales as, $\alpha = .9$, with internal consistency of $\alpha=.95$ for Role ambiguity and $\alpha=.90$ for Role conflict. The results discussed below should take into consideration the small sample size as well as the low ($n=11$) number of participants who have had a harmful supervision experience.

5.8.1 Inter-Correlations between relational factors

Three broad trends were noted. Firstly, as expected, significant relations were noted between WAI Bond, WAI Goal and WAI Task. Thus, when there is more mutual agreement on the goals and tasks of supervision, the stronger the bond. The Attractive supervisory style was strongly correlated with WAI Task and WAI Goal and moderately related to WAI Bond. Although significant, the relation was not as strong as expected. This means that, supervisors who demonstrate openness, warmth, and support, are likely to agree on the goals and tasks of supervision. The weaker relation may also suggest that one of the other supervisory styles may have had more of an influence than the Attractive supervisory style. Similarly, the high collinearity between the Attractive and Interpersonally sensitive style suggests considerable overlap in the characteristics/traits that make up these two variables. Seemingly, when the supervisor's manner of approach in supervision is perceived as invested, therapeutic, and relationship-oriented (SSI-IS), the stronger the emotional bond and

the greater the perceived agreement on the goals and tasks of supervision. Ladany, et al. (2001) reported a significant positive relationship between all three supervisory styles and all three components of the working alliance. The findings of the present study are in keeping with findings reported by Ladany, et al. (2002) despite their study being about supervisors' perceptions of their own supervisory style.

The second trend noted was a significant inverse relationship between RC/RA and WAI Goal (strong), WAI Bond (moderate) and Task (moderate), the Attractive and Interpersonally sensitive supervisory styles. Thus, a lack of collaboration on the goals and tasks of supervision increases the likelihood of role conflict and role ambiguity and weakens the alliance. Additionally, findings suggest that role difficulties tend to increase when supervisors are perceived as less warm, supportive, intuitive, perceptive and therapeutic.

The third trend observed, was the significant inverse relation between the Task oriented supervisory style and most of the other variables in this study, particularly WAI Task. This suggests that supervisors, who approach supervision in a highly structured, didactic, teacher-oriented fashion, tend to have less mutual agreement about the tasks of supervision (Ladany et al., 2001).

5.8.2 SUPERVISORY STYLES AND THE WORKING ALLIANCE AS PREDICTORS OF ROLE CONFLICT AND ROLE AMBIGUITY

5.8.2.1 The Attractive Supervisory Style as a predictor of Role conflict and Role ambiguity

In the present study, the SSI Attractive style was predictive of both Role conflict [RC] and Role ambiguity [RA]. These findings suggest that trainees tend to experience an increase in role conflict and role ambiguity when there is an absence of qualities characteristic of the Attractive supervisory style, i.e. when their supervisor's manner of approach lacks warmth, empathy, collegiality, respect, flexibility, friendliness, and support. Findings of the present suggest that the Interpersonally sensitive and Task oriented styles were not significant in predicting RC and RA.

5.8.2.2 WAI bond as a predictor of Role Conflict (RC)

WAI Goal and WAI Task did not significantly predict RC, only WAI Bond was predictive of Role conflict. This suggests that unclear goals or an absence of mutually defined goals for supervision and the lack of clarity regarding the tasks of supervision, does not significantly predict role conflict in the presence of a solid bond between the supervisor and supervisee. A weaker bond on the other hand, is more likely to predict role conflict.

5.8.2.3 WAI Goal and WAI Bond as predictors of Role ambiguity (RA).

Findings suggest that a weak bond and unclear goals are significant predictors of Role ambiguity irrespective of the presence of clear, unambiguous tasks. That is, the absence of a strong bond and mutual agreement on the goals of supervision increase the likelihood of role ambiguity. Results thus suggest that higher goal agreement and a stronger bond predicts lower role conflict and role ambiguity

These findings suggest that WAI task was not a significant predictor of RC/RA. In sum, findings importantly suggest that if supervisors focus on strengthening the supervisory bond, and have clearly defined and mutually agreed upon goals in supervision, alongside an Attractive supervisory style, they have a better chance of reducing RC and RA. These observations may underscore the need for matching trainees with supervisors who are more compatible in terms of preferred supervisory style. This may help protect the trainee from the experience of NSEs and reduce RC/RA.

Other studies have reported mixed findings (Kulp, 2012; Nelson & Friedlander, 1995; Olk & Friedlander, 1992). For instance, Ladany and Friedlander (1995) found that the WAI Goal and Task component of the alliance significantly predicted role conflict and role ambiguity whereas the bond element of the alliance was not uniquely predictive of RA. However, findings of the present study regarding the bond component of the

alliance as significant predictor of RC, support findings by Ladany and Friedlander (1995) who also found that the bond dimension of the alliance was a significant predictor of role conflict.

In sum, although results of the present study indicate a slight discrepancy, it is difficult to make sense of this, but possible explanations may be related to differences in the samples, such as the different developmental levels, sample size and demographics. For instance, factors such race, ethnicity or gender, the training context, training levels (Masters Students versus beginning or advanced practicum/doctoral/post-doctoral students) prior supervision experience, the training 'culture' and practice of supervision, may have had more of an influence. It is also likely that findings of this study differ because trainees were responding to questions within the context of their inadequate and harmful supervision experiences.

5.8.3 RELATIONAL VARIABLES AS PREDICTORS OF NSEs

5.8.3.1 The working alliance as a predictor of negative supervision events

Results of the present study notably reveal that only WAI Bond and WAI Task were significant in predicting NSEs. Similarly, Shuss (2012) found that only the task-oriented style was related to negative supervisory experiences. Results suggest that when the bond is weak there tends to be an increase in NSE's and vice versa. In addition, results suggest that when there are conflicts, ambiguities or disagreements specific to the tasks of supervision, the likelihood of experiencing NSEs increase. Notably, findings suggest that the goal dimension is less implicated in predicting NSEs. In other words, if there is a lack of understanding or mutual agreement on the goals of supervision (e.g. if the supervisee is unsure of what to expect of supervision), findings suggest that WAI Goal is not a sufficient factor on its own to predict NSEs.

Findings importantly, suggest that the joint influence of WAI Bond and WAI Task were significant predictors of NSEs. Consistent with findings reported by Ramos-Sánchez et al. (2002), in the present study, trainees who experienced incongruent tasks and an absence of mutual care, empathy and trust are more likely to

experience NSEs. Similarly, Nelson and Friedlander (2001) and Ramos-Sánchez et al. (2002) indicated that negative supervision was found to be linked to the presence of conflict, a loss of trust, and supervisee perceptions of a lack of respect for, and valuing of, the supervisee by the supervisor.

Although few studies have specifically explored the working alliance as a predictor of negative supervision, results of this study share some consistencies with other studies who found that a weaker alliance was associated with counterproductive events in supervision (Gray et al., 2001), negative supervision (Ramos-Sánchez et al., 2002) and conflictual supervisory relationships (Nelson & Friedlander, 2001). Similarly, Kirk (2014) reported an increase in counterproductive events, correlated with a more problematic working alliance with supervisors. The bond is said to be strengthened when the supervisor demonstrates empathy and understanding (Ladany et al., 2010). The presence of a weak bond in the present study suggests an absence of mutuality, accurate empathy and understanding. Consequently, the likelihood that trainees will experience negative supervision may increase. Findings in the present study concur that that NSEs weaken the alliance (Ramos- Sánchez, et al., 2002).

Ladany et al. (2010) observed that the quality of the bond would also determine the extent to which the supervisor can impose goals, tasks and challenges on the trainee. A surprising finding is that WAI Goal was a significant predictor of RC and RA but was not significantly predictive of NSEs. This may suggest that WAI goal appears to be predictive of conflict in general relational patterns, but not specifically when the focus is on NSEs. Additional qualitative research focusing on the relational process of negative supervision is needed to further substantiate these views.

5.8.3.2 Supervisory styles and NSE's

The SSI *Attractive style* was significantly predictive of NSEs, suggesting that the potential for negative supervision is greater when supervisors are perceived as less emotionally invested, less supportive, warm, trusting, flexible, empathic and collegial. Interestingly, both the Interpersonally sensitive style and the Task

oriented style was not predictive of NSEs. This suggests that the presence or absence of a Task-oriented style (i.e. structured, evaluative style) or an Interpersonally sensitive style (practical, therapeutic, relational, invested) has no clear influence on predicting whether a trainee will have a NSE or not.

However, there have been mixed findings in the literature. Several studies have found that both the Interpersonally sensitive style and the Attractive style were beneficial in supervision. For instance, Fernando and Hulse-Killacky (2005) report that the Attractive and Interpersonally Sensitive styles was found to increase supervisee satisfaction with supervision, whereas a more Task-Oriented style influenced supervisee perceived self-efficacy. Friedlander and Ward (1984) found that supervisees valued supervisors with an Interpersonally sensitive style (collegial and relationship-oriented), over those who are task oriented, while Ladany, Marotta and Muse-Burke (2001) suggest that there is a preference for supervisors with a mixture of styles and a flexible approach to enhance the supervision process and outcome. Similarly, Chen and Bernstein (2000) reported that a higher focus on the Attractive and Interpersonally sensitive style is more beneficial to building and maintaining stronger supervisory relationships. Although these differences are noted, negative supervision was not an explicit focus of these studies. In addition, these studies were based on the predictive value of supervisory styles in relation to other factors not considered in this study and not specific to the context of negative supervision.

The results of the current study may be explained by the qualitative differences between the traits or characteristics of the Interpersonally sensitive style (i.e. resourceful, practical or creative) and Task-oriented style (i.e. structured, goal-directed). In the context of a very difficult or challenging internship these two styles may be considered less important to trainees, compared to the Attractive supervisory style which is perceived as significantly more important to trainees because they may need supervisors who are more empathically attuned, warm, friendly, caring, supportive and approachable. For instance, if trainees are unclear about case management or how to go about preparing for supervision or are highly anxious it may be more

important that the supervisor is perceived as supportive and approachable over creative, practical or resourceful. Supervisees' needs for support and a balance of autonomy and dependence are in keeping with those pointed out by the IDM. Alliance theory (Bordin, 1983) also highlights the importance of the interpersonal relationship between supervisor and supervisee as being central to formation of a strong alliance.

Findings importantly suggest that trainees experienced the absence of warmth, approachability, support, trust and nurturance, as associated with NSEs. Thus, it is argued that the qualitative differences in the three styles, alongside the context of the trainee's experiences and the absence of the characteristics of the Attractive style, are more likely to influence the trainee's perceptions of negative supervision.

These results are also in keeping with the needs of level 2 trainees as outlined by the IDM (Stoltenberg et al., 1998). Trainees at this level need the supervisor to be less didactic, more facilitative and encouraging of their autonomy. The collegial nature of the Attractive style compared to the other two styles, may also mean that trainees may feel more comfortable discussing their concerns with supervisors they perceive to be at a similar level as themselves.

The findings of Study 1, relating to types of NSE encountered by trainees who experienced NSEs, suggest that "*Interpersonal' difficulties*, such as differing attitudes, personality conflicts, communication difficulties, supervisor being critical, judgemental, disrespectful and unsupportive", may explain these results. Trainees also rated "*Supervisor tasks and responsibilities*" as the second highest difficulty encountered. This suggests that activities, roles, goals, expectations and time spent in supervision, a lack of supervision and inadequate knowledge and/or skills of the supervisor may also account for the findings.

5.8.3.3 Role Conflict, Role ambiguity as predictors of negative supervision

In relation to any unique differences between RC and RA in predicting NSEs, this study's findings suggest that RC is a significant predictor of NSEs, whereas RA is not. Although in general, there was a high degree of correlation between RC and RA, in the context of NSE's, RA is not a significant predictor. This means that trainees who experience RC are more likely to experience an increase in NSE. As predictors of NSEs, RC may include inconsistencies between (1) the trainee's theoretical orientation and the supervisor's directives, (2) when the trainee's role as counsellor is in conflict with the trainee's role of student (3) when trainees encounter opposing expectations for their behaviour or (4) when trainees are expected to follow the supervisor's instructions or recommendations but are also simultaneously expected to demonstrate competencies and strengths (Olk & Friedlander, 1992). These findings are in keeping with findings of trainee's experiences of inadequate and harmful supervision (Study 4), and those reported by Olk and Friedlander (1992).

It might also be the case that NSEs are exacerbated by role conflict, as the direction of causality was not established in this study. RC might have been more predictive than RA because the conflictual aspects in relation to trainees' roles may have been more difficult to tolerate than ambiguous aspects of evaluation. It may also suggest trainees' existing anxiety levels of internship training were heightened by further conflict. In line with this view, Nelson and Friedlander (2001) found that role conflict often creates anxiety for the supervisee, dissatisfaction with supervision and clinical work in general.

In addition, as indicated in previous findings in this study, in the context of a weak bond, or unclear tasks and goals, RC may have been more salient than RA in predicting NSE. In the context of negative supervision, RA may not have been predictive of NSEs as it may matter less to trainees whether they were informed of their supervisors' expectations for performance. Experience with supervision may possibly mean that trainees in this study could have been academically and developmentally more confident about their own

performance and hence the evaluation process. Hence, RA would not be a source of conflict. The length of time trainees were in supervision may also account for these findings (Ladany & Friedlander, 1995). Given that the sample was an 'experienced' cohort of trainees, RA might have been less predictive of supervision difficulties (Ladany & Friedlander, 1995). It may be the case that trainees with more experience and confidence may encounter more conflict since they are more likely to take up issues with their supervisors than less experienced trainees (Olk & Friedlander, 1992).

5.8.4 RELATIONAL VARIABLES AND HARMFUL SUPERVISION

Although the comparison is based on a very small sample, a number of tentative differences were noted between trainees who experienced inadequate supervision compared to those who experienced harmful supervision. Mean ratings for the WAI, the SSI and RC/RA for trainees who experienced harmful supervision compared to those who experienced inadequate supervision are discussed below.

5.8.4.1 WAI and harmful supervision

Findings importantly indicate that when compared to inadequate supervision, harmful supervision is linked to a weak supervisory alliance, specifically a weak emotional bond. Since inadequate supervision experiences do not traumatize trainees (Ellis et al., 2014), it may be logical to assume that over time, the traumatic nature of harmful supervision does significantly more damage to the bond dimension of the alliance. Findings suggest that the collective influence of unrealistic or unclear tasks and a lack of mutual agreement on the goals of supervision, particularly when paired with a weak bond, increases the likelihood that trainees' experiences would be more harmful than inadequate. Qualitative studies exploring trainees' subjective experiences of harmful supervision, focusing on the impact on the supervisory alliance and the content of trainees' relational difficulties, would help clarify these issues.

5.8.4.2 Supervisory styles and harmful supervision

All three supervisory styles were rated lower in participants reporting harmful supervision with a significant mean difference on the Attractive style. Consequently, supervisees who experienced harmful supervision perceived their supervisors as being less warm, friendly, trusting, supportive, flexible, less open, less nurturing and less structured, compared to interns who have had an inadequate experience. Results are in keeping with the importance of the Attractive supervisory style found in the rest of the study. In line with the IDM, trainees at level 3, benefit from a supervisory relationship that is consultative and collegial, and focuses on trainees' personal and professional integration (discussed in Chapter 2).

The significance of the other two styles also being significantly lower suggests the need for flexibility and balance in the supervisory style adopted by supervisors and importantly indicates support for the integration of all three-supervisory styles. Although the Attractive and Interpersonally sensitive style share a high degree of correlation in the present study, when the supervision process is harmful, the Attractive supervisory style appears to be more important for trainees than the other two styles. In effect, results emphasize the importance of empathic attunement, mutual caring and trust and dedicating time to developing the supervisory relationship and the alliance early on.

5.8.4.3 Role conflict, Role ambiguity and harmful supervision

Greater perceptions of role ambiguity and role conflict were associated with harmful experiences. In other words, when trainees experience RC and RA simultaneously, the potential for harmful supervision increases. Thus, a lack of agreement between supervisor and supervisee regarding role expectations for trainees or the extent to which personal issues are suitable for discussion in supervision may account for these findings. Trainees' concerns may have also centred on a power struggle or dual roles, both of which have been associated with role conflict and role ambiguity (Nelson & Friedlander, 1995). Similarly, anxiety about the evaluation process, a common experience among new supervisees, could be linked to fears about their

internship being extended or terminated. Results are consistent with findings reported by Lovell (2007). However, others (Nelson & Friedlander, 2001) have not found that both RC and RA are related to harmful supervision and report that the potential for harmful supervision is greater when *role conflict* is more salient.

5.9. LIMITATIONS

Several limitations found in this study warrant discussion. The small sample size, particularly the small number of participants who had harmful NSEs, limits validity of the findings and inferences that could be drawn from the data for this cohort. Thus, generalizations and cause-effect conclusions cannot be made, as the design of the study, while inferential, was also descriptive and relied exclusively on the subjective self-reports of participants. The limitations of this study stem mainly from the inability to safeguard from threats of internal validity, particularly because participants were not randomly assigned to a set of conditions. Thus, selection bias is a possible threat to the validity of this study. The influence of extraneous variables (for e.g. personal matters that the supervisee may have been dealing with) on the results of the study cannot be excluded.

Although the researcher initially intended to identify the best predictor of harmful supervision, the small sample size limited the researcher from doing so, owing to low statistical power. The sample size also limited the use of more advanced and robust statistical methods of analyses, which might have added significant value to the findings. The exploratory nature of this study also means that the researcher had to rely more on non-parametric than parametric tests, hence fewer assumptions could be made (Kerlinger, 1986). Future research using larger samples and more sophisticated statistical analyses that enable the exploration of the interrelationship between variables and their predictive ability on harmful supervision is warranted. While certain correlations between the type of NSE and the working alliance were found to be significant, the researcher cannot legitimately establish a causal link between the type of NSE and a weaker working alliance.

Similarly, a stronger alliance does not preclude the experience of a negative event. This study should be repeated and possibly extended to include a larger sample size.

The researcher anticipated that participation rates would be low, given the sensitive nature of this study. Therefore, this study did not include paired dyads. Hence, supervisors' perceptions of NSEs were not explored. While the findings may be generalizable among South African supervisees with similar demographics, the findings may be less generalizable among non-South African supervisees and those who have trained in a different context to that of local supervisees. Results therefore need to be interpreted with caution. Had the study explored the supervisory process from the perspective of the supervisor, using paired dyads, the results might have been different.

Findings in this study might have been influenced by several extraneous variables that could account for variance in the scores. Firstly, the timing of the survey, the small sample size and developmental level of the participant in the internship programme are important variables to take into consideration. This study's findings are also supported by findings in Study 1, for instance, "*Supervision tasks and responsibilities*" was the 2nd highest category of NSEs reported by participants. This means that participants' negative experiences pertaining to activities, roles, goals, expectations are in line with perceptions of a weak alliance and role difficulties as found in the present study. Data collection took place over a period of 14 months and thus trainees at different levels of their training may have responded differently. Some interns may have also had the opportunity to work through ruptures in the alliance, which may have contaminated findings as these variables were unaccounted for.

5.10 SUMMARY

In this study the researcher explored the association between relational supervision factors (role conflict, role ambiguity, supervisory styles and the working alliance) and supervisees' experiences of negative supervision events (NSEs). Firstly, a strength of this study was the significantly high internal consistency rates. Secondly,

the sample was a nationally based sample of participants (Cheon et al., 2008) from the 4 major racial groupings in South Africa. Overall this study highlights several significant findings within the context of negative supervision: (1) Significantly moderate to strong correlations were noted between the three elements of the working alliance, supervisory styles and role conflict and role ambiguity (2) Both WAI Bond and Goal and the Attractive supervisory style were predictive of Role conflict and Role ambiguity, while WAI Bond was predictive of Role conflict. Although WAI Goal was a significant predictor of RC and RA, this study found that it did not significantly predict negative supervision events, (3) Findings suggest that WAI Bond and WAI Task, a low Attractive supervisor style and role conflict are stronger predictors of negative supervision events (NSEs). A significant pattern throughout the study was the predictive quality of the Attractive supervisory style, i.e. a low Attractive supervisory style was predictive of both NSE and RC and RA and was positively linked albeit tentatively, to harmful supervision and lastly, (4) In the absence of mutual agreement on the goals of supervision, role conflict and role ambiguity appears to increase. Lastly, the supervisor's manner of approach to supervision, role conflict and the strength of the supervisory alliance appear to affect whether the trainee's experiences are perceived as inadequate or harmful.

The importance of establishing and maintaining a strong alliance has been widely recognised in the literature (Kulp, 2012), which in turn may help prevent role difficulties. The findings of this study support several recommendations made in other studies, for instance, (1) developing a strong alliance to serve as a buffer against the damaging consequences of negative events (Ramos-Sánchez et al., 2002), (2) given the hierarchical nature of the supervisory relationship, supervisors should make a concerted effort to address conflict timeously and (3) attend to the alliance early in the relationship (Bordin, 1983; Ladany et al., 1999; Ladany, 2004). Within a supportive supervisory relationship, the supervisee may feel safe and more inclined to use negative experiences in a positive way, more willing to disclose how they feel and openly communicate what their needs are. It is also critical that supervisors become aware of "how their words, actions, and

models of supervision, impact trainees' development and the supervisory alliance, in both positive and negative ways" (Kirk, 2014, p. 2). The use of the IDM proposed by Stoltenberg et al. (1998) would be useful in this regard as it places the trainee in context, emphasizing their various needs at each developmental level and the different strategies supervisors can use to address these needs.

Qualitative research examining the consequences of harmful supervision, from the supervisee's perspective, specifically the impact on their professional development may substantiate findings of this study. The findings of this study importantly contribute to both the practice of supervision and to theoretical knowledge concerning the importance of the supervisory alliance, role conflict, role ambiguity and supervisory styles and how these influence and are impacted on, by negative and harmful supervision. Significant findings between relational variables and harmful supervision identified in this study, warrant further examination using a subjective, in-depth qualitative perspective. In future research, replication studies using larger samples exploring which of these relational variables best predicts harmful supervision can potentially circumvent harmful supervision from occurring.

The next chapter, Study 6 explored clinical and counselling supervisors' experiences and perceptions of their training in supervision practice and their perceived competence, effectiveness, and confidence in the supervisory role.

CHAPTER 6: STUDY 3

Clinical supervision in South Africa: Psychology supervisors' perceptions of supervision training and practice

Abstract

Training in supervision and self-perceptions of competency, effectiveness and confidence has been paid scant attention in the supervision literature. This study examines South African clinical and counselling psychology supervisors' experiences (N = 44) and perceptions of supervision and training in supervision practice, and their perceived competence, effectiveness, and confidence in the supervisory role. Findings from participants' responses to survey items, indicated that many internship supervisors in South Africa prematurely engage in supervision responsibilities prior to obtaining three years of independent practice experience, and engage in supervision without receiving any formal training prior to supervision practice. Findings suggested that internship supervisors lean towards becoming more confident and competent in providing supervision over time, with the majority perceiving themselves to be effective in their supervisory responsibilities. Findings also suggest higher ratings on competence were associated with higher ratings of effectiveness in providing supervision. Most participants highlighted the importance of receiving training in supervision and considered supervision to be an extremely high priority compared to other professional tasks with the majority indicating that training in supervision should be mandatory. These findings suggest that South African clinical and counselling psychology supervisors may be insufficiently prepared for supervisory duties and underscore the need to prioritize and regulate supervision training in South Africa. These findings provide some insight into the current state of internship supervision practices and are discussed alongside implications for the training and practice of clinical supervision in South Africa.

Keywords: *Clinical supervision training, competence, confidence, effectiveness, intern/trainee.*

6.1 INTRODUCTION

Globally, supervision is regarded as a “critical teaching method and a core component of professional psychology-training programmes” (Holloway, 1992, p. 177). Several authors concur that not only has clinical supervision emerged as a “separate field of inquiry with its own related processes, skills and theory” (Ellis, 2006, p. 122), it is also a fundamental competency in psychology and a “substantive area of

international research and practice in its own right” (Falender, 2014; p. 136; Watkins, 2013). At present there is a relative paucity of published work on clinical supervision and no major effort been made to establish the current state of supervision training in South Africa. Moreover, scant attention has been paid to exploring supervision practices, supervisors’ experiences and perceptions of supervision, or supervisors’ preparedness for the supervisory role. A survey of current supervisory practices seemed to be a critical starting point in establishing this line of inquiry. Much of the historical literature has focused on supervision models and theories (Bernard & Goodyear, 2014) and supervisor development (Stoltenberg & Delworth, 1987) and how supervision has developed internationally.

Despite the importance of clinical supervision in the training and development of psychology supervisees, formal training programmes to prepare psychology supervisors for supervision has not been prioritized (Falender, 2014). Research on supervision training continues to proliferate, globally, yet research output on clinical supervision has been disproportionately lower in less developed nations, such as South Africa (Watkins, 2010). However, it seems that both research on supervision and the preparation of supervisors remains a global challenge (Falender, 2004; McMahon & Simons, 2004; Milne & James, 2002).

A while back, Hoffman (1994) referred to the lack of formal training in supervision as “mental health’s dirty little secret” (p. 25), suggesting a surreptitious attempt to deliberately conceal the need for supervision training. It is assumed that due to work pressures directly related to patient care, teaching and supervision responsibilities, heads of institutions may overlook their staff’s training needs and competencies.

More recently substantial effort has been dedicated to frameworks, guidelines, and regulations on competency-related requirements (e.g., training) of psychologists who engage in clinical supervision (Falender, 2004). Since the publication of the Standards for Counselling Supervisors in 1990 (Borders, Glossoff, Welfare, Hays, DeKruyf, Fernando, & Page, 2014), the transformation and evolution from traditional supervision practice to competency-based supervision has brought both the recognition and importance of

supervision training under the spotlight (Borders et al., 2014; McMahon & Simons, 2004). Undoubtedly North America's emphasis on competency-based clinical supervision (Falender, 2014), subsequent to the development of regulatory guidelines and best practices by various Psychology Boards (e.g. British Psychological Society, 2003 & 2006; New Zealand Psychologists Board, 2010; Psychology Board of Australia, 2013; AASCB, 2007, as cited in Borders et al., 2014) and approved supervisor training models, lends credibility to this evolution. This includes the development of the American Psychological Association's (APA, 2014) *Supervision Guidelines*, and the Association of State and Provincial Boards (ASPPB) revisions in 2015 (Borders et al., 2014; Rodzinka & Wickett-Curtis, Power Point slides, 2016).

6.1.1 Salience of Supervision training

There is compelling evidence in support of training in supervision. For instance, benefits include (1) having better theoretical and conceptual knowledge, (2) psychological readiness, (e.g., self-confidence, self-awareness), and (3) aids the development of complex supervisory skills and techniques (Falender & Shafranske, 2014; McMahon & Simons, 2004). This in turn enhances understanding of their own supervision experiences and results in improved supervision services to future generations (McMahon & Simons, 2004). There has also been tentative support for the belief that supervision training positively influences supervisory self-efficacy and leads to decreased anxiety about the supervisory role (Lorenz, 2009; Nelson et al., 2006; Wheeler & Richards 2007; as cited in Motley, Reese & Campos, 2014).

Magnuson, Wilcoxon and Norem (2000) maintain that a lack of education and training in supervision theory and practice may result in inadequately prepared supervisors inadvertently compromising the supervisory relationship, trainee growth and clinical competence. An important risk associated with untrained supervisors is the supervision of trainees without an adequate conceptual foundation or evidence-based framework (Bernard & Goodyear, 1998). However, neither harmful supervision experiences, nor the impact of a poor supervisory experience on trainees' personal and professional development have been directly

linked to a lack of supervision training (Ellis et al., 2014; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). However, Hoffman (1994) and others reported several potentially harmful consequences associated with a lack of training in supervision. These include (1) supervisors who are passive or destructive, demanding or aggressive and judgemental or authoritarian; (2) untrained or novice supervisors, may be disadvantaged by their limited experience, and are inclined to perpetuate mistakes made by their own supervisors (Worthington, 1987); and (3) supervisors may not know how to develop proper supervision contracts and may be unaware of their monitoring and gatekeeper functions (Nielsen, Jacobsen, & Mathiesen, 2012).

Although training and competence in supervision augment and add value to the supervisory process by ensuring supervisors are equipped with the necessary theoretical, organizational, and management skills (Bernard & Goodyear, 2014), alongside the compelling evidence in support of training in supervision (Falender et al., 2004), the importance of supervision training has often been underemphasized (McMahon & Simons, 2004; Milne & James, 2002, Russell & Petrie, 1994).

Earlier literature points to supervisors erroneously assuming that their therapeutic skills were sufficient for supervision and that the act of supervision itself would provide the skills necessary to make them effective supervisors (Russell & Petrie, 1994). Consequently, it stands to reason that ethical responsibility lies with supervisors themselves to acquire training and competency in supervision.

6.1.2 Supervisor training in South Africa

The absence of supervision research, supervision practice guidelines and mandatory training in supervision practice, in comparison to more developed countries (e.g., the UK and USA), suggests that South Africa has lingered behind international efforts to improve standards of supervision practices (Holloway & Carroll, 2000; McMahon & Simons, 2004). Presently, the only measure enforced by the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) is that psychologists are required

to complete at least three years of independent practice prior to supervising trainees, inclusive of one year of community service (for Clinical Psychologists). Public service psychologists in South Africa seldom have a choice regarding the supervision of trainees; a role usually assigned when a psychologist in the public service, assumes employment or is promoted. Given this situation, there appears to be an implicit expectation that supervisors draw on past supervision experiences and their skills as therapists (Russell & Pietrie, 1994). This raises ethical concerns about competency and the assumption of supervisory responsibilities without training (Russell & Petrie, 1994).

In a recent qualitative study on non-disclosures in supervision, Singh-Pillay (2016) interviewed eight South African public service psychology supervisors and found that all the supervisors in her study had no formal training in supervision and reported feeling unprepared or inadequate in the supervisory role. It is speculated that the availability and accessibility of formal supervision coursework training programmes are limited in South Africa. It is presumed that work demands, teaching and lecturing commitments, high caseloads, limited staff capacity, and budgetary or time constraints in public service hospitals and higher education institutions have limited opportunities and availability for supervision training. Perhaps, unlike the United Kingdom and United States, in South Africa, supervision training is perceived as a desired qualification rather than an essential one (Holloway & Carroll, 2000, as cited in McMahon & Simons, 2004). According to Singh-Pillay (2016), “marked deficits in training across all supervisors, conveyed an impression that most supervisors did not feel confident in their supervisory role” (p. 114). Consequently, Binder’s (1993) conjecture that supervision is being practiced incompetently may still be relevant years later.

It is unclear whether the acquisition of competence and confidence in supervision skills over time is critical to competency-based supervision. What is apparent is that competence in supervision implies systematic training (Bernard & Goodyear, 2014). Despite the importance of training in supervision, limited research

exists on the link between training, competence, confidence and effectiveness in supervision. The literature distinguishes between ability and performance since efficacy does not equate with competent performance (Overholser & Fine, 1990). It is also uncertain whether years of experience in supervision is linked to increased perceived confidence in supervising impaired trainees and competence in evaluating trainees. Whereas the competency model outlines various standards of competency, it does so from an objective standpoint. How supervisors appraise their own competence and confidence related to training and ability, is less explored.

An important consideration to take in to account is the extent to which confidence in supervision skills reflects actual competence in supervision, whether self-reported, measured or observed. Self-perceptions of competence help in gauging supervisors' awareness of their knowledge and skills.

The constructs of competency, effectiveness and confidence utilised in this study were not defined in the survey and were based on supervisors' self-understanding of the terms. *Competence* is a multidimensional construct (Neufeldt, 1998; McNamara, 1975 as cited in Overholser & Fine, 1990) and refers to the provision of quality services through the application of professional knowledge, skills and abilities. Falender and Shafranske (2007) refer to competence as an ethical principle that informs "the practice of psychology, and refers to requisite knowledge, skills, and values for effective performance" (p. 232). Not only do supervisors require specific training to be considered competent, effectiveness in supervision requires specific abilities, characteristics and skills. *Effectiveness* implies the use of knowledge, skills, values, attitudes, expertise, personal and professional characteristics to the benefit of the supervisee, which positively influences supervisee growth and development. Lastly, *Confidence* refers to feelings of trust in one's abilities, qualities and judgement (English Oxford living dictionaries, n.d.).

6.1.3 Development in Supervision training

The recognition of training and competence in supervision and consensus among the various Psychology Boards (e.g. APA Division of Psychotherapy, 1971) has advanced the notion of *competent* practice (Robiner et al., 1997). For instance, the Council for Accreditation of Counselling and Related Educational Programmes (CACREP, 2011) in the United States has made supervision training a requirement for counsellors at the doctoral level. Some international psychology boards (e.g. Australian Board of Psychology, 2013) stipulate coursework training in supervision, mandatory peer supervision, professional accreditation and licensure as a *prerequisite* to supervise (Falender, et al., 2004; Milne et al., 2011; Rodzinka & Wickett-Curtis, 2016).

Current trends in supervision, particularly, the move towards competency-based supervision, are regarded as a “culture change” and a reflection of the current advancements in professional psychology education and training (Kaslow, et al., 2012, p. 47). The recognition of supervision as a profession in its own right has resulted in increased traction of competency-based supervision internationally (Falender, 2014). This model’s strength lies in its emphasis on accountability and evidence-based practice, and thus has relevance for supervisor training and guidelines for effective practice.

The competencies framework, proposed by Falender et al. (2004), serves as a fundamental guideline for training that specifies several elements to be addressed to ensure adequate training and development of the trainee. Adhering to required certification or accreditation, peer supervision and observing the professional code of conduct, enhances professional competence (Falender, 2014). The model encompasses monitoring and evaluation strategies, legal and ethical considerations and giving corrective/positive feedback. Competence also includes prevention and support for supervisee vicarious traumatization, self-care, management and evaluation of impaired supervisees and those who do not meet performance competency standards. Five out of the six core competencies outlined by Falender et al.

(2004) emphasize that providing competent supervision is an ongoing, complex process. These competencies include knowledge, skills, values, social context, overarching issues, and assessment of supervision competencies (as discussed in Chapter 2). However, Rings, Genuchi, Hall, Angelo and Cornish (2009) have been more critical of this model, pointing to the need for more discourse around exactly what makes for competent clinical supervision.

6.1.4 The present study

Although there have been several recommendations to examine and apply evidence-based practices to psychotherapy supervisor training (see Ellis & Ladany, 1997; Watkins, 1998), there have been few attempts to examine the state of supervision training and practices in South Africa. A few studies have explored clinical supervision training among psychology master's students and interns, in relation to their clinical internship (Nel & Fouche, 2017; Pillay & Johnston, 2011), however, supervisors' experiences of their training and supervision of interns, perceptions of their effectiveness, competence and confidence in supervision, has received less focused attention overall. Consequently, the first purpose of the present study was to explore the current state of supervision training and practice in South Africa. In this regard, the researcher wanted to gauge the prevalence of formal training in supervision among internship supervisors, the types of training received, whether training in supervision should be mandatory, types of supervision models and techniques used by supervisors, supervisors' satisfaction with their training, and the various components of supervision training considered important to supervisors.

The second purpose of the present study was to investigate South African internship supervisors' perspectives and experiences of supervision, and their self-rated competence, confidence, and effectiveness in providing supervision. Here the researcher specifically wanted to explore differences in supervisors' perceived abilities in supervision, prior to training and after engaging in supervision activities,

their preparedness for the supervisory role and their engagement with supervision literature. As such, the present study explored the following research questions

6.1.5 Research questions:

1. How prevalent is supervisor training among South African psychology supervisors?
2. How adequately do supervisors perceive their training has equipped them for the supervisory role?
3. How important is supervision training to supervisors?
4. What are supervisor's experiences of supervision?
5. What are supervisors' perceptions of their competence, confidence and effectiveness in in the supervisory role?

6.2 METHOD

6.2.1 Participants

The sample consisted of 44 supervising psychologists registered as independent practitioners with the HPCSA. Participants were aged between 25 and 34 ($n = 7$), 35 and 45 ($n = 20$), and 46 to 65 ($n = 17$) years of age. The majority of the sample consisted of females (69.77%) and identified as non-white (57.1%), while 18 (42, 9%) were white. Supervisors were employed at local universities ($n = 24$), hospitals ($n = 16$), or were in private practice ($n = 4$). The average number of years they had been practicing for ranged between 1 and 36 years ($M = 14.28$ years, $SD = 7.97$). On average, participants reported supervising more than 30 ($SD = 34.87$) trainees during their careers and currently supervised approximately two students ($SD = 1.50$) for an average of 2.35 ($SD = 1.24$) hours a week. Participants were required to have engaged in intern supervision for a minimum of a year ($M = 10.33$ years, $SD = 7.23$) in order to

participate in the study. The majority of the participants were Clinical psychologists (34 or 77.3%) and the remainder were Counselling psychologists (10 or 22.7%).

In the absence of a register of supervisors, the response rate of 29% was calculated against the 152 supervisors invited to participate in the survey.

6.2.2 Instruments

Due to the absence of a reliable measure of supervision training experiences in South Africa, the authors developed a demographic and self-report questionnaire¹³ (see Appendices D1 & D2) specifically for this study. After developing the initial set of items, a pilot study was performed to assess for content validity. Five experienced colleagues (see Appendix A6 for demographics), all internship supervisors, were asked to review the survey questions. Feedback was used to make appropriate revisions to the survey.

The present study sets out to report on the descriptive statistics of a survey that formed part of a broader project on intern supervision in South Africa. The 36 items included in the present study (see Appendix D2) were a subset of items that formed part of a larger project that was specifically developed to measure different aspects of supervision training based on content areas (detailed below) identified in prior research (Robiner, Saltzman, Hoberman, & Schirvar, 1997). Participants were asked to focus on their experience as supervisors and on their own supervision experience and respond to questions. Participants rated items using the rating scales that were specific to each item. Content areas of the survey included:

¹³ Content areas adapted with permission by authors Robiner, W.N., Saltzman, S.R., Hoberman, H.M., and Schirvar, J.A., (1997). Psychology Supervisor's training, experience, supervisory evaluation and self-rated competence. *The Clinical Supervisor, Vol 16* (1).

a. Respondents' demographics (14 items)

Participants were asked about their age, race, gender, years of supervision experience, years of clinical experience, registration category, number of supervision hours per week, theoretical orientation and educational background-

b. Supervision, the supervisory relationship and intern training (2 items)

Participants responded to questions concerning the model of supervision they followed and the training techniques they used, for e.g. *"Which of the following form part of your training techniques in supervision?"*

c. Supervisor self-ratings on various supervision skills (4 items)

Participants were asked to rate their supervisory skills in relation to their other professional skills using a Likert scale (1=Excellent, 5= Poorer). Other items include, *"How challenging do you find your role as a supervisor?"* and *"How effective do you feel you are in providing supervision?"*

d. Supervisor appraisals of interns' suitability in internships (1 item)

Participants were asked about perceived suitability of interns (1 item; was rated using a Likert scale, 1=Extremely Confident, 5= Not confident at all). For e.g. *"How confident are you in supervising interns perceived as incompetent?"*

e. Intern evaluation and feedback (1 item)

Participants were asked to rate their perceived ability to evaluate interns using a Likert scale, 1= Excellent, 5 = Very incompetent (for e.g. *"Rate your competence in evaluating interns?"*).

f. Supervision training and experience (14 items)

Participants were asked about their perspectives on the supervisory relationship, intern training, supervision training, and experience and practice e.g. *"Have you had any formal*

training in supervision prior to assuming supervisory responsibilities?”, “*How satisfied are you with the training received?*” Do you think your master’s training has prepared you for the supervisory role; 3 items on the self-perceived supervisory skills, (e.g. *Do you think that you have become more competent in supervision over time?*). Participants answered one item on the amount of reading on supervision initiated per month, (e.g. “*On average, how many journal articles or chapters would you say you read per month on supervision?*”).

6.2.3 Procedure

The researcher obtained permission from professional bodies and organizations, including the Psychological Society of South Africa (PSySSA), the South African Association for Counselling and Development in Higher Education (SAACDHE), HPCSA accredited higher education institutions, and public hospitals, to recruit participants (senior psychologists) who met criteria for inclusion in this study. A total of 152 supervisors working in the public and private sector who were eligible to participate were contacted electronically for participation in this study.

To meet eligibility criteria, participants needed to (a) have professional registration within the clinical or counselling psychology scope of practice, (b) have at least one-year experience as a supervisor, i.e. experience in supervising psychology interns’ clinical casework (c) be actively engaged in the supervision of psychology interns, and (d) be employed in either the private or public sector. A web link was sent to prospective participants directing them to a secure data collection survey website. Word of mouth and purposive sampling was used to maximise participation. Participants were asked to cascade the study information down to other colleagues who had engaged in the supervision of supervisees.

A copy of the online consent form (See appendix C2) outlining the background, aims, objectives and benefits of the study was sent to participants. Following the provision of online consent to participate in the study,

participants completed the survey items. On average, participants required 90 minutes to complete the entire set of items.

6.2.4 Ethical considerations

Ethical clearance was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee (see Appendix A5). Gatekeeper's consent was obtained from the respective institutions and public hospitals prior to the commencement of fieldwork. Participation was voluntary, and online consent to participate was a prerequisite to the completion of the survey questionnaire. Data was stored in password protected electronic format and all identifying information was erased from the database prior to analysis. Participants were allowed to withdraw from the study, at any time during or upon completion of the survey without any consequences.

6.3 DATA ANALYSIS

The data was analysed using SPSS v22. Data analysis consisted of descriptive statistics, frequency distributions, Chi Squared tests, Mann Whitney-U and Spearman's rank order correlations (Kerlinger, 1986).

6.4 RESULTS

6.4.1 Compliance with ethical guidelines

A significantly greater number of internship supervisors ($n=36$) indicated that they had not received formal training in supervision prior to assuming supervisory responsibilities, whereas a larger proportion (34 or 79.07%) of participants supervised supervisees in advance of HPCSA's three-year minimum independent practice experience requirement ($M = 2.14$ years, $SD = .94$).

6.4.2 Supervision training and practice

For most participants, receiving training in supervision was perceived as *extremely* (21 or 53.9%) or *very* important (13 or 33.3%), with many (39 or 88.6%) suggesting training in supervision should be mandatory. Seven (or 15.9%) of the 44 participants reported receiving informal training (mainly workshops) in supervision *prior* to assuming supervision responsibilities. Twenty supervisors (or 45.5%) received some form of training in supervision *after* assuming supervisory responsibilities, whereas 52.3 % (or 23) did not. Among those who had received training, 19 (or 43.2%) attended a workshop on supervision. For those who had received training, there was no evidence of differences in level of satisfaction reported among those who had received some form of training. A large proportion reported being mostly satisfied (8 or 34.8%), or *very satisfied* (or 30.4%), while seven (or 30.4%) were mildly satisfied.

As an indicator of continued self-initiated professional development, the greater percentage of participants (19 or 44.2%) reported reading at least one scholarly article/book on supervision every month; with fewer (7 or 16.3%) reading three or more articles per month. However, at least one third (15 or 34.9%) indicated, they did not engage in any readings on supervision. Approximately 75% of the sample felt they were either *a little* (15 or 34.9%) or *somewhat* (18 or 41.9%) prepared for providing supervision based on their master's training. The receipt of formal training in supervision was independent of the number of scholarly articles/books on supervision read each month $\chi^2(3) = 5.34, p = .133, n.s$) though more participants (40%) who had not received supervision training reported not reading any scholarly articles/books on supervision, as compared to those (n=20) who had received formal training (0%). Compared to other professional tasks (e.g. assessment, psychotherapy, lecturing), supervision tended to rate as *high* (48.8%) or *very high* priority (37.2%).

To further examine areas of supervision training considered important to participants, those who reported that supervision training should be mandatory also completed additional training component items using a Likert scale (see note 2). Table 12 illustrates the mean and standard deviations of the various supervision-training components in order of importance. Frequency analysis suggests that the training components that received the highest ratings of importance included ethics in supervision (70%), managing supervisee resistance, conflict and power issues in supervision (70%), dealing with boundary violations (67.5%), assessing and evaluating competencies (67.5%), theory and practice of supervision (62.5%), and managing transference and countertransference issues (60%). Comparably, report writing (50%), diversity/multicultural aspects of supervision, supervisory styles (47.5%), contracting (47.5%), and models of supervision (37.5%) were rated as being of lesser importance.

Whereas only 15 (or 34.1%) supervisors made use of a supervision model, a larger proportion (26 or 59.1%) did not. The majority of participants (36 or 81.8%) reported that they sought supervision relating to their own supervisory performance whereas eight (or 18.2%) did not. In all, 38.6% ($n=17$) felt that their own

Table 12: Supervisor ratings of supervision training components

		Ethics in supervision	Managing supervisee resistance, conflict and power issues in supervision	Assessing and evaluating competencies	Dealing with Boundary violations	Theory and Practice of supervision	Managing transference and countertransference	Diversity/multicultural aspects of supervision	Report writing	Supervisory styles	Contracting in supervision	Models of supervision
N	Valid	40	40	40	40	40	40	40	40	40	40	40
	Missing	4	4	4	4	4	4	4	4	4	4	4
Mean		1.3	1.35	1.35	1.43	1.5	1.5	1.55	1.6	1.65	1.68	1.85
Std. Dev		0.464	0.58	0.533	0.712	0.716	0.679	0.714	0.672	0.7	0.73	0.802

Note: † 1 = Extremely important; 2= Very important; 3= Somewhat important; 4= Not important at all

negative experiences of supervision had influenced the way they supervise, whereas 65.1% felt that their own positive experiences influenced their supervision style and approach.

In response to the question on types of techniques used in supervision, the majority of supervisors made use of observation (72.7%; $M=1.27$, $SD=.45$), audiotaping (63.6%; $M=1.36$, $SD=.49$), role-playing (56.8%; $M=1.43$; $SD=.50$) and a supervision contract (56.8%; $M=1.43$; $SD=.50$). Fewer supervisors made use of the two-way mirror (40.9%, $M=1.59$; $SD=.50$) and video recording techniques in supervision (35.5%; $M=1.55$; $SD=.50$).

6.4.3 Training, supervision practice and perceptions of competence, effectiveness and confidence in supervision over time

Most of the participants felt they had become more competent and confident in supervision over time. However, on further examination, chi squared analysis suggests there was no statistical significance when perceptions of increased confidence in supervising trainees ($\chi^2 (3) = 5.21$, $p = 0.157$, *ns*) and competency in providing supervision ($U = 213.5$, $p = .539$, *n.s.*) were compared to years of supervisory experience ($M=10.33$ years). Supervisors who reported becoming more competent in supervision over time tended to rate themselves as more effective in providing supervision, $\chi^2 (2) = 11.71$, $p = .002$. Thus, higher levels of supervisory competence were associated with higher levels of supervision effectiveness ratings $r_s (42) = .44$, $p = .004$). In contrast, perceptions of confidence in supervising trainees over time was unrelated to perceptions of effectiveness in providing supervision, $\chi^2 (6) = 6.90$, $p = .159$). Although perceptions of supervisory effectiveness and training prior to supervising were unrelated, more participants without training (10 or 22.86%) reported being moderately effective, as compared to those with training (0%).

Self-perceptions of competence $\chi^2 (1) = .83$, $p = .437$) over time and confidence, $\chi^2 (1) = .60$, $p = 1.000$) and effectiveness as a supervisor $\chi^2 (2) = 2.50$, $p = 0.345$) did not differ based on whether training in

supervision was received prior to or after assuming supervisory responsibilities. Receipt of training prior to assuming supervisory responsibilities was not associated with confidence levels over time, $r_s(43) = -.02, p = .911$).

Supervisors generally perceived themselves to be effective (24 or 55.8%) or very effective (11 or 25.6%) in providing supervision. There was also no association between supervisors' prioritisation of supervision and their perceived effectiveness in providing supervision $\chi^2(6) = 8.91, p = .178$). When supervisory skills were rated as more important compared to other professional skills (e.g., assessment, lecturing, psychotherapy), the more effective supervisors perceived themselves to be in providing supervision, $r_s(43) = .81, p < .001$).

6.4.4 Competence and confidence in supervising and evaluating impaired trainees

Chi square tests suggest no significant differences between self-perceived competency to evaluate trainees $\chi^2(3) = .89, p = .829$) or self-reported confidence in supervising trainees perceived as incompetent $\chi^2(4) = 2.48, p = .648$), based on years of supervisory experience.

6.5 DISCUSSION

This study investigated internship supervisor's perspectives and experiences of supervision training, and their perceived abilities in providing supervision to obtain an understanding of the status of supervision training and practices in South Africa.

6.5.1 Training and compliance with ethical guidelines

A major finding of this study was the lack of formal supervision training among supervisors. Alongside the findings that many internship supervisors prematurely commenced supervision of psychology supervisees in advance of obtaining three years of independent practice experience. This raises concerns regarding ethical practice and the current state of supervision practice at HPCSA accredited higher education institutions and public hospitals in South Africa. Supervisors may have prematurely engaged in supervision practice due to limited staff capacity or a mandatory employment requirement or expectation by employees

in the public sector to supervise psychology trainees, inadvertently resulting in non-compliance with HPCSA ethical guidelines. This suggests early pressure to supervise (Singh-Pillay, 2016).

The Board of Psychology's (HPCSA) code of conduct and best practices advances the notion that psychologists only provide services for which they are qualified (Form 223, HPCSA, 2006; American Psychological Association, Section 2.01, 2017). Thus, it appears internship supervisors in the present study, may have been unable to comply with the HPCSA's regulatory and professional practice guidelines. However, it is speculated that internship supervisors in South Africa are conflicted between adhering to supervision responsibilities (often an obligatory employment requirement) on the one hand and adhering to ethical guidelines that regulate their profession on the other. For example, recent evidence suggests supervisors perceive supervision as an "imposition and an unavoidable obligation" (Singh-Pillay, 2016, p. 117). Supervisors may have also unwittingly compromised to appease their employees who have yet to fully appreciate the value and salience of supervision.

Almost all of the training attended by supervisors in the present study comprised of brief training workshops. Only one supervisor from the sample had a formal degree/course in supervision practice raising concerns over whether internship supervisors are adequately trained in the provision of supervision. This could possibly be due to limited supervision training opportunities, or may stem from factors such as staff, budgetary or time constraints, and the absence of the requirement for mandatory supervision training for psychology supervisors by regulatory bodies (e.g., HPCSA). As indicated above supervisors may have felt pressurised into providing supervision without being sufficiently prepared, a process that requires an '*automatic transition*' from being a novice therapist to being considered proficient to supervise, which appears to be unique to supervisors in the South African internship context (Singh-Pillay, (2016). Untrained supervisors in this study may have inadvertently resorted to transferring skills and knowledge from the clinical domain to the supervisory domain (Milne et al., 2011; Singh-Pillay, 2016).

Similar trends were noted internationally. For instance, Studer and Oberman (2009) and DeKruyf and Pehrsson (2011) found that 40% of their participants received no training in supervision, and those that did, attended either a local or a national conference. However, brief workshops, held intermittently, although informative, raise concerns regarding the transferability of knowledge, while complex skills over such a short period (Bernard & Goodyear, 2014) have been reported to affect the quality of learning (Robiner et al., 1997). Professional development workshops are also less likely to build on one another with sequential skills ranked according to complexity (Bernard & Goodyear, 2014). Additionally, this type of training does not lend itself to the more formal aspects that accompany Board approved training courses, such as accreditation or supervision of supervision to ensure competency. In contrast, others have reported that training workshops have had a positive effect on supervisor competence (Culloty, Milne, & Sheikh, 2010).

Supervising trainees over time without the requisite training does not ensure supervisor efficacy or competence (Rodolfa, Haynes, Kaplan, Chamberlain, Goh, & Marquis, 1998; Stevens, Goodyear, & Robertson, 1998). Consequently, although training is not mandated by the Board of Psychology (HPCSA) and under-preparedness is not necessarily linked to being unqualified, training in supervision is beneficial to perceived competence and effectiveness in providing supervision (Falender, 2014).

The limited exposure to training in the present study's sample appears inconsistent with ratings that indicate that many participants thought that training in supervision was highly important and should be mandatory. This finding supports the supervision training patterns evidenced in prior studies (see DeKruyf & Pehrsson, 2011; Studer & Oberman, 2009).

As mentioned in Chapter 2, the developmental trajectory of supervisors can be understood in particular phases. Thus, in terms of supervisor development, Watkin's SCM suggests that supervisors in this study could mostly be placed in the 'Role shock' stage of development. In this stage the supervisor is described as 'playing the role of a supervisor' (Watkins, 1990). Thus, given their lack of training and sense of being

inadequately prepared for the supervisory role, supervisors may have been aware of their own supervision deficits. As discussed previously, in Chapter 2, Watkins (1990) maintains that supervisors face four issues as they pass through the stages: (1) competence versus incompetence (2) autonomy versus dependence (3) identity versus identity diffusion and (4) self-awareness versus unawareness. Accordingly, findings suggest that supervisors in the present study were facing issues of competence versus incompetence (Watkins, 1990). Certainly, further explorative research aimed at understanding underlying motivations and/or early pressures to supervise is warranted.

Recent evidence suggests that supervisors are prone to perceiving themselves as underprepared for the supervisory role (see Uellendahl & Tenenbaum, 2015). Similarly, supervisors who have received training, felt significantly more prepared for supervision responsibilities than those who had not (Johnson & Stewart, 2000). Untrained internship supervisors may also perceive themselves as ineffective if they participate in professional practices that they are not suitably qualified for. Indeed, evidence suggests that trained supervisors have a better understanding of both the supervision process and the supervisory relationship, are more psychologically prepared (e.g., confident and motivated) and effective in providing supervision, and that training and not experience, was associated with more supportive, less critical and dogmatic thoughts toward supervisees (DeKruyf & Pehrsson, 2011; Kahn, 1999; Ladany & Bradley, 2011; Stevens, Goodyear & Robertson, 1998)

Additionally, the lack of formal supervision training and attempts to obtain training via brief workshops may stem from the awareness that providing supervision without sufficient training amounts to a quality assurance issue (Robiner et al., 1997). The high number of supervisors who attended training workshops on supervision may mean workshops remain the most available and viable source of imparting supervision skills.

Supervisors' satisfaction with their training may infer partial insight into the theoretical and methodological requirements of training due to their limited exposure to formal supervision training and limited scope within which to judge the adequacy of their training. In addition, findings of satisfaction with their training were not directly related to improving supervisors' perceptions of competence, effectiveness and confidence in supervision. In contrast, McMahon and Simons (2004) reported that their short-term intensive supervisor training workshop, developed for supervisors across different disciplines in Australia, had a significant positive impact on supervision competence (knowledge, awareness, and skills) which persisted over time.

Supervisors' indications of training in supervision as mandatory suggest a greater need for supervision training than is currently acknowledged. Ratings of supervision training as 'extremely important' possibly highlights the importance and value of supervision training and development, an awareness of their supervision deficits and the integral role supervision plays in the development of supervisors' professional identity.

Supervisors' reports on the amount of literature read on average per month suggest familiarity and engagement with the supervision literature. It is uncertain whether this level of engagement with the literature, is being carried out by supervisors who feel less confident or competent in supervision, but others (Robiner et al., 1997) have suggested this. Findings suggest that supervisors with some training were more inclined to read up on supervision literature, than those that were untrained. Reading an average of 1-3 chapters would be regarded as "limited reading" on supervision (Robiner et al., 1997). These preliminary findings would benefit from further qualitative research that explores the supervisor's thinking behind suggested actions or motivations.

Of significance in this study are the ratings of the various components of supervision training. Multicultural aspects of supervision were rated least important, possibly due to the South African multicultural milieu. South African supervisors work within a diverse racial and ethnic context, and hence may have felt that

training on this aspect was unnecessary. Alternatively, given the racial/cultural mix of the sample, and the small sample size, it may also point to the undervalued contribution of multicultural concerns. Further, qualitative exploration is required.

A rating of '*Models of supervision*' as the least important component of supervision training parallels the low number of supervisors who reported using a supervision model. This possibly suggests disinterest, a lack of awareness or knowledge of supervision models or an inability to identify appropriate models of supervision. Similar findings were reported by Singh-Pillay (2016). An exploration of the training curriculum covered in workshops warrants further research that explores the content, quality and effectiveness of the training provided.

The majority of supervisors prioritised supervision as amongst the highest of their professional tasks, suggesting that supervision is a core function of the day-to-day practice of psychologists. This is consistent with research indicating that for clinical psychologists, supervision is rated as one of the top ten professional activities (Rings et al., 2009; Robiner et al., 1999; Stoltenberg & Delworth, 1987) and is rated by novice psychologists as the most important factor in their professional development. Findings also support the view that supervision remains a primary method for teaching therapy (Milne & James, 2002). It may be the case that the more challenging supervision is perceived to be, the higher it is prioritized. This might be reflective of the anxiety around supervision especially for untrained supervisors. Supervisors' prioritization of supervision tasks was unrelated to perceptions of effectiveness in supervision. This may be due to their level of interest or investment in supervision, self-perceptions of competence in supervision, or the importance that supervisors attached to supervision. Again, the small sample size may also account for this finding.

6.5.2. Perceptions of effectiveness, confidence and competence in supervision

Interestingly, despite inadequate training opportunities or a good sense of preparedness to supervise, this did not appear to strongly impact on perceived competence of those surveyed. A majority of supervisors in the present study felt competent and confident to supervise interns, contradicting evidence that supervisors often feel underprepared and lack confidence in their ability to supervise (Singh-Pillay, 2016). These findings may be due to sample size, study design and different ways didactic training and supervision experience contribute to perceptions of confidence and competence (Baker, Exum, & Tyler, 2002). In other words, formal training in supervision and supervisory *and* clinical experience mature over time and may contribute in unique ways to perceived confidence and competence in supervision.

Although findings of this study suggest training in supervision was unrelated to perceptions of competence, confidence and effectiveness in supervising trainees, existing research has evidenced links between supervision training and higher levels of competence in supervision (Milne et al., 2011; Milne & James, 2002a; Taylor, Gordon, Grist, & Olding, 2012). However, many other factors could possibly have played a role, such as increased confidence in their role as psychologists, counselling experience, adequate role induction, access to and use of peer support, exposure to training different interns, the small sample size, number of interns supervised, as well as self-study on supervision, amongst others.

Perceptions of competence and confidence over time may mean that over a period of time, supervisors benefitted from a range of experiences with different interns, which may have influenced their perceptions of competence and confidence. Bernard & Goodyear (2014) contend that “self-ratings on competence are not always valid” (p. 266). However, results of this study support the view that “competence is not static” (Bernard & Goodyear, 2014, p. 267).

Whereas self-perceived competence was strongly correlated with self-perceived effectiveness in supervision, higher self-ratings of effectiveness did not influence perceptions of confidence in supervision.

This may mean that supervisors attributed their effectiveness to their beliefs about their competence in supervision rather than their confidence in supervision. It may also be that different reference points were used by supervisors to rate competence and confidence items as confidence reflects a self-referenced rating whereas competence represents a norm-referenced rating. Several other factors might also explain this finding, (i) the correlation between years of experience and levels of perceived competence, (ii) access to regular peer supervision and consultation, (iii) competence in other areas of expertise, (iv) perceptions of being 'good' psychologists and lastly, (v) years of experience. Findings suggest that supervisors, who rate their supervisory skills higher in relation to their other professional skills, also tend to perceive themselves as more effective and competent in supervising trainees. In contrast, Robiner et al. (1997) reported that supervisors in their study ranked their supervisor skills as approximating the levels of their professional skills.

6.5.3 Competence and confidence in supervising and evaluating impaired trainees

Findings of the present study also indicate that although years of experience improved general confidence and competence in routine supervision overall, this was not the case when it came to confidence in supervising *impaired* trainees and competence in *evaluating* intern's professional competencies. It stands to reason that such interns pose greater challenges for any supervisor. It also suggests a need for greater focus on 'areas of perceived incompetence' to address this issue in supervision training and its link to confidence and competence.

Lending further support to these findings were supervisors' perceptions of the supervisory role as 'extremely' challenging, perhaps in reference to the difficulties in supervision overall, but particularly the supervision of incompetent trainees. Based on supervisors' perceptions of their current training and experience, findings suggest that supervisors lack the requisite formal training to undertake this specialized task. In support of this conjecture, is the higher rating accorded by supervisors in this study, to the

Evaluation and Feedback (67, 5%) component of supervision training substantiating supervisors' training needs and deficits. Findings of this study further suggest that some supervisors did not adopt a supervision model and may have been unable to accurately identify supervisees' current developmental stage. Consequently, this may have hampered their ability to provide feedback and support appropriate to trainees' developmental stage (Smith, 2009). The core competencies outlined by the CBM, places supervisor's development and training needs in context (discussed in Chapter 2) and serves to highlight core deficits in knowledge, skills, values, training and assessment.

Results suggests that evaluation and feedback practices are an important, if not necessary, aspect of supervision training, which may not be sufficiently addressed in a workshop training format. This may infer that experience on its own, in the absence of formal training, does not sufficiently equip supervisors to manage the more challenging aspects of supervision practice. In the Robiner et al. (1997) study, few (10%) supervisors reported feeling *very confident* in working with unsuitable interns, most supervisors felt they evaluated trainees effectively and were *somewhat* confident in their supervisory and evaluative skills. In contrast results of this study, suggests that supervision experience on its own, and experience over time, does not adequately equip supervisors to supervise or evaluate incompetent trainees. Thus, it seems that competency in all aspects of supervision requires training. The finding that 81.8% of supervisors sought supervision of their own supervisory performance suggests that their current training was insufficient and that more systematic, formalized and didactic training in supervision is necessary. The supervision of impaired trainees "crystallizes supervisors' awareness of their supervisory inadequacies, while difficult or challenging supervisory encounters, unlike routine supervision, exposes supervisors' uncertainty and challenges their limitations" (Robiner et al., 1997, p. 134). It is the authors' impression that these challenges might be unique to the South African public-sector context, because of the disproportionate ratio of

supervisors to trainees, a lack of available resources, the lack of training and irregular peer support in the supervision and evaluation of unsuitable trainees.

While this study was exploratory, numerous limitations warrant discussion. The sampling techniques and the sensitivity of the topic may have resulted in a low response rate. The small sample size prevents generalizability of the results to the larger professional population in South Africa, and significantly limits statistical power to detect any significant effects. This precluded the researcher's ability to conduct more innovative analyses, which might have been more appropriate and informative for the research questions at hand. The nature and design of the survey lends itself to positive bias and response error because only interested or motivated supervisors may have responded. The survey instrument was not an objective, robust measure of supervisory skill, nor of competence or effectiveness in supervision, thus raising concerns regarding reliability and validity. As with all self-report measures, both the faking of good and the reporting of socially desirable behaviour must to be considered when interpreting the results. A further limitation is the absence of supervisee appraisals. Future research would benefit from using a larger sample size and incorporating supervisee perspectives regarding the quality and effectiveness of supervision received.

6.6 SUMMARY

Whereas specific supervisor standards, best practice guidelines and accreditation exist for supervisors abroad, these are non-existent in South Africa. The absence of clear guidelines and protocols for supervisory competency may have ethical and quality assurance implications (Robiner et al., 1997) for the training and development of trainees, supervisor professional development and the mental health profession in South Africa. The commencement of supervision prior to three years of independent practice suggests that heads of institutions and the Board of Psychology (HPCSA) in particular, have failed to prioritise formal, systematic supervision training for supervisors in South Africa. Bearing in mind regulatory

guidelines on supervision training requirements are not currently provided, alongside the lack of available supervision training opportunities in the country, there is a need to conduct a systematic assessment with a larger sample of supervisors, on the current status of clinical supervision training in South Africa, including the evaluation of supervision training needs, access to training opportunities, developing a training framework and curriculum, and establishing formal training requirements for practitioners who engage in clinical supervision.

Despite the exploratory nature of this study, the small sample size, and its subjective nature, it is imperative that more “direct, deliberate attention is given to supervision training for supervisors” (Watkins, 1992, p. 146). Findings of this study along with Singh-Pillay’s (2016) study endorse the absence of attention to the training and development needs of supervisors in South Africa. While some studies have shown the benefits of training *counsellors-in-training*, training interns in supervision at a master’s level may not be indicated or appropriate (Russell & Petrie, 1994). Trainee psychologists have not had an opportunity to inherit sufficient psychotherapy experience nor have they had the full advantage of supervised practice. This study draws attention to the need for a firm commitment to integrating formal, systematic training into a Post Master’s qualification in supervisory practice.

The supervision training components highlighted in this study present an opportunity to facilitate the continued development and enrichment of supervisors and serves as a foundation for addressing supervisors’ training needs and deficits. Moreover, the prevalence of inadequate and harmful supervision experiences among trainees in South Africa (Hendricks & Cartwright, 2018) lends credence toward the argument for prioritizing supervisory and evaluative training (Robiner et al., 1997).

Given the lack of research on clinical supervision, it appears important to understand general supervisory practices, supervisor training and perceptions of competence. The lack of training in supervision raises important questions pertaining to the link between negative, inadequate and harmful supervision. For

instance, is negative supervision more prevalent among trainees who are supervised by untrained supervisors? Are trainees at risk of being harmed by incompetent supervisors? Does a lack of supervision training impact the supervision of trainees in a negative way? Following Hoffman (1994) and others (Magnuson, Black, & Norem, 2004) an essential component of a quality internship experience are well-trained supervisors. However, exploring a predictable or causal link between supervision training and negative supervision was beyond the ambit of this study.

The adoption of a competency-based supervision framework may aid in reducing harmful supervision experiences since it is “cognizant of the power differential but its collaborative nature differentiates it from the traditional supervision process, characterized by its hierarchical nature, power differential, gatekeeping and evaluative role of the supervisor” (Falender, 2014, p. 3).

This study highlights several pertinent issues for further study. For instance, does early pressure to supervise influence supervisors’ attitude toward supervision? If competency is unrelated to training and experience, what other variables might influence perceptions of competency? Indeed, future studies would benefit from an examination of supervisors’ perceptions of early pressures to supervise, factors contributing to positive self-appraisals, interest in and motivation to supervise. Lastly, although several factors may mediate or moderate the impact of supervision on a supervisee (Bernard & Goodyear, 2014), research exploring how trained supervisors impact the development of competence in supervisees, would add value to studies on self-appraisals of competence and effectiveness in supervision (Krasner, Howard, & Brown, 1998, as cited in Milne & James, 2002). It is hoped that results of this study will stimulate further research so that supervision training would not be allowed to “languish in a state of benign neglect” (Watkins, 1992, p. 147).

The next chapter offers an in-depth subjective account of eight supervisees’ harmful and inadequate experiences of clinical supervision and its impact on their professional development.

CHAPTER 7: STUDY 4:

The impact of harmful supervision: A relational perspective of supervisees' untold narratives

Abstract

This chapter explored eight psychology supervisees' subjective experiences of harmful supervision using semi-structured interviews and Interpretative Phenomenological Analysis (IPA). Three major themes captured trainees' narratives of harmful supervision: (i) *Harmful supervision as a manipulative and negative relational process*, (ii) *Impact on self and others* and lastly, (iii) *Coping process as a means of self-preservation*. Harmful supervision emerged as part of a negative relational cycle which revolves around 'a dance of power and resistance' that is enacted through cycles of domination and submission. Supervisors were perceived as overly critical and hostile, with poor interpersonal skills, engaged in unethical behavior and perceived as uninvested in supervision. Perceptions of supervisor misuse of power, being set up to fail, undermined and pathologized, amplified trainee's anxiety resulting in either compliance (a strategy linked to self-preservation) and/ or resistance. Impacts of harmful supervision include loss of trust, shame, feelings of inadequacy, lingering self-doubt and incompetence, poor learning and professional development. Typically, supervisors engaged in a power struggle with trainees, resulting in the breakdown of the alliance and perceptions of a 'superficial alliance'. This study grounds the findings within a relational framework using Relational theory. Implications for training and professional practice are discussed

Key words: Harmful supervision, domination, power, relational, self-preservation, submission

7.1 INTRODUCTION

The internship placement represents an important milestone in the development and career trajectory of trainee psychologists. This period of training has been described as "the most intense period of training as a therapist/counselling practitioner" (Skovholt & Rønnestad, 1992, p. 42). The internship placement provides psychology trainees with the opportunity for learning new skills and working with "real world experiences in conducting psychotherapy as well as careful supervision of their professional development" (Wulf & Nelson, 2001, p. 124). Although supervision is thought to enhance professional development, supervisees exposed to harmful supervision may report otherwise (Bang, 2006). When new trainees are exposed to supervisors who are over-critical, indifferent to their learning needs, or have competency and countertransference issues

of their own, they are at risk of being harmed by their supervisors. There is reason to believe that negative supervision experiences during the internship is on the increase, evidenced by rising prevalence rates of inadequate and harmful supervision locally and abroad (Ellis et al., 2014; 2015; Ellis et al., 2017; Hendricks & Cartwright, 2018; Ladany, Friedlander & Nelson, 2005).

Despite this, little has been done to investigate the deleterious impact of harmful supervision for the trainee from the trainee's perspective. A while back, the damaging effect of harmful supervision was documented in a study by Ellis et al., (2008) yet there has been no new research on the impact of harmful supervision, aside from the recent contribution by Ellis and his colleagues (2017). Ellis et al. (2017) also found only one article (Anonymous 1991, as cited by Ellis et al., 2017) on harmful supervision focusing on the consequences for the supervisee. The authors contend that professionals across all disciplines need to recognise the "unacknowledged truth: supervisors are harming their supervisees, and this is unacceptable" (Ellis et al., 2017, p. 5). The importance of attending to the impact of harmful supervision cannot be denied. This study is a response to the call for more qualitative research focussed on understanding experiences of harmful supervision from the trainee's perspective, which undoubtedly, is long overdue (Ellis, et al., 2017). In addition to a general lack of research, we understand less about how harmful supervision unfolds, escalates and impacts trainees' professional development (i.e. perceptions of competence, skill or readiness for independent practice).

It is speculated that harmful supervision is destructive to trainees' professional development and can have potentially adverse effects on clients, trainees' learning and the quality of the alliance which inadvertently influences the development of trainees' professional identities. Research on professional development confirms that the "quality of the supervisory relationship (Grant, Crawford, & Schofield 2012), the role of supervision and the working alliance, plays a significant role in the development of professional identities" (p. 156).

Various studies have explored the phenomenon of negative supervision and the different factors contributing to its occurrence. These include supervisors being dismissive of supervisees' thoughts and feelings, supervisors' interpersonal relationships and styles, differences in theoretical orientation, ethical, legal, and multicultural issues, and a lack of clarity concerning supervisee roles or tasks and unclear expectations (Gray, et al., 2001; Hendricks & Cartwright, 2018; Moskowitz & Rupert, 1983; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002).

Magnuson et al. (2000) used data from interviews with experienced counsellors about ineffective supervisory practices that impede supervisee growth. Data yielded 6 overarching principles of poor supervision and 3 general spheres attesting to difficulties encountered by supervisees. The results of their study provide ground-breaking information on supervisor ineptitude and its contribution to poor quality supervision from the supervisee's perspective. Overarching principles included supervisors who were "unbalanced, developmentally inappropriate, intolerant of differences, poor models of professional attributes, untrained and professionally apathetic" (Magnuson et al., 2000, pp. 196-197). However, this study has limited relevance for harmful supervision or for trainees because the sample encompassed an experienced group of supervisees who may have been biased due to their own experience and expectations of supervision.

Enhanced awareness and knowledge of the personal, professional and psychological impacts of negative supervision experiences for developing therapists is central, given its potential to impact supervisees' "confidence levels with clients" in terms of provision of therapy and management of cases (Ramos-Sánchez et al., 2002, p. 200). Supervisors are significant attachment figures who serve as a guide into the profession. For this reason, the supervisor usually bears more and possibly, exclusive responsibility (Bang & Goodyear, 2014).

Murphy and Wright (2005) point out that “power differences are inherent in the supervisory relationship” (p. 283), which can be attributed to differences between a supervisor and supervisee such as different levels in experience, expertise, or training (Hawes, 1998; Hicks & Cornille, 1999, as cited in Murphy & Wright, 2005). The unequal power distribution and hierarchy in the supervisory relationship may lead to a power struggle as trainees attempt to assert their autonomy. On the other hand, “empowering supervisors minimizes the power differences in the relationship” so the trainee will “professionally emerge with his or her own sense of power” (Murphy & Wright, 2005, p. 283). The hierarchical and evaluative nature of the supervisory relationship evidently suggests that supervisees carry a disproportionate level of power, and the evaluation process is influenced by personal characteristics of the supervisor *and* supervisee (Bernard & Goodyear, 2004).

Supervisors may also abuse their power by, “over-focusing on supervisee mistakes, pathologising or verbally attacking the supervisee, assigning an excessive caseload to a supervisee without adequate supervision, using supervision to meet their social-emotional needs, and forcing supervisees to adhere to their theoretical framework”, (Porter, 1985; Porter & Vasquez, 1997, p. 293). Abuse of power by supervisees is also not uncommon, and includes supervisees withholding important information from supervisors, unfairly evaluating their supervisors, falsely accusing supervisors and negatively affecting the reputation and careers of their supervisors (Murphy & Wright, 2005). This often sets the stage for conflict and may result in early alliance ruptures.

Both withdrawal and confrontational ruptures (discussed in Chapter 2) can arise which is perceived by the supervisor as resistance or avoidance, and which may be perceived as challenging the supervisor’s authority. It is imperative that the supervisor is aware of and attends to alliance ruptures as quickly as possible. Ruptures within the alliance are inevitable and vary in intensity from “relatively minor tensions of which one or both of the participants may be only vaguely aware, to major breakdowns in collaboration, understanding, or communication” (Safran, Muran, & Eubanks-Carter, 2011, p. 80).

Racial or gender microaggressions can further complicate the supervisory relationship, in particular the “racial identity attitudes” of both supervisor and supervisee is purported to relate to how they respond to each other in supervision (Cook, 1994). From this point of view, harmful supervision might be influenced by racial attitudes, cultural and gender stereotypes or biases (Hendricks & Cartwright, 2018).

A key distinguishing feature between bad and harmful supervision is the traumatic, destructive and lasting impact of harmful supervision on the developing professional. The use of personal therapy has further been cited as a way to cope with trainee distress (Mackenzie et al., 2017). Ellis, Swagler, and Beck (2000) assert that the “effects on the supervisee may last a couple of days or may persist for months to years even after the supervisee has sought therapy to deal with his or her aversive reactions to the supervision situation” (p. 402).

Negative impacts reported in the literature seem to affect multiple areas of functioning and include long range effects on career choice, on supervisees’ clinical work with clients, lingering self-doubt, hypervigilance, pervasive feelings of inadequacy in their role as therapists and their relationship with others (Ellis et al., 2008; Mackenzie et al., 2017; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002). Such experiences fail to satisfy important professional needs and may arouse powerful negative feelings in the supervisee (Hutt et al., 1983).

Non-productive conflict in supervision has reportedly resulted in health problems, excessive rumination about competence and results in career confusion and dissatisfaction. Similarly, participants in Nelson and Friedlander’s (2001) study on conflict in supervision described their experiences as being “hurtful and confusing”, resulting in long lasting self-doubt, being distrustful towards supervisors, while others reported being strengthened personally and professionally. The destructive impact of NSEs on supervision and

supervisee development appears to vary depending on the developmental level of the supervisee and the strength of the alliance (Ramos-Sánchez et al., 2002).

Bernard and Goodyear (2004) observe that trainee factors that affect the effectiveness and quality of the supervisory relationship include, “attachment style, shame, anxiety, need for competence and transference” (p. 158). Bernard and Goodyear (2004) conceptualize supervisee behaviour as existing on a continuum, i.e. the above variables are conceived as being anchored by supervisee “resistance” on the one end, and a supervisee who “feels fully engaged on the other” (p. 158). Additionally, the importance of supervisor responsiveness in the supervisory relationship has been highlighted in the literature as an important, perhaps necessary adjunct to supervision (Friedlander, 2012; Friedlander & Shaffer, 2014). Supervisor responsiveness is defined as:

accurate attunement and adaptation to a supervisee's emerging needs for knowledge, skills, and (inter)personal awareness with respect to the needs of the client(s) with whom he or she is working (Friedlander, 2012, p. 103).

Except for a few studies, there has been minimal focus on the supervisee's role in negative supervision events. A qualitative study by Wilcoxon, Norem, and Magnuson (2005a), explored supervisors' perceptions of supervisee attributes and behaviours that contribute to undesirable supervision outcomes. Interpersonal, intrapersonal, cognitive and counsellor development factors that manifest themselves as the supervisory relationship develops were reported to impede supervisee growth. Supervisees were described as fearful of change and unwilling to examine themselves (intrapersonal sphere), were defensive, defiant and unwilling to accept feedback (interpersonal sphere).

According to Barrett and Barber (2005), “although there is no evidence to suggest that therapy suffers as a result of negative supervision, research has shown that it has harmful effects on trainees” (p. 170). Little is known about how the supervisor's interpersonal style or needs for power and control may spark harmful

supervision events and what the consequences might be for the trainee, their learning and development, or the supervisory relationship and the alliance.

Extant literature reasons that supervision can “be a shaming experience for the trainee because of the elements that are intrinsic to the process: evaluation, personal exposure, the imbalance of power between the trainee and supervisor and the need to use the self as a tool” (Doherty, 2005, p. 1). Shame is defined by Piers and Singer (1953), as a “defect in the self that prevents the person from living up to the ego-ideal and leads to abandonment and hiding” (as cited in Alonso & Rutan, 1988, p. 576). According to Graff, (2008) and Morrison (1994) “shame is as an internal, panic-like reaction encompassing feelings of helplessness, anxiety and the wish to hide or disappear” (as cited in Bilodeau, Savard, & Lecomte, 2012, p. 37). Beginning supervisors and trainees are vulnerable to experiencing shame by virtue of their newness to the profession and fear of not meeting required standards of practice. Consequently, disclosure of their clinical failures may produce feelings of embarrassment, humiliation, and shame. Talbot (1995) postulates that shame is a “typical” effect experienced by the supervisee and is regarded as an “inevitable”, but complex part of supervision, implying perhaps that it is something inherent and unavoidable, that is to be expected or even anticipated (Graff, 2008). According to Hartling, Rosen, Walker and Jordan, (2000) “experiences of shame or humiliation – including experiences of being scorned, ridiculed, belittled, ostracized, or demeaned – can disrupt our ability to initiate and participate in the relationships that help us grow” (p. 1).

Alonso and Rutan (1988) further report that “shame in supervision is generated from four major contributing factors: 1) the learning regression, 2) the patient population, 3) the supervisor’s management of the supervisory hour and 4) transference and countertransference in supervision” (p. 577). How a supervisor explores, manages and resolves shame with a supervisee is paramount to the development of a strong working alliance, in addition to the successful outcome of supervision, which inadvertently influences the

therapeutic relationship, the working alliance and ultimately professional development of the supervisee (Alonso & Rutan, 1988). As such, “the supervisory hour is the primary arena wherein trainees’ shame and guilt is both inflicted and potentially healed” (Alonso & Rutan, 1988, p. 576), suggesting that supervisees and supervisors are affected by and are responsible for inflicting and resolving shame.

Supervisors are not immune to experiencing shame of their own as they try to balance their multiple roles of teacher, mentor, and evaluator (Alonso & Rutan, 1988). The fear of appearing inadequate in the supervisee’s eyes, “may activate shame when supervisors feel they are failing in any one of these roles” (Hahn, 2001, p. 576). According to Hahn (2001) many supervisors “struggle to identify their own shame and may inadvertently allow their supervisees to carry a disproportionate burden of shame” (p. 272). According to the literature, it is “unclear whether supervisees who have a tendency to experience shame at greater intensities experience the supervisory alliance differently to their counterparts” (Bilodeau, et al., 2010; 2012, p. 273). In relation to the supervisory alliance, Quarto (2002) states that the quality of the relationship between supervisor and supervisee is affected by the way in which they interact with one another and what they accomplish in supervision.

Although the role and impact of shame has been explored in the psychotherapy literature (Alonso & Rutan, 1988; Appelbaum & Stein, 2009; Talbot, 1995; Weber & Gans, 2003; Yourman, 2003), shame as a consequence of the supervisor’s actions has surprisingly garnered very little consideration from supervision researchers (Hahn, 2002) and only recently received some attention, in the area of harmful supervision. It stands to reason that “normal” shame might be exacerbated by harmful supervision encounters.

Accordingly, the negligible research on the consequences of harmful supervision from the supervisee’s perspective, evidently suggests a pressing need for further qualitative research exploring trainees’ subjective experiences of harmful supervision and the meanings attached to these experiences. Furthermore, results

of Study 2 notably point to a significant association between relational factors such as supervisory styles, a weak supervisory working alliance and an increase in role difficulties, and inadequate and harmful supervision. The limited research on the consequences of harmful supervision from the trainee's perspective makes a strong case to address particular unexplored issues, specific relational factors and supervisees' conceptualisation of harmful supervision experiences.

7.2 OBJECTIVES OF THIS STUDY

This qualitative study attempts to extend the line of inquiry pursued in Studies 1 and 2, offering a more in-depth picture of harmful supervision. The chief objectives of this study were to:

1. Explore and understand how supervisees make sense of their experiences of harmful and inadequate supervision and of their relationship with the supervisor;
2. Identify the short and long-term impacts of harmful supervision on trainees' learning and professional development.

Broad areas for inquiry (see below) were kept in mind during the interviewing process for discussion with participants. The researcher wanted to capture the nature of trainees' harmful supervision experiences, the supervisor factors contributing to harmful supervision and how or in what ways trainees were impacted.

7.2.1 Research questions

The following research questions guided this study:

1. What are psychology trainees' experiences of clinical supervision, their supervisor and the supervisory relationship?
2. How do trainees make sense of their experiences of inadequate and harmful supervision during internship?
3. What meaning do these experiences have for trainees in terms of the impact on their learning and professional development?
4. How do trainees cope with their harmful supervision experiences?

7.3 METHOD

7.3.1 Sample/Participants

Participants were recruited from the same sample of psychology trainees who participated in Phase 1 of this research project.

7.3.2 Procedure¹⁴

In 2014, 92 interns completed an online survey regarding their negative supervision experiences during internship. The online questionnaire concluded with a question regarding participants' interest (those who had an inadequate or harmful experience) in being part of a follow up interview. Fifteen participants indicated (by ticking on the "Yes" option) that they would be interested in a follow up interview. During the recruitment of participants for the qualitative phase the researcher contacted the 15 participants telephonically to confirm their willingness to participate in the follow up interview. Eight participants were still willing to be interviewed.

Interviews were scheduled and conducted by the researcher herself between June and August 2015. The researcher travelled to three provinces in South Africa and conducted eight individual face-to-face interviews at a location selected by the participant. Participants signed two types of consent – online during Phase 1, as well as written (see Appendix C2), prior to the actual interviews. Informed consent forms were emailed to all participants. A separate confirmation email detailing the broad central topic question, the location of the interview, audio recording and duration of the interview was also sent to participants two weeks prior to the actual interviews. Participants were informed that interviews would be approximately 60-90 minutes in duration and would be audiotaped. Interviews were audiotaped to ensure information was

¹⁴ Details regarding procedure for Phase 1 prior to Phase 2 is outlined in study 1 of this research project, which similarly pertain to Studies 2 and 4 and is not repeated here.

not lost or distorted in the analysis (Worthen & McNeill, 1996). All interviews typically lasted between 45 to 90 minutes. All eight audio recorded interviews were transcribed verbatim and checked against the audiotapes for accuracy. Interview notes were also taken during interviews. Consistent with IPA's hermeneutic focus, the objective of emailing participants the central topic question was to allow participants time to reflect on the meaning of their experiences in the context of their training and professional development.

7.3.3 Participant demographics

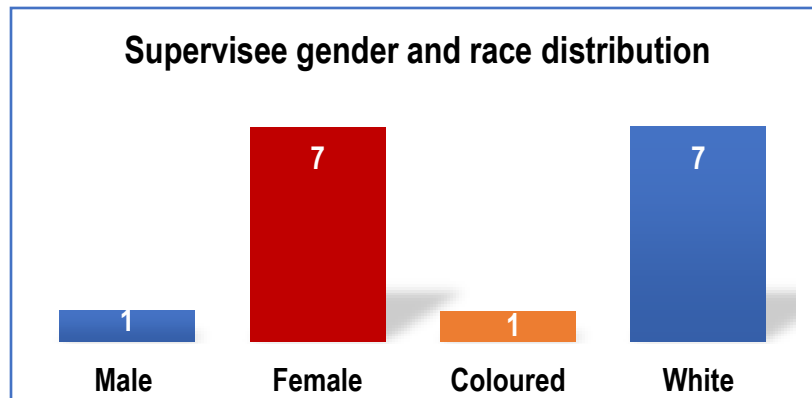
Participants completed a biographical questionnaire (see Appendix C1). In all, eight participants between the ages of 26-35 years, from the Clinical scope of practice from three provinces in South Africa, indicated a willingness to participate in the follow up interviews. Seven self-identified through the survey as having a “harmful” NSE, while one participant reported her experience as “inadequate”. At the time of the follow up interviews, three participants were in community service and five were registered as independent practitioners. Trainee and supervisor race differences are illustrated in Table 13 below:

Table 13: Supervisee and Supervisor race and gender differences

Participant	Supervisee's race and gender	Supervisors' race and gender
1.	White female	White female
2.	White female	African female
3.	White female	Coloured male
4.	White male	Coloured female
5.	White female	Indian female
6.	White female	Indian female
7.	White female	Indian female
8.	Coloured female	White female

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Trainees completed their internship between 2012 and 2014. Interviews were conducted in 2015, approximately 18-36 months following their experience of harmful supervision. Race and gender demographics of the eight participants are illustrated in Graph 5:



Graph 5: Trainees' race and gender distribution (N=8)

7.3.4 Ethical considerations

All identifying information was removed from the narrative passages referred to in this study. Pseudonyms were used to protect the identity of the participants. Where necessary, identifying information regarding the supervisor or training placement was omitted to ensure the anonymity and confidentiality of the data.

7.4 DATA COLLECTION

7.4.1 Semi-structured interviews

As indicated in Chapter 3, the researcher utilised a semi-structured interview schedule (see Appendix C3) and conducted in-depth interviews underpinned by narrative principles. The purpose was to obtain a complete picture of the trainee's harmful experiences. The use of narrative principles was considered the best method to achieve this. Broad areas for discussion were developed from the analysis of data in Phase

1. Each interview commenced with the same broad central topic question¹⁵. The interview process consisted of 3 sub-sessions as recommended by Bauer (1996) and, Wengraf and Chamberlayne (2006). The initial sub-session allowed the participants to respond to the central topic question, which was “experiential and broad enough to incorporate all events of interest for the interviewee” (Bauer, 1996, p. 7) without any interruptions from the interviewer. After the initial broad question was read out to participants, the researcher did not interrupt participants until their “stories” concluded. The researcher engaged in active listening during the main narration while developing potential questions for the next phase of the interview.

Sub-session 2 commenced when the narration came to a “natural end”. The researcher probed the participants in relation to the story narrated, using the broad areas mentioned previously, and asked questions such as “what happened before/after/ then?” “Why do you think your specific experience happened?” taking care in using only the words used by the informant (Bauer, 1996).

The interview focused on participants’ experiences of harmful supervision within the internship training context and the short and long-term impacts on their personal and professional development. Although the researcher made use of a semi-structured interview guide, the interviews did not have the same questions or follow the same sequence. The researcher allowed the participant to lead the interview and interjected with *prompts* or probing questions related to the participant’s experience or when matters arising required clarity, thus encouraging an even flow during the interview process (Smith et al., 2009). As a result, several questions (not on the interview schedule) were used as follow-up to obtain clarity (Smith, et al., 2009). As the interview progressed, the researcher moved on to more specific follow up questions introduced by the participants. The use of “*funnelling*” helped to elicit participant’s general views about their experiences of

¹⁵ *Central Topic question:* Tell me about your negative supervision experience in as much detail as you can, (for e.g. where you did it, how many supervisors you had, how you experienced them, their expectations, your expectations, difficulties/challenges you experienced), how the event unfolded, how it escalated. I'd like you to recall your thoughts and feelings at the time, and what the immediate and long term impacts were for you.

supervision, consequently allowing the researcher to explore novel areas. During the next phase (sub-session 3) or “small talk” the tape recorder was switched off. The interviewer engaged participants who were more relaxed and inclined to provide additional information that is often crucial to the contextual interpretation of the participants’ accounts (Bauer, 1996).

7.5 DATA ANALYSIS

7.5.1 Interpretative Phenomenological Analysis

No single method has been outlined for analysis in IPA for working with data. Although working with data in IPA is flexible, the essence of IPA lies in its analytic focus (Smith et al., 2009, p. 79). Mindful of the daunting nature of analysis in IPA, and to get through the analytic process the researcher followed Smith et al’s. (2009), step-by step guide which was extremely useful. A comprehensive outline of the data analysis process is included in Appendix E1. A summary of the steps 1-6 is illustrated in Figure 1 below:

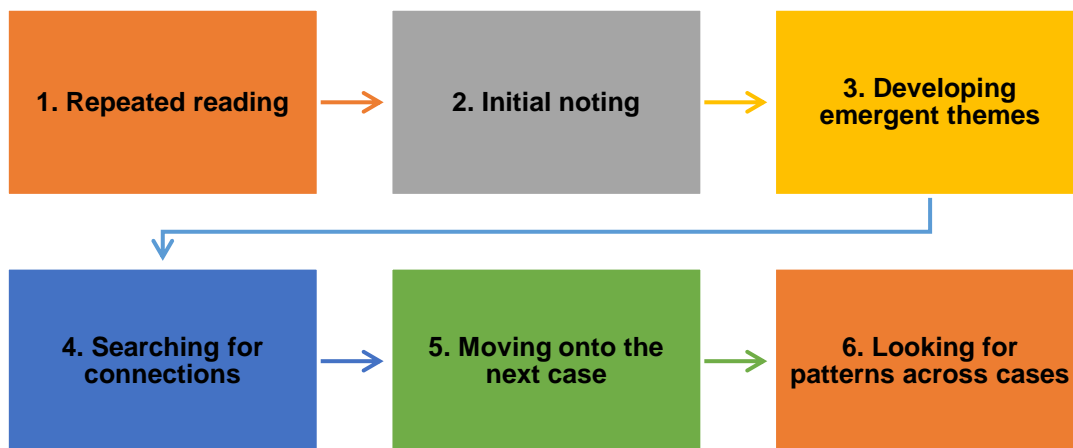


Figure 1: Step 1-6 IPA Summary

7.6 FINDINGS

Table 14: Summary of Superordinate themes¹⁶

SUPERORDINATE THEME	SUB-THEME
7.6.1. HARMFUL SUPERVISION EXPERIENCES AS A MANIPULATIVE AND NEGATIVE RELATIONAL PROCESS	7.6.1.1 Internship as Dizzying/ overwhelming: “You’ve got no choice but to fuck it up”.
	7.6.1.2 Shame
	7.6.1.3 Power and Omniscience
7.6.2. IMPACT ON SELF AND OTHER	7.6.2.1 Immediate impact
	7.6.2.2 Lasting effects
	7.6.2.3 Positive outcomes
7.6.3 COPING PROCESS AS MEANS OF SELF-PRESERVATION	7.6.3.1 Personal therapy, private supervision and peer support
	7.6.3.2 Strategic submission
	7.6.3.3 Reframing and compartmentalising

7.6.1 SUPERORDINATE THEME 1: HARMFUL SUPERVISION EXPERIENCES AS A MANIPULATIVE AND NEGATIVE RELATIONAL PROCESS

Participants’ experiences of harmful supervision are perceived by supervisees to emerge from a power struggle and the misuse of power and authority by supervisors, culminating in a manipulative and negative relational process. Trainees’ narratives reveal that apart from the normal overwhelming and anxiety provoking nature of internship training, a number of factors contributed to their experiences of harmful supervision. This theme discusses three core sub-themes that emerged from harmful supervision: “*Internship as a dizzying and overwhelming experience*”, “*shame*” and “*power and omniscience*”.

¹⁶ Given space constraints, exemplar narratives can be found in Appendix E2.

7.6.1.1 Internship as Dizzying/ overwhelming: “...*You’ve got no choice but to fuck it up*”.

Central to their experience of harmful supervision, were descriptions of “dizzying”, overwhelming and confused states associated with the perception that trainees were set up to fail. In the sections that follow, various elements described by supervisees emerged in their experiences that appear related to their overwhelming/dizzying state. Furthermore, supervisees’ descriptions of their harmful experiences, offers an understanding of how the power imbalance is perceived to be manipulated in different ways in harmful supervision, setting off a cyclical process.

The first of these core factors that emerged from trainees’ experiences of harmful supervision was the perception that supervisors often had unrealistic and unclear expectations of trainees, paired with the substantial number of tasks that trainees were expected to complete “in the nick of time” (See Appendix E2). Although the internship is stressful under normal circumstances, this appears to be exacerbated by the perceived unrealistic demands from supervisors that essentially seem to disorientate trainees. This may be seen as a lack of mindfulness on the supervisor’s part. Kim’s narrative below encapsulates this overwhelming, “dizzying” experience. She states:

Kim: “You’ve got your first meeting at 7:30, then you’re literally packed for the rest of the day.... So, you need to finish your group at Ward X at 11:00. 11:00 you’ve got to be at Ward Y which is a kilometre from there for your next group. Now, somewhere in between, you’ve got to do process notes, and you’ve got to prepare for the next group and you’ve got to get your papers for the next group and at some point, you’ve got to do now your Neuro report. So...I mean eventually you’re not... it’s simply impossible to fit all the work you’ve got to do into your working day.”

Similar to those of the other trainees, Kim’s narrative draws attention to her perception of the unrealistic and dizzying nature of her supervisors’ expectations. Supervisees’ reports seem to indicate that they were expected to complete various tasks in a limited period of time which appears to have been perpetuated by

an absence of adequate guidance and structure (see Ariana, Appendix E2), or as Emma states, clear goals, which might point to early signs of a rupture in the alliance:

Emma: *“No. Definitely...but he might have said it but then everything clouded it, but I don’t remember having clear goals.”*

The experience of being supervised by more than one supervisor whose expectations (e.g. the format or content of reports) were different from the primary supervisor’s, often appeared to exacerbate trainee distress and led to confusion due to conflicting messages. This suggests a lack of consistency and clarity of expectations as illustrated below:

Nicky: *“So we had three supervisors, and each was giving their own personal input. So, you’re getting conflicting messages.”*

What appeared to tip the balance into a harmful experience was when such disorientating experiences were perceived to be used against trainees to criticize, belittle and badger them, reminiscent of the offensive quality of the supervisor’s actions. The narrative below captures Nicky’s description of the unaffirming, relentlessly critical and traumatic nature of supervision. Nicky’s words, *“it felt like escalating trauma”* reveals her mounting distress every time she had supervision, which in turn appears to lead to a hyper anxious state. She states:

Nicky: *“There was never affirmation. It was complete criticism...I think every single supervision that I had with her was traumatic! Every Wednesday at 1 o’clock I had supervision with her for six months and I cannot tell you a single one where I would not be extremely anxious...It felt like escalating trauma... It was extremely traumatic, it was –I cried many, many, many times. And it was ongoing. It was really, really ongoing...”*

Similarly, for Anna, this ‘dizzying’ experience appears rooted in the experience of supervision as traumatic:

Anna: *“Week after week, the supervisor would tear apart my transcript saying things like ‘you are a useless therapist, you will never be a good psychologist ...Very traumatic.”*

In reflecting on her experience of supervision, Kim’s sense is something “broke” during her internship year. She appears to associate this with a lack of support and her supervisor’s intensely critical “strategy” which

she believed impeded her learning. Her narrative conveys the belief that she felt traumatized by her supervisor's punitive actions, evidenced by the hypervigilance and concomitant self-doubt she described, suggestive of a post-traumatic state:

Kim: *"You know it's not strategic, it's not supportive, it's not – um, it's – it's, it's just critical...It's that hypervigilance that you start doubting everything you do...It doesn't feel like I learnt that from.... you know what they taught me. Ja, it feels like a trauma.... It feels like it broke me. It feels like – something, something broke in that year."*

Given perceptions of the unremitting, critical nature of supervision alluded to above, trainees' harmful experiences appear to have altered their perceptions of supervision as a space of learning, nurturance, safety and guidance to it being construed as *an unsafe, unaffirming and traumatic space*. This in turn appears to have led to excessive apprehension prior to a supervision session, which seems to have been progressively approached with a sense of dread. This conveys the belief that supervisors were perceived as failing to provide an empathic, nurturing space or adequate *holding* for trainees.

7.6.1.1.1 Set up to fail

A second aspect central to trainees' descriptions of 'dizziness'/feeling overwhelmed was the perception that trainees were set up to fail. This suggests that supervisors were perceived as being far from empathically attuned, and often construed as outright punitive, sadistic, and acting with purpose, as Kim states:

Kim: *"But there were other people saying Tammy is so punitive and she would be in ward rounds and in meetings and she would, um, you'd have no sense of support from her. She would be, she would be the person that if she's in the room then you would feel so anxious and so unsure of yourself that you will fuck it up. You've got no choice but to fuck it up. It's like she's waiting for it to happen... I felt like if I was, if I was making notes, then Tammy was probably somewhere there waiting for me to screw up somewhere so that she can say ha! I saw that. Nothing, nothing, nothing would ever be good enough..."*

Kim's words "you would feel so anxious and so unsure of yourself that you will fuck it up...waiting for me to screw up", illustrates her perception of the "purposeful" and punitive quality of her supervisor's actions and insightfully reveals her sense of feeling targeted to fail. The repetition of the word "*nothing, nothing, nothing would ever be good enough*" highlights her sense of futility. In a similar vein, other trainees felt "attacked", and believed they were "earmarked" by supervisors, and reportedly felt victimized from the outset. The following excerpts illustrate trainees' sense of feeling targeted:

Nicky: *"It wasn't one person. One person was the flavour of the month and one person would get more that month, than the other two..."*

Kim: *"I felt quite earmarked..."*

Similarly, Kylie's, perception of her supervisor's "narcissistic" manner of communicating led her to believe that she was being "attacked" by her supervisor. Trainees' reports of being attacked, targeted and threatened from the outset may have obscured any chance of forming an authentic relationship with their supervisors. Like other trainees, her description of her supervisor's overly critical manner and threatening behaviour, infers that harmful supervision is construed as emerging from the supervisor's pathology, where feedback is perceived as an attack and the trainee in turn becomes defensive, setting off a cyclical process. She states:

Kylie: *"I do think a lot of it had also to do with personality style. She had a way of communicating that got people's feathers ruffled. And not just one or two, everybody's [emphasis]. The way that she phrased things...she had almost a narcissistic way of communicating.... it gets perceived as an attack and then you feel like you have to defend your opinion and when you did, that would make her feel I think it almost brought on an inadequacy with her or that she felt attacked."*

When trainees attempted to defend themselves against their supervisor's negative appraisals, it may have been interpreted as defiance of the supervisor's authority, and as Kylie reveals, appears to trigger the supervisor's inadequacy, resulting in a perceived counter-response/attack from the supervisor. For instance, when Emma disagreed with her supervisor's evaluation of her she reports that he became defensive about her reflections. She reports:

Emma: *“In my, naivety or just being naïve, I responded to the feedback saying I appreciate it, I will process it, I do have other feedback that challenges his perception and I need to integrate that. And I think he took that as a – well now it’s going to war ...Um, which he – a month later nailed it. He said, ‘that email that you sent’... and then I realized this is what it was about, I stood up to you unknowingly, and I told you, you were wrong, and you didn’t like that...”*

The learning space appears to be overshadowed by the supervisor’s dominance and inability to consider alternate feedback that challenged the supervisor’s perceptions, essentially leading to a power struggle between trainee and supervisor. Trainees narratives suggest they were also made to believe that nothing they did would ever be good enough, which resulted in the belief that no matter how hard they tried their work would never be at an acceptable level.

7.6.1.1.2 Exacerbation of experience

Several core elements described by trainees appear to exacerbate their experiences of harmful supervision. These include descriptions of overly critical feedback, a hostile, punitive environment, transference/countertransference, microaggressions and transgression of boundaries. Alongside perceptions of the supervisors’ unrealistic expectations were descriptions of their “punitive” and “militant” approach to supervision which appears to aggravate trainees’ experience of harmful supervision. Negative and overly critical feedback from the outset was reported by most of the trainees who construed their supervisors’ behaviour as outright abusive and lacking in empathy (e.g. Anna’s supervisor told her she was a “useless therapist” and cannot understand how she got into the master’s programme).

Trainees’ descriptions of their supervisors’ behaviour included odd facial grimacing during case presentations or ward rounds, laughing at trainees and subtle criticism, perceived to be directed at trainees in a very sadistic and elusive manner, which, as Kylie states in retrospect, was experienced as an indirect personal attack and engendered a shaming response. This is suggestive of verbal and non-verbal microaggressions. As Kylie states:

Kylie:... *“and even though it wasn’t er...er a direct personal attack, she always did it in such a way, she never said you are so stupid, or how could you ever think that, she would always phrase the questions in such a way that... [laughs] that when we spoke about it afterwards, we were like did you pick up on that thing that she said, and then somebody else would go “ja’, it also felt a bit unfair to me when she said that, but it was never something that you could put your finger on.”*

A less common experience was racial and gender microaggressions. For instance, a Coloured trainee believed she was discriminated against by her White Afrikaner supervisor whom she perceived had favoured and over-identified with the other white Afrikaner interns. She believed she was unnecessarily “picked on” and excluded because she was the only non-white intern in the group (See Appendix E2 regarding Elle’s experience).

Ariana identified her experience of supervision as “inadequate”. Her words, *“I mean I really would have preferred to have been trained”* suggests that she believed her inadequate supervisory experiences were defined more by the deficiencies in her training than what was actually provided which appears to have left her feeling disillusioned and feeling inadequately prepared. This suggests that some trainees believed that their supervisors failed to uphold their supervisory responsibilities (for e.g. supervisors would cancel supervision sessions without notice or did not provide regular or adequate supervision).

In effect, trainees’ experiences of inadequate and harmful supervision appear to be characterized by perceptions of inadequate knowledge and skills, lack of interest, or motivation and investment in their work which “permeated through to the supervisory role” (See Emma, Appendix E2).

Ariana revealed that she only realised the full impact of her inadequate experience during her community service year when she experienced difficulties with case management. This suggests that trainees endured long-term professional impacts on their learning and development (see Appendix E2 regarding Ariana’s disillusionment with the lack of training). Despite reports of both inadequate and harmful experiences, all trainees report a mix of many events fitting into both categories. For example, many who identified their experience as harmful also perceived supervisors as lacking structure or having inadequate knowledge.

Ariana appears to have craved structure and guidance from her supervisors and identified her experience as “inadequate” but describes feeling traumatized by her supervisor’s “laissez-faire” attitude toward supervision, while Elle who identified her experience as “harmful”, felt supervision had “absolutely no structure”, suggesting her experience in addition to being harmful, was perceived as inadequate as well.

Although Emma seems to experience her supervisor as uninvested, her experience (see Appendix, E2) of having to manage his “arrogant and narcissistic personality” appears more central for her. Her sense is that he used his charm to manipulate her into complying with his demands. It highlights her vulnerability and powerlessness as a trainee, in having to work with a supervisor whom she perceived as self-absorbed and not invested in her growth and development, a belief she developed after the numerous times he had cancelled supervision.

One trainee appeared disillusioned with her supervisor’s perceived lack of adequate knowledge and proficiency in her preferred theoretical framework. Kim’s sense was that her supervisor knew less than her and by implication, compromised her learning (See Appendix E2).

Self-blame was also a common finding among trainees who believed it was a projection of their own insecurities. However, Kim’s narrative (See Appendix E2), insightfully suggests an awareness of her supervisor’s *countertransference* and a re-emergence of her supervisor’s negative or insecure attachment issues. Kim believed that her supervisor’s verbal outbursts may have been an enactment of her own disowned inadequacies or unmet needs which were displaced onto her. Kim’s beliefs about her supervisor’s actions suggests that at times supervisors may bring their ‘own axe to grind’. Her narrative also conveys that she felt she had to be an extension of her supervisor by emulating her, suggesting an enforced submission.

As briefly alluded to earlier, most trainees also felt their harmful experience was intensified by a lack of *affirmation and approval* from their supervisors. This may however suggest transference needs of their own. In this way trainees sometimes appeared to experience their supervisors as “parental” figures for their own unmet needs, seeking validation and approval. For instance, (see Appendix E2), Anna’s need to appease

authority figures like her supervisor, appears rooted in her own inherent needs for validation, approval and acknowledgement. It is likely, that for some trainees the need to please the supervisor may have encouraged acceptance of their punitiveness, linked perhaps to their own internalized need to please a “parental” figure.

Lastly, supervisors were perceived to engage in inappropriate professional behaviour and other ethical transgressions, such as the inability to maintain appropriate professional boundaries, dual roles, gossiping about patients, not respecting patients’ rights to confidentiality, laughing at patients and lying about trainee’s performance (See Appendix E2).

In the excerpt below, Ted’s words, “*she was able to have an ear that listened...*” may be linked to his need for recognition, and to be heard or acknowledged. The trainee’s sense is that his supervisor was *overly familiar, and took advantage of his vulnerability, suggesting abuse of her position and manipulation of professional boundaries to accommodate her own needs for control.* Although there was awareness on the intern’s part that he purposefully encouraged the supervisor’s intrusiveness for the purpose of a good review (a secondary gain), it seems he was caught off-guard when his internship was extended, due to poor performance. He goes on to say:

Ted: “*My very first day with her I felt that she wasn’t particularly professional, she was overly familiar and it felt to me as if she wanted to be my friend...one of the things she always used to speak about was who I found hot in the department and that sort of stuff...She was able to have an ear that listened and I kept her secrets and whatever and she was able to disclose who she liked, um...you know she likes me, we’ve got a friendship, she knows who I’m dating, she’s seen pictures of them... and she went and did this to me...I mean...it’s kind of blindsided and you’re getting, like you’ve written up the feedback with her, and you’ve seen she’s put ‘acceptable’ and you’ve seen the critiques and stuff she’s put and how you worked hard so it’s kind of totally blindsiding, it’s not transparent at all. Yoh! I felt betrayed and lied to...*”

The trainee’s sense of feeling “*betrayed and lied*” to may be linked to failed attempts at a secondary gain, while his reference to, “*writing up the feedback*” with her is suggestive of poor boundaries and a tacit collusion on both their parts. His perception is that his supervisor was not “particularly professional”, so how could she

then justify raising a professional matter. Trainees' confusion appears to be brought on by their supervisor's intrusiveness, being overly-familiar or inappropriate on the one hand, and having firmer boundaries during supervision, on the other (e.g. one supervisor smoked during supervision sessions). This suggests that dual roles were adopted by supervisors. Dual relationships also imply role conflict for the trainee due to ambiguous role expectations. As Ted describes below:

Ted: *"There's just this confusion about who's asking me the question, [supervisor] the friend or the – not even secure base supervisor but this punitive authoritarian supervisor."*

7.6.1.2 Shame

Within a harmful supervision context, shame emerged in response to perceptions of the supervisor's hostile, punitive and overly critical manner of communicating and the deliberate exposure of trainees' clinical weaknesses and deficits within the supervision space. Although anxiety around feeling exposed is a common encounter for trainees during internship, it appears that for some trainees it not only exacerbates their anxiety but results in humiliation and sense of inadequacy.

For Anna, specifically, her experience of shame appeared to intensify by her sense of feeling exposed to her peers and her supervisor (whom she appears to idealize). She appears to have internalised her supervisor's perception of her as "a useless therapist" such that her supervisor's evaluation of her is compounded by being exposed or "seen" as "stupid" and "useless" by her peers as well, (perceived to be on the same level as her), in turn possibly reinforcing her need to please her "punitive" supervisor.

Her desire to be perceived as competent, alongside her fear of being judged as her "inadequacies" are exposed, both ignites and magnifies the trainee's anxiety and vulnerability to shame. Her narrative conveys a sense of feeling denigrated within the supervision space, which seems to situate her in a victim role, with the supervisor as the "perpetrator" and the peers as her "rescuers". At the same time, being singled out by the supervisor appears to strip the trainee of her power to compete with her peers. She states:

Anna: *“This transcript was then read out in supervision amongst the other interns. This in itself was anxiety provoking, I felt exposed and vulnerable to the nth degree. By having to read what was taking place in my sessions as well as then being evaluated and scrutinized by fellow colleagues and more specifically the supervisor. The humiliation part, if it was just me in the room I would have felt hurt, mainly, but the humiliation comes through in the terms of... it was group supervision so that they were, there were two other interns that were sitting with me while we were going through this. So now I’m not being evaluated by her, I’m also being seen by my colleagues, people on the same level as me as being ‘stupid’ and ‘useless’ and ‘not good enough’, um, so having that experience shared, and exposed to other people that you’re supposed to have respect you or at least walk a path with you is now cut off and now you... you in a victim role almost that they need to support and console you rather than being seen as an equal...so I think that was part of the humiliation that I talk...that I sort of referred to.”*

Like Anna, Ted (see Appendix E2) recalls a profound, lingering sense of shame after his supervisor voiced that he should not be in training as a “Clinical” psychologist, which he appears to associate with being “not good enough”, being flawed or defective, and a “bad” match for the profession, a common feeling encountered by novice trainees. Ted appears to resort to self-shaming tactics (*“there is something in me”*) as a way of defending against his painful feelings of rejection, which appear to reflect an internalized belief that he is unworthy of being a clinical psychologist. He states:

Ted: *“Now I suppose I can say I felt quite ashamed that there’s something in me, I’m not meant to be a clinical psychologist, I can’t do this...Um, and that shame would carry, it did, it most certainly did, carried on in the other rotations”.*

Ted’s sense of shame was amplified when his internship was unexpectedly extended. Nicky’s tearful response after being criticized by her supervisor in the presence of her peers, appears to have led to her belief that her supervisor saw her as weak and therefore a “terrible clinician”, intensifying her shame (*“...it made me feel extremely humiliated, embarrassed and self-conscious”*, see Nicky, Appendix E2). Similarly, as mentioned earlier, Kim recalls how her supervisor’s non-verbal facial expression (microaggression)

engendered a shaming response. Participants' descriptions of their supervisors' behaviour suggest that at times supervisors were perceived to have acted with malice and were purposeful in shaming trainees.

It stands to reason that as fledgling psychologists-to-be, trainees' shame might be rooted in their own insecurities and in their needs for affirmation and validation from their supervisors who are charged with evaluating whether they are competent enough to enter the profession. In addition, given their newness to the profession, some supervisees may have also felt flawed or inadequate in some way, contributing to an unsatisfactory circular homeostatic supervision process.

In Superordinate theme 1, trainees' shame appears related to trainees' perception of the supervisor taking advantage of their vulnerability to shame and their inability to normalise it. For example, being called outright "stupid" and a "useless" therapist (Anna) in front of other peers/colleagues appears to make 'normal' shame harmful. Self-blame often follows shame which may explain trainees' failure to report their supervisors' harmful behaviour and in some cases a willingness to disclose personal information to supervisors (e.g. Ted). Trainees' shame appears to have had a lingering effect on their learning, professional confidence and development.

7.6.1.3 Power and Omniscience

Trainees' perceptions of the supervisor's misuse of power appear to be informed by particular elements: (a) *Power of swaying the group* (b) *Toe the line* (c) *Undermining the trainee's authorship of experience*, and (d) *Undermining the trainee through pathologising*.

The factors described above were perceived to emerge from the supervisor's blatant misuse of power and authority. Other trainees described implicit, manipulative and subtle abuses of power by the supervisor (e.g. threatened with extension of their internship, internship not being signed off or a negative review). In this way, trainees' vulnerabilities appear exposed and intensified.

Anna's narrative below conveys a sense of feeling persecuted, bullied and attacked by her supervisor. Her words, "*power was a huge aspect for her*", suggests that what is particularly painful for her is the supervisor's

purposeful, conscious misuse of power. Her sense is that her entire harmful experience was a reflection of her supervisor's need for power which she perceived was used as a means to control her. She states:

Anna: *I think the whole thing was an example, if you have to look at it from a process level, this sort of attack on character, the attack on skills, the attack on everything, that is a manner of getting control, it's a manner of taking power, it's a manner of bullying. That's power, that's control and there is no other way to explain it...Um but power was a huge aspect for her... and I'm not too sure if she almost made an example of me, in terms of attacking me so that the others may also know whose boss. I don't know..."*

Formal supervision was described as a space that supervisors used to exercise their authority and wielded power and control over trainees, who it seems, unconsciously or forcibly submits to the supervisor as a result of their powerless/subservient position. For instance, Ted's experience (see Appendix E2) of his supervisor switching from being authoritarian 'person' to being his friend ("*at least that authoritarian person's over*") insightfully reveals an awareness of his supervisor's dual roles (as his personal friend and his supervisor) that appear to prey on his vulnerabilities and lead to confusion about his role. He states:

Ted: *A structured – I mean a structured time that was kind of not confusing, so those two roles of being friendship and supervisors, there shouldn't have been this friendship, this pull to be friends with me. That needed to be kind of taken out of that context, the supervisor relationship... and kind of a safe space, able to speak about, um, patient's issues and maybe the things that played into the relations that I had with the patient, not all this extraneous sort of information that clouded up the...the relationship.*

As mentioned previously, perceptions of not being "good enough" to be a 'clinical' psychologist appears to propel Ted into colluding in the boundary violation.

For Elle, her sense of her supervisor was of a strong need to upstage her (an undermining tactic), reinforcing the notion of the omniscient, all-powerful supervisor who possesses greater expertise and knowledge than the trainee, "who does not know", which Elle perceived as retributive (see Appendix E2).

Nicky: *“Being threatened that internship would be prolonged or I would be kicked out (this started on day 1 of my internship, before I had even seen my first client) and this was without provocation. Also, high anxiety that extended beyond supervision. An overly critical stance in supervision and being corrected constantly (not constructively), my transcripts would be re-written by my supervisor indicating what I should say, words I should use with clients. The only way I learnt to avoid the negative experience was to mimic her style and provide that back to her. Anything else was extensively critiqued”. But, ja, she... it was a power struggle for her, and if anybody threatened a power struggle or came close to it...it was slam dunk, down.”*

Nicky’s narrative above suggests that the supervisor’s way was perceived as the only way and reveals how her autonomy was undermined. Like Kim, the only way she appears able to “survive” is through complying with her supervisor’s demands by emulating her supervisor, which suggests she felt forced to comply. Nicky also seems insightfully aware of the consequences of resisting her supervisor’s demands. At her second training placement, Nicky reported that she was given “a final warning” on her first day of the internship. Her sense of powerlessness appears evident in the ensuing power struggle after she challenged her supervisor (see Appendix E2). The trainee’s sense is that her supervisor had no authority to give a final warning yet believes her supervisor intentionally and maliciously used her seniority to threaten her. It appears that any attempt to challenge her supervisor’s power, incurred the supervisor’s wrath, and her words, “slam, dunk, down”, suggests fear of the supervisor’s forcefulness and the futility of challenging her power.

7.6.1.3.1 Power of swaying the group

Emma’s narrative suggests her “bad” was magnified and used to silence the team, while her strengths were minimized. She believed trauma emerged from her supervisor’s misuse of power (*“it is a cruel abuse of power”*) because he succeeded in manipulating and influencing the entire team, swaying their opinion of Emma in his favour:

Emma: *“I am still amazed how one individual can manipulate and sway a whole team of very professional psychologists and that is where my trauma lies with him... and he managed that I actually...that I didn’t go to the rotation that I was supposed to go to next, but that I’m under his care,*

so that he can make me 'sufficient' or 'adequate' ...and then I also felt actually for the first time that year, really traumatized."

The trainee seemed shocked at the depth of her supervisor's power, implied by her perceptions of his surreptitious behaviour and ability to "sway a team of very professional psychologists" reinforcing her perception of the enormity of her supervisor's power. Similarly, Elle, reportedly found out that her supervisor had lied about her performance in order to defend a negative evaluation of the trainee, which resulted in her internship being extended, Elle states:

Elle: *"My supervisor was lying about my performance while I was there, but I didn't know at the time that she was lying about how I was performing, because we – I wasn't called in, they had their supervisors' meeting and we weren't privileged to that information."*

Her sense was that the evaluation process was not a transparent, consultative process; perhaps a reflection of the supervisor's misuse of power and privilege in the evaluation process.

7.6.1.3.2 Toe the line or else...

Trainees' descriptions suggest that supervisors were inflexible and rigid in regard to their preferred theoretical paradigms. Anna's narrative below suggests a bias toward her supervisor's preferred framework of practice alongside a perceived inflexibility on the supervisors' part. There appeared to be an explicit expectation that trainees '*Toe the line*' and conform to the supervisor's rules by changing their paradigm. She states:

Anna: *"To make the situation worse was that I was taught in a different paradigm to the supervisor and she had no flexibility in terms of how she trains. She expected me to change my way of doing therapy...I think because she was very rigid and inflexible in terms of how we were trained. We needed to come on board very quickly of how things were going to happen there..."*

The ensuing power struggle over incongruent theoretical orientations, as Nicky narrates, extended to overt threats if she did not comply:

Nicky: *“I was threatened that if I did not co-operate with the system, and with her rules, my internship would not be signed off, and so that was my very first experience and then a week later I had to go to a structured supervision session with her...”*

Trainees appeared to be stripped of their autonomy to think independently, reinforcing the compliant childlike positioning trainees were expected to adopt (Emma, see Appendix E2). In terms of trainees’ developmental needs, the IDM suggests that level 2 trainees may be more vulnerable at this level, given that they are dependent on the supervisor to some extent, yet at the same time crave autonomy. Trainee descriptions of supervisors’ inflexibility and rigidity appeared to constrain trainees’ learning and need for autonomy. Anna’s words *“we needed to come on board very quickly”* suggest a “forced” compliance that seemed to stem from their own anxiety about “not knowing”. This appeared to intensify their insecurity, vulnerability and lack of power, as they appeared to feel compelled to submit to the supervisor’s authority (see Appendix E2).

7.6.1.3.3 Undermining intern’s authorship of experience

Emma’s narrative below revealed that her conceptualization of a young female patient was challenged by her supervisor. Emma appeared to believe that her supervisor used this to justify his evaluation of her as “inadequate”. In the excerpt below Emma refers to a case about a patient she was seeing. She states:

Emma: *“So, what I was experiencing with her [client] in the room, she was struggling with this new life and he [her supervisor] completely ripped that apart, saying that I’m insensitive and how can I say something about that, against someone else’s religion. But it’s what I feel in the room and what’s happening with her [her client] and it was confirmed by collateral as well. So that was his rationale for saying that I was inadequate.”*

Similarly, Ted’s narrative suggests he believed that his supervisor based her misguided impressions of his client, on Ted’s sexual identity (See Appendix E2, Ted’s and Nicky’s experience of feeling undermined). This conveys the sense that their supervisors were claiming to know more about trainees’ patients than the trainees themselves or disagreeing with a trainees’ sense of a patient. In this way, supervisors appear to undermine trainees’ uniquely authored and privileged experiences. In trainees’ reports of feeling undermined

(see Appendix E2), trainees appeared dispossessed of autonomy, and cast in a student role, yet were simultaneously expected to demonstrate competence (by knowing what to do), again suggestive of role conflict.

7.6.1.3.4 Undermining through pathologising

Some participants described experiences of being discussed in ward rounds and pathologized in front of colleagues. Emma reported that her supervisor would create a scene and alleged that he would then accuse her of “splitting” the team. Emma appeared to feel “set up” by her supervisor, reflecting the malicious intent behind her supervisor’s actions. Her reference to “*I got into trouble*” again suggests a criminal, childlike positioning to the “parental” supervisor. She goes on to say:

Emma: *“He would create a scene and then perceive that I’m splitting amongst the team, then call me in and say he’s concerned about the splitting behaviour...he very cleverly [emphasis] broke me down in that session and when I feel completely powerless I cry, which in the training context then can prove there is something that you’re not voicing and what do your tears say?... this process is very unfair. Um, and then I sort of got the feeling that he, you know when you have a hypothesis, but you’re not objective, you’re trying to find evidence to support your hypothesis, that’s how I was treated and then, I’ve never been, um, accused of that, so I would just say to him that ‘Wayne you said that I must continue with this, and when I did that I got into trouble’...”*

Emma’s narrative above refers to her supervisor attending a meeting he was not invited to, after she had laid a complaint about him. Her emotional distress after her supervisor “*very cleverly broke her down*” suggests she associated crying with a deeper sense of powerlessness. However, the trainee was also insightfully aware that by defending herself she risked reinforcing the perception that she was the “problem” and that her crying was an enactment of deeper unresolved conflict. Her sense is that by crying she unwittingly placed herself at risk of being further pathologized.

Her sense of powerlessness appeared to be reinforced by her perception that working it out with her supervisor would be futile. Her words, “*this process is unfair*”, speaks to her disempowered position as an

intern. This experience illustrates trainees' attempts to resist their supervisors yet being forced to comply because of the power differential. In other words, it suggests a form of psychological entrapment.

7.6.1.4 The cyclical nature of harmful supervision

Trainees enter the internship feeling anxious, vulnerable and insecure. Narratives suggest that trainees appeared overwhelmed and confused by supervisors' unrealistic expectations, unclear goals and an implicit expectation "to know". Trainees perceived supervisors as exploiting them by allocating an unreasonable and excessive workload. Combined with descriptions of dizziness/feeling overwhelmed, was the perception that trainees were set up to fail which led to an overwhelming or "dizzying state". Trainees' descriptions conveyed the sense that they felt forced to comply with their supervisors' demands out of fear of further reprisal. Trainees' descriptions also suggested that they felt alone, unsupported and were left traumatized by supervisors' overly critical and hostile manner. Fearful of the supervisor's punitive actions and being in the supervisor's presence led to excessive apprehension prior to supervision. Even though some anxiety is normal during internship several harmful behaviours described by trainees, appeared to have tipped the scale and aggravated trainees' experiences, propelling them into a hyper-anxious state. Supervisors appeared to misuse their power implicitly and explicitly as evident in trainees' descriptions of their ability to sway other members of the supervisory team, expecting trainees to adopt their paradigm, undermining trainees' authorship of experience and pathologising trainees. As one trainee states:

Nicky: *"So... as one can imagine I was extremely anxious. I was also trained in a different modality or paradigm to which she was and there was no room for any differences, so there was no understanding of my paradigm, although I was trying very hard, now I'm trying to please her, I don't want my internship to be written off..."*

Kim: *"I kept feeling like there's something wrong, I'm not learning, and I think I pushed because I wanted to learn more, and I kept questioning, and the more I did that they more they pushed back and threatened and said if you don't do it our way then we're going to extend it."*

Attempts to resist the supervisor were met with a counter-reaction through heightened control and authority, threatening the trainee, and amplified the trainee's anxiety, resulting in withdrawal, avoidance or compliance

by trainees. Supervisors appeared to lack sufficient empathy and failed to provide adequate holding for trainees. Trainees' reluctance to report supervisors was possibly geared towards securing the supervisor's approval and admiration, and recurrent unconscious needs to please the supervisor, linked to trainees' own transference needs. Trainees are implicitly locked in a power struggle, and although there is resistance, trainees may have felt forced to submit because of their disempowered state. Part of the supervisor's "strategy" involved pathologising the trainee's behaviour to "enforce" submission. From the trainee's perspective, failing to submit could possibly constitute "career suicide" or result in other professional consequences as supervisors are seen as the ones who hold trainees' future in their hands. Thus, power and resistance appeared to be enacted through cycles of domination and submission.

7.6.2 SUPERORDINATE THEME 2: IMPACT ON SELF AND OTHER

This theme encompasses immediate and lasting effects of harmful supervision.

7.6.2.1 Immediate impact

Several immediate impacts were reported by trainees. Firstly, trainees reported feelings of *inadequacy and lingering self-doubt*. Despite their reportedly 'excellent' academic performance, trainees' professional confidence also appeared to have been negatively affected during their training which persisted long after its completion. Kylie's sense of incompetence appeared to be rooted in the supervision space and her overall internship experience which seemed to have eroded her professional confidence, leaving her feeling "brainless" about psychology. She states:

Kylie: *"I went into this supervision space, where I then felt completely incompetent. The whole experience to me was just... it made me feel incompetent, inadequate and like I didn't know anything about psychology ever!"*

Trainees' descriptions suggest that they contemplated leaving the profession altogether despite the difficulty they experienced in being selected into a Clinical Psychology Master's programme. Kylie's experience

suggests she felt robbed of her professional identity, which subsequently left her questioning her competence, fit for the profession and career choice. Kylie goes on to say:

Kylie: *“I couldn’t figure out who I was, it took my identity as a psychologist away completely. I didn’t feel like I should be a psychologist and it felt like everything that I was, not everything, not only everything that I did, but everything that I was, all my characteristics were not good enough to be a psychologist or not the right ones to be a psychologist and then you start questioning if you are doing the right thing or in the right profession and can I be this wrong for this profession that I’ve chosen and worked so hard to get in to? . I just felt like I was in the wrong space, I shouldn’t be there, I shouldn’t even do therapy... what the heck am I doing here?”*

Anna’s experience of supervision appeared to have affected her confidence with clients and diminished her desire to help others, which she described, inadvertently resulted in her becoming progressively more self-absorbed and less client-focused. Anna’s narrative below conveys her sense of loss of her therapeutic and empathic self, evident in the following excerpt:

Anna: *“It took a long time to try and rebuild my – my confidence and my passion for helping others. Most importantly, it kicked me right out... out of the frame of being patient or client centred and resulted in me being completely obsessed with me as a therapist. What am I doing? Will I get into trouble ...playing it on the safe side in terms of covering my own ass rather than focusing on what my patient really needs.”*

As mentioned previously, many trainees perceived their supervisor’s behaviour as intentionally abusive, and sadistic. Trainees reported feeling “broken” which appeared to stem from feeling that their competence and worth as professionals was questioned (see Ted, Appendix E2). A major impact for all trainees appeared to be the impact on their learning and development described as either negative learning or ineffective learning. Managing their immense anxiety levels was identified as the only learning that occurred.

Laura: *“I think that as a professional, in terms of continued professional development not very much learning took place.”*

Saskia: *“You know I wasn’t learning anything from this…”*

Some trainees reported escalating levels of anxiety, loss of trust, fear of supervision and authority figures.

Elle: *“So, I didn’t always go to her when I had a problem I… I was, I didn’t trust her.”*

A profound loss that emerged out of their descriptions of harmful experiences was the perception of the supervisory relationship as inauthentic and more importantly the alliance, as “forced”, “superficial”, “fake” and “non-existent”, suggestive of a pseudo-alliance, as illustrated below:

Ted: *“There was only alliance in the role that we were friends. There was no alliance in the role when she was my supervisor. I was the, this sounds so very harsh, I was the downtrodden slave.”*

Elle: *“With her specifically, um. No, it – it felt like a very fake relationship to be honest like a superficial relationship… I just, I don’t know how to pinpoint it other than – I just I couldn’t connect to her.”*

Some trainees reported personal, physical, emotional and severe psychological impacts. Symptoms consistent with a traumatic response to severe stress were described, such as hypervigilance, flashbacks, anxiety, avoidance, insomnia, and fear et cetera. Other trainees reported experiencing personal relationship difficulties, intimidation, an increase in smoking, headaches and frequent tearfulness which they attributed to their traumatic supervision experiences (See Appendix E2). One trainee compared her traumatic experience and damage to her psychological and emotional well-being to “*surviving a car crash*” (see Appendix E2).

One trainee in particular, experienced severe emotional and psychological distress. She reportedly experienced migraines, anxiety and depression that subsequently warranted psychotropic medication. She reported that she contemplated suicide suggestive of a maladaptive coping process. She also became extremely tearful during the interview as she recalled the impact her experience had on her, authenticating the lingering impact of the trauma she endured. Her experience essentially resulted in conflicting feelings. On the one hand, her narrative revealed an intense dread and apprehension of supervision and on the other,

as briefly alluded to previously; Anna had a profound, inherent need to please authority figures, like her supervisor. Her sense of feeling judged and humiliated is captured in the excerpt below:

Anna: [tearful] *“Obviously being so judged and humiliated week after week in front of my colleagues continued to create serious anxiety for me. I used to fear this specific day of the week and I used to feel serious anxiety on the days approaching the supervision. I also cried a hell of a lot after each session when my colleagues continuously consoled me. I was so stressed within that time frame that I went on anti-anxieties and anti-depressant medication to help me handle the stress as well as the migraines I continuously got. I even regretfully had suicidal ideation of driving myself into a car and at least be hurt or dead so that I never had to see her again [long sigh, tearful]. Long term it messed me up significantly.”*

7.6.2.2 Lasting effects

Several trainees reportedly developed a negative perception of supervision or all supervisors (Kim, Kylie, Elle, Ted); some reported (Ted, Anna, Ariana, Kylie, Kim, Nicky) impacts on their professional identity; while others appeared to mistrust authority figures (Kim, Anna, Elle). Kim’s intense dread of supervision long after her supervision experience was over is articulated below:

Kim: *“I started this new job about two months ago and they said I must go for supervision. And I was like fuck no, I’m not going for supervision.”*

For Kim, supervision was an activity to be avoided, suggesting that she did not perceive it as beneficial to her professional growth and development. Trainees became avoidant of supervision, following their internship, preferring instead to use alternate ways to obtain supervision, through peer groups and personal therapy. One trainee was distrustful and avoidant of supervisors who resembled his internship supervisor in terms of racial, religious and ethnic demographics. The excerpt below conveys the belief that Ted’s growth as a clinician regressed. Throughout his internship Ted appeared to have craved affirmation and acceptance and the impact of his experience leads him to question his professional identity and sense of belonging. He states:

Ted: *“If anything, I kind of regressed, the way I looked at myself in this sort of progression, almost as if I wonder if I belong here. I wondered if I belong. There was this, well if this doesn’t work out, there was that attitude there was this attitude I’d adopt, if this doesn’t work out then I really need to start thinking about what the fuck I’m going to do with my life.”*

Anna revealed that she placed unrealistic demands on herself, which stemmed from her own underlying fear of authority figures. This fear appeared to have been intensified by her harmful experiences which fed into her fear *“of having to do everything right”*, illustrating the impact it had on herself and on clients:

Anna: *“My fear of authority was a significant thing that I’ve still been battling with. Um the fear of having to do everything right and correct and by the book rather than considering your patient first, being very therapist centred rather than person centred. I have to admit that that still haunts me um...at this point...”*

Some trainees grew accustomed to being badgered by supervisors and found it difficult to integrate positive feedback due to an internalized sense of incompetence:

Elle: *“but my gut reaction is always, I’m going to hear something negative.”*

In Ariana’s case, as alluded to previously, her perception of her supervisor’s laissez-faire supervisory approach meant that supervision lacked the structure she needed. She appeared to attribute this to her supervisor’s lack of responsibility, approach to supervision and unavailability. Consequently, during her community service year she reportedly was unable to cope with basic day to day case management and reportedly felt inadequately prepared. This suggests a lingering effect on trainees’ professional development (See Appendix E2). Her experience appeared to be intensified by a sense of feeling alone and disillusioned, she states:

Ariana: *“I think I was feeling very alone. And very, very, very disillusioned. I think that – ja. ...I thought it might be ...be similar, just feeling exceptionally disillusioned and drained and wondering what is this job actually? – confused, ill equipped.”*

Ariana believed her expectations for learning and development were not met. Kim's persistent avoidance of and paranoia about supervision 2 years after her internship, suggests a post-traumatic stress response, indicative of the long-term effects of harmful supervision and confirmed the traumatic aspect inherent in harmful supervision experiences.

Despite the excessive impact and damage done to trainees, trainees appeared reluctant to report supervisors' harmful behaviour evidenced by Ted's words ("*...afraid she would turn the total devil on me*"). This suggests fear of further reprisal. Several other factors appeared to influence trainees' decision not to report their supervisors, such as fear of recrimination or other professional consequences, fear of not being believed or of further victimization, of the internship being extended, fear of loss of a favourable evaluation, fear of ongoing intimidation or loss of approval. Trainees also perceived little value in reporting the supervisor's harmful behaviour. By remaining silent, trainees were perhaps able to ensure successful completion of the internship. Thus, their non-disclosure appeared to have been a surreptitious self-protecting strategy.

Reluctance to report supervisors appeared to also be linked to trainees' needs for affirmation, a fear of being blamed or pathologised, of being voiceless or fear that nothing will be done about it, or the internship certificate not being signed off, illustrating their disempowered state, as Ariana states:

Ariana: *"I felt as though I was just a lowly intern. I felt voiceless during that time, um, I also was a bit anxious to speak up, because I had spoken up the previous year, when I was in Masters, and I hadn't had a good experience in that regard, um... During the time that I was an intern, there were a couple of people that I know, one of the interns that was, my now friend, she had to repeat her internship so she was in her like second internship and a couple of people had to repeat, so I didn't want to take that chance, so I just literally wanted to try and keep the peace, get through, not get into trouble."*

Ariana's (like Emma and Anna) remark that she did "*not want to get into trouble*" again suggests, a criminal-childlike positioning to the "parental" supervisor. Her fear of her internship being extended, like so many

interns before her, also appeared to deter her from reporting her supervisor. Here affirmation needs appear to be linked to needs to please the punitive “parental” figure, which may account for trainees’ reluctance to report supervisors.

The absence of a clear line of reporting and feeling unworthy of help was a significant deterrent for Anna (see Appendix E2) who appeared to have internalized negative affirmations of being a “*useless therapist*”, and like most of the trainees in this study, specifically Ted, she felt a pervasive sense of not being “good enough”. She seems to believe she deserved being traumatized by her supervisor and appeared to castigate herself. This trainee perceived herself as the “problem”, which could possibly be tied to her poor self-confidence, a phenomenon often encountered by novice interns or a possible break down of self-confidence due to her traumatic internship experience.

7.6.2.3 Positive outcomes

Participants highlighted few positive outcomes of their harmful supervision experiences. These included: increased resilience, self-awareness, knowing which behaviours to avoid, being mindful of firmer boundaries and using their negative experiences in a positive way in their own personal relationships (See Appendix E2).

In reflecting on the positive impacts on their personal relationship, trainees reported indirect positive effects. One trainee, Emma, who initially displaced her frustration onto her partner, reported that her relationship inadvertently became a holding space for all of her negative emotions, fostering a closer emotional connection with her partner. Kim and Kylie’s experiences appeared to suggest that positive outcomes emerged in their personal growth, for example, it promoted critical thinking, increased empathy, enhanced their ability to work with different personalities and created an awareness of having firmer boundaries (See Appendix, E2). Consequently, this appeared to have fostered better conflict management skills, improved self-awareness, better ethical practice, and increased their insight into the kind of practitioner they did not want to be (See Appendix E2).

7.6.3. SUPERORDINATE THEME 3: COPING PROCESS AS MEANS OF SELF PRESERVATION

7.6.3.1 Personal therapy, peer support and private supervision

Trainees utilized a range of different coping strategies to manage the consequences of their harmful experiences. Personal therapy, private supervision and peer support were described as a fundamental part of trainees' coping process, used largely to learn how to manage the "supervisor's behaviour". Ongoing, long-term therapy and peer support was described as an additional source of supervision which was considered more enriching than supervision itself. Trainees' descriptions suggest that therapy was used to learn coping skills to manage their supervisors' behaviour and was less about managing the challenges of internship or their personal and professional issues with clients. This possibly refers to trainees' insecurity and their felt sense of a lack of safety and containment, underscoring the detrimental effects of their harmful experiences. The internship symbolized something that needed to be "survived" and thus their coping process became a means of self-preservation. It could also possibly be linked to the ineffectiveness of supervision and trainees' expectations of supervision not being adequately met, as Anna states:

Anna: "Ja, I went to my own therapy...I mean internship in itself is challenging emotionally but I spent a lot of the time just learning how to handle her, how to manage her, how to talk to her, different ways of trying to reframe it in my mind so that I didn't have to experience the pain each time. So, it almost took away any opportunity in order for me to actually deal with the other stuff. It sort of overrode that completely and that didn't stop...Only after a long road of therapy and helping many clients using my own paradigm and not focusing on myself have I been able to get over this traumatic experience. I certainly did not do anything that she wouldn't want me to do and I think that's one of the coping, one of the other coping mechanisms that I actually did use at the time, ja."

Harmful supervision experiences appeared to have tainted trainees' perceptions about the usefulness and value of supervision as a tool of learning and as an opportunity to enrich clinical skills, which suggests a devaluing of supervision.

7.6.3.2 Strategic submission

Prominent purposeful coping strategies used by trainees included “strategic submission”, “reframing”, “compartmentalising” and “altered perceptions”. The use of *strategic submission* by some trainees entailed the use of compliance tactics such as *egocentric submission*, implying that trainees were purposeful in their use of submissive strategies. Trainees would thus at times indulge supervisors’ unethical behaviour (for example, Ted would tell his supervisor about his sexual life), possibly due to a covert secondary gain (a positive review, approval, avoidance of conflict). Trainees appeared to attach and strategically submit to the person in power. Implicit in this arrangement is perhaps the furtive secondary gain for each party. Ted’s words, “*She would like me and she would give me a good review*”, conveys that he was strategic in getting his needs met. Through this strategy the trainee indirectly gained power and validation. Compliance in some instances was strategic in the sense that it was engineered out of fear of further manipulation and abuse. It appeared to reinforce the supervisor’s omnipotence, rendering a false sense of power to the supervisor, for instance one trainee states:

Nicky: “*If I did anything contrary I felt like I would be critiqued, so I would, I really was on a complete mission to comply, ja, and to the extent that I used her words in therapy. So, I would even, fake and pretend like some things I don’t know just so I can keep on asking her questions, so she can teach me and she can be in the teaching role.*”

Nicky’s words, “*I was on a mission to comply*”, suggests that her strategy was an intentional means of avoiding criticism and turning attention away from her performance. A function of trainees’ strategic submission and forced compliance appeared to be *self-preservation* and *self-protection*. Nicky opted to use her supervisor’s exact words in therapy, perhaps as means of deflecting attention away from her skills, which may be linked to an internalized sense of self-doubt, incompetency and fear of negative judgement. To

counter this, Nicky seemed to adopt the obedient childlike stance evident in her need to obey her supervisor ('idealized parent').

Kylie chose to purposefully take on a "subservient" role while Emma appeared to cope by "*taking the path of least resistance*", denying any secondary gain related to compliance with her supervisor's requests.

Kylie: "Um so even before I had to go for supervision with her, um I was very apprehensive about doing so. Um and I thought with everything that I heard that I would just take the subservient role towards her."

In such cases this appeared to be a "forced compliance" that was used as a means of avoiding conflict (withdrawal rupture). For many trainees, forced compliance, rather than an overt show of resistance to the supervisor's demands, became the safer route to follow.

7.6.3.3 Reframing and compartmentalising

A few trainees appeared to have coped with their harmful supervision experiences by *reframing and compartmentalising* (See Appendix E2). Reframing was facilitated through personal therapy, which over time appeared to have allowed trainees to see it as part of a negative relational process, in addition to letting go of issues of self-blame and perceptions of inadequacy and incompetence.

Elle initially blamed herself. For example, she states: "*I thought maybe I'm projecting my own fears onto her, um and maybe you know, it's not her, maybe it's me.*" The awareness that her harmful experiences were possibly rooted in her supervisor's own transference appeared to have facilitated reframing of her harmful experience evident in her words: "*Um. That if it is a bad experience, [laughs] that maybe it's not about you...*" Thus, allowing her to conclude that her harmful experience was not exclusively her fault.

Another trainee reported that she found it easier to compartmentalize all of the negative affirmations from her supervisor as a means of coping with her self-doubt, a strategy she found particularly useful when in

therapy with a client, as it seemed to allow her to focus on her client and ‘shut out’ her supervisor’s negativity (See Appendix E2).

7.7 DISCUSSION

Recapitulation of superordinate themes and sub-themes
<p>1. HARMFUL SUPERVISION EXPERIENCES AS A MANIPULATIVE AND NEGATIVE RELATIONAL PROCESS</p> <ul style="list-style-type: none"> — Internship as Dizzying/ overwhelming: “You’ve got no choice but to fuck it up”. — Shame — Power and Omniscience
<p>2. IMPACT ON SELF AND OTHER</p> <ul style="list-style-type: none"> — Immediate impact — Lasting effects — Positive outcomes
<p>3. COPING PROCESS AS MEANS OF SELF-PRESERVATION</p> <ul style="list-style-type: none"> — Personal therapy, private supervision and peer support — Strategic submission — Reframing and compartmentalising

This study sought to explore trainee clinical psychologists’ experiences of harmful supervision using Interpretative Phenomenological analysis. Key themes, such as “*Internship as a dizzying/overwhelming experience*”, “*Power and omniscience*” and “*Shame*”, suggest that harmful supervision emerged as part of a negative relational process. This relational process appears best described as “a dance of power and resistance” (depicted in figure 2 below) that is enacted through cycles of domination and submission. Firstly, in this “dance”, it appears that a negative relational process evolves out of the supervisor’s misuse of power and trainees’ efforts to manage insecurities or vulnerabilities. Within this process the dynamic oscillates

between (supervisor) *power* and (trainee) *resistance*. Secondly, harmful supervision appears to be an enactment of the supervisor's dominance (and control), which may possibly be linked to their own perceived omnipotence and narcissism, which appears reinforced and reclaimed through the trainee's (forced) compliance and submission. The underlying dynamics here are needs for *power/domination* and a "show" of *compliance*, by the trainee - a strategic submissive strategy linked to self-preservation. In effect, this sets off a negative relational process that leads to the formation of an inauthentic or 'pseudo' alliance. Each of these propositions are discussed in detail below and linked to empirical research and relevant theory as outlined in Chapter 2.

7.7.1 A dance of power and resistance

Trainees' narratives convey the sense that within an evaluative, hierarchical supervisory relationship, supervisors project an image of being "all powerful" and "omniscient" (See sub-theme 7.6.1.3) vis à vis trainees who, owing to limited experience and knowledge, feel vulnerable, intensely anxious, insecure and powerless. Supervisors are perceived to engage in "purposeful" misuse of power and authority, and are described as having unrealistic expectations, unclear goals and allocating excessive workloads, intended to overwhelm and disorientate trainees. Alongside this, was the perception of overly harsh and relentlessly critical supervisors and that trainees were targeted and purposely set up to fail.

This amplifies the trainee's already existing high levels of anxiety as fears of being perceived as incompetent incurring feelings of self-doubt become a hotbed for trainee shame, creating confusion and defensiveness in them (See Sub-theme 7.6.1.2 on Shame). Trainees' attempts to challenge supervisors' views clarify or address concerns, appear to be misconstrued as defiance, resistance or challenging the supervisor's authority. The supervisor in turn, counter-reacts to the trainee's anxious "acting out". This results in the supervisor heightening control, evident in trainees' narratives of supervisors' who surreptitiously 'sway the

rest of the team' and undermine trainees' authorship of experience. This leads to the supervisor losing sight of the trainee's unique, authored and privileged experience. For instance, trainees' narratives suggest that their conceptualisation of clients were often undermined (see 7.6.1.3.3) and disagreeing with the supervisor was perceived as "going to war".

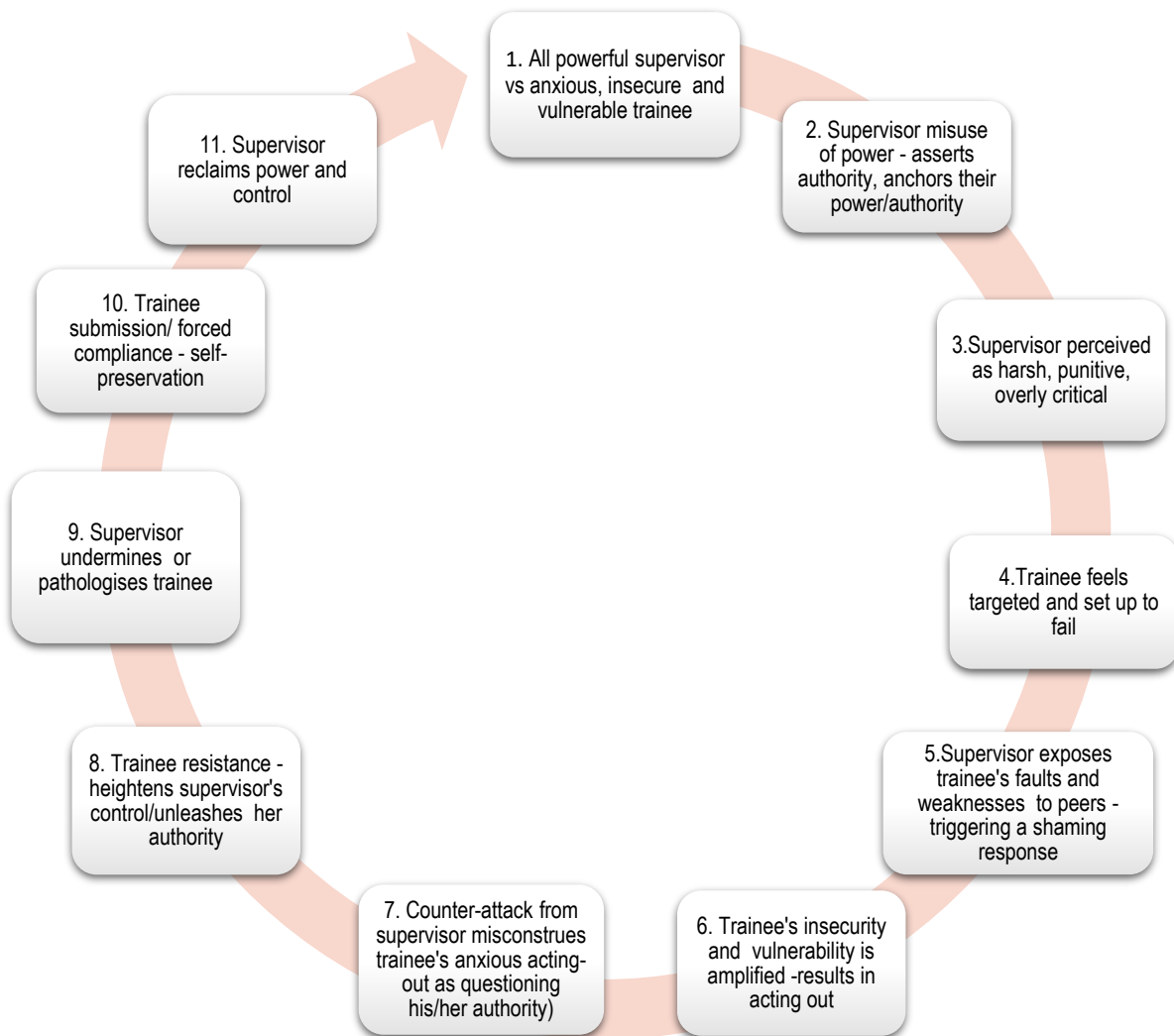


Figure 2: A dance of power and resistance

Consequently, the supervisor undermines the trainee through pathologising (see sub-theme 7.6.1.3.4). From a developmental perspective, undermining trainee's authorship of experience suggests supervisees may have felt discouraged from being independent or did not develop insight into client dynamics and experienced

decreased confidence in their own treatment plans. This goes against the developmental trajectory anticipated and advocated by the IDM, perhaps highlighting the model's aspirational significance.

Supervisors appear to use their power to repeatedly threaten, intimidate and expose the trainee as being incompetent, a shaming "strategy" possibly used to enforce submission. Fear of further reprisal, conflict or repeated future attacks compels the trainee to submit to the supervisor's power and domination to reduce anxiety and ensure self-preservation. In this way the supervisor reclaims power and control. The supervisor's misuse of power also reflects the punitive quality of the supervisor's actions and suggests that sometimes supervisors possibly have their own preconceptions of supervisees that they constantly want to prove right. Thus, harmful supervision is conceptualised as a cyclical relational process as illustrated in Figure 2.

7.7.2 Factors exacerbating trainees' experiences of harmful supervision

As indicated in the findings, trainees' experiences of unrealistic expectations, unclear goals and heavy workloads, along with the belief that they were set up to fail, lead to the experience of supervision as an overwhelming, dizzying state.

Trainees reported several experiences that appeared to have exacerbated or 'tipped the balance' into harmful supervision. This appears to have amplified trainees' existing anxiety, propelling them into a hyper anxious state. These included reports of microaggressions, countertransference, a lack of safety, dual relationships and transgression of boundaries, consistent with harmful experiences reported in the literature (Ellis et al., 2014, 2015; 2017). Results also appear to suggest that regardless of trainees' developmental level, when supervision becomes harmful, trainees may experience a resurgence of anxiety which amplifies their needs for support and structure.

Trainees' narratives (specifically in superordinate theme 1) convey the sense that supervisors' behaviour and management of trainees are consistent with the misuse of power, and the use of bullying and intimidation

tactics, which may be an enactment of supervisors' own frustrations, anxieties and insecurities (Kerzner, 2013). Both supervisor and supervisee may have enacted aspects of their relationships with others or the organisation within which supervision takes place (Frawley O' Dea & Sarnat, 2001). It may be the case that supervisors defend against their own inherent insecurities and anxiety in the supervisory role, by displacing disowned inadequacies, anxieties/insecurities onto trainees through excessive fault finding, or nit picking, which in turn, perpetuates trainees' vulnerability. Notwithstanding this, normal strains and stresses of internship, such as heavy caseloads, high anxiety and the possibility of training or developmental inadequacies, trainee impairment and incompetence may have also contributed to trainees' experiences of harmful supervision and thus should also be taken into consideration.

Some trainees perceived their supervisor's "narcissistic" personality and interpersonal style, as central to their harmful experience. While it is relatively unsurprising that interpersonal behaviour and style, lack of investment in supervision, the receipt of inadequate supervision, microaggressions, ethical issues or countertransference reactions, were common aspects of trainees' experiences, what is interesting is how they appear tied to disowned aspects of supervisors' insecurities, inadequacies, beliefs, and anxiety which appears to be re-enacted in the supervisory space.

These findings also suggest that supervisors failed to meet four of the six core competencies outlined in the CBM (knowledge, skills, values, social context), as discussed in Chapter 2. Trainee's narratives suggest that supervisors were perceived as lacking adequate knowledge and skills of the area being supervised, evident in their inability to build an alliance with trainees. Additionally, supervisors appear to lack the 'values' necessary for competent supervision, as trainees' reports reveal a lack of respect toward trainees which appeared to disempower the trainee as opposed to valuing empowerment.

A common finding in this study was the enactment of supervisor transference and trainee countertransference (see 7.6.1.1.2). From a psychodynamic perspective, perceptions of the supervisor as “punitive”, “rigid” and hostile”, are in keeping with negative transference (Nellis, Redivo, & Way, 2011). It may be the case that when supervisors are unable to tolerate their own limitations, the trainee is hooked through their shaming response, into the supervisor’s transference.

Descriptions of supervisors alleged unethical behaviour such as (i) lying about a trainee in a ward round, (ii) gossiping about or laughing about patients, (iii) asking a trainee intimate details about his/her personal life, (iv) missing or not scheduling supervision sessions, and (v) providing inadequate supervision, led to the perception that some supervisors were not particularly professional. This further suggests that supervisors were not attuned to trainees needs. A lack of attunement results in uncontained insecurities being amplified, reacted to, and scapegoated. Findings suggest that it was the perception of deliberately exploiting trainees’ vulnerability that separates ordinary “overwhelming” experiences from harmful experiences.

Consistent with findings reported by Mackenzie et al. (2017), failure on the trainee’s part to report supervisors appears to be linked to fear of further reprisal, or victimization, a negative review or the extension of their internship. Trainees’ attempts to address their supervisor’s unethical behaviour were dismissed, suggesting that supervisors protect each other, while trainee’s past experiences of fellow colleagues being extended, resulted in some trainees feeling “voiceless” and afraid of reporting supervisors. This may stem from an awareness of their disempowered positions as trainees. The absence of a clear line of reporting and supervisors who were protective of one another (See Appendix E2) also appeared to have deterred trainees. This suggests a lack of appropriate institutional policies that clearly define trainees’ rights and responsibilities, or how trainees may seek support or report supervisors who are harmful (Mackenzie et al., 2017).

In a recent study on harmful supervision, reaction authors cogently argued that harmful supervision is systemic and that internship training sites may contribute to the problem of harmful supervision by

perpetuating the power imbalance (Ammirati & Kaslow, 2017; Beddoe, 2017; Reiser & Milner, 2017). The authors further contend that internship training sites fail to construct a system of checks and balances that could potentially protect supervisees. Findings of this study support the view that supervisees' fears may stem from their "position in the hierarchy and a lack of a chain of command, accountability and support that would allow the supervisee and/or other professionals at these agencies to feel empowered to speak out" (Mackenzie et al., 2017, p. 132).

7.7.3 Power, shame, and harmful supervision

Findings in this study importantly suggest that harmful supervision emerged from manipulation of the power differential and misuse of power, evident in narratives that suggest trainees' "bad" attributes were magnified and strengths were minimized. Trainees unintentionally became embroiled in a perpetual power struggle with supervisors, which appear to be endemic to the phenomena of harmful supervision. For instance, trainees were pathologized and shamed; both these "strategies" are reminiscent of undermining tactics.

Shame emerged in response to the supervision process and being exposed in front of peers as "incompetent", "stupid" and "useless". Notably it was the exposing of trainees in front of colleagues that appeared to have led to intense feelings of humiliation, trainees questioning their professional identities and 'fit for the profession'. Consistent with findings of this study, Bernard and Goodyear (2009) maintain that experiences of shame have the potential to disrupt alliance formation and influence conflict, resulting in avoidance, resistance (Glickhauf-Hughes, 1994) or withdrawal and attacks on self or others.

Instead of exploring issues with trainees directly, pathologising trainees appears to be a means of "psychologically trapping the trainee" (Kron & Yerushalmi, 2000; Ladany, 2013, p. 1096), reinforcing trainee shame. This may also explain why trainees were reluctant to report supervisors. According to Mackenzie et al. (2017), discomfort in speaking up about unsettling experiences of negative supervision may stem from

the shame experienced. Trainees' fear of speaking up about their experiences of internship may also be linked to systemic issues and supports the view that "harmful supervision does not occur in isolation" (Mackenzie et al., 2017 p. 131). Findings concur that this has a lingering effect, encourages resistance, is potentially destructive to the trainee's professional development and weakens the supervisory relationship (Ladany, 2013).

Dual roles and transgression of boundaries means that some trainees may have engaged in intentional self-disclosure which appeared to be a self-protection strategy aimed at hiding deficits in knowledge and avoiding feelings of shame associated with "not knowing". Kadushin (1968) refers to this as one of the games supervisees play. For instance, in the game of self-disclosure, the supervisee would rather expose himself/herself instead of their counselling skills. Some trainees believed that their supervisors had a strong need to upstage them (an undermining tactic), which appears to have reinforced the notion of the omniscient supervisor as the one "who knows" and has greater expertise and knowledge than the trainee, "who does not know". This led to shaming trainees for "not knowing" and may have been seen as supervisors acting punitively and with malice (see Appendix E2). This also suggests that supervisors in this study failed to adhere to the basic principles underlying the competency-based supervision model. In other words, it appears that supervisors tended to focus less on building on and recognising the supervisee's strengths and talents and focused more on emphasizing their weaknesses. In addition, instead of providing supervision that encourages self-efficacy, supervisors in the present study appear to undermine it (Falender & Shafranske, 2004).

Elle's words ... "*you're constantly trying to adapt to whoever's in charge of your life*" (Appendix E2) convey a sense of being subjugated or under the control of the supervisor and an implicit expectation to act in accordance with their demands. According to Hawthorn (1975) one of the games of power supervisors play, is, "*Remember who's Boss*". In this way, trainees are disempowered by being made implicitly aware of their

position in the hierarchy. Findings in this study also concur that the “supervisor’s evaluative power and gatekeeping function evidently contributes to the unequal status between the supervisor and the trainee” (Chen & Bernstein, 2000, p. 486) but appear to be perpetuated when there is an intentional and manipulative misuse of power (Mackenzie et al., 2017). According to the literature, relationally aware supervisors are cognizant of their power and authority and actively seek to authorize and repeatedly reauthorize their power and authority in negotiation with the supervisee, which appears lacking in this study (Frawley-O’ Dea & Sarnat, 2001). In terms of relational theory, supervisors’ misuse of power described in the present study, suggests that supervisors were not relationally aware.

Trainees also grew accustomed to being badgered and shamed for not meeting the supervisor’s standards for perfection. As a consequence of unremitting negative affirmations, trainees appeared to struggle with integrating positive feedback and experienced negative learning. Repeating the supervisor’s words in therapy out of fear of “getting it wrong”, is in keeping with compliance and oppressive tactics. I return to this further in the discussion.

7.7.4 THE IMPACT OF HARMFUL SUPERVISION

Findings of this study suggest that trainees’ harmful supervision experiences led to several damaging and traumatic emotional, psychological and physical consequences for the trainee as a result of their harmful experiences. Each of these is discussed below.

7.7.4.1 Psychological distress and harmful supervision

Trainees reported intense emotional distress as a direct result of their harmful supervision experiences, such as anxiety, depression, hypervigilance and avoidance suggestive of a post-traumatic like state along with intense emotional reactions. One trainee’s report of active suicidal ideation appears to have been triggered

by the relentless badgering she experienced from her supervisor. These findings confirm that harmful supervision traumatises trainees and potentially pushes normal functioning trainees, “over the edge”.

Self-blame, a sense of disillusionment and excessive apprehension upon thinking about or entering supervision were also commonly encountered which served to oppress trainees further (See superordinate theme 3). MacKenzie et al. (2017) commented that trainees in a study on harmful supervision had internalised self-blame and reasoned that self-blame is consistent with victim blaming that takes on a “supervisor protective approach”. According to the authors, in this approach, the threshold for establishing proof differs and from a legal context, the burden of proof lies with the supervisee, which they contend further victimizes the supervisee.

Trainees also reported that their chronic stress spilled over into their personal relationships. Physical impacts included frequent headaches, migraines, and increased smoking. Similar chronic impacts were reported by others (Ammirati & Kaslow, 2017).

7.7.4.2 Loss of trust, pseudo alliance and harmful supervision

Trainees’ reports of “ongoing traumatic experiences” with supervisors resulted in a loss of trust in supervisors (even supervisors who had not harmed them) and an avoidance of supervision. This resulted in trainees questioning the usefulness of supervision (evident in superordinate theme 2 – Impact on self and others). Perceptions of ethical violations, lack of support and empathic attunement, conflict or disagreements at the outset of their training, set in motion a negative relational process, potentially weakening or sabotaging the formation of an authentic alliance. Findings are consistent with qualities of ineffective supervisors identified by Watkins’ (1993) Supervisor Complexity Model (SCM). These include being intolerant, non-empathic and discouraging towards the supervisee that appears to negatively affect the alliance.

One of the primary supervision skills for strengthening the alliance is empathy (Ladany, 2014). Trainee's perceptions of a "fake" and superficial alliance along with the perception that supervisors lacked empathy, and perceptions of outright abuse, appear to be linked to trainees' perceptions of a poor emotional bond or "pseudo-alliance".

Trainees' needs for clear expectations and goals were purportedly ignored, which might have intensified trainee anxiety and ambiguity about the learning process. Notably, there appears to have been a lack of collaboration and clarity in regard to the goals and tasks of supervision, which affected the quality of the alliance (Bordin, 1983) and trainee learning. Developmentally, according to the IDM, supervisors might have ignored trainees' needs for structure and support. When this occurs, trainee learning is hampered and the potential for a breakdown in the alliance increases. This further suggests a lack of clear communication or insufficient role induction. From trainees' descriptions it seems they were left feeling confused and with no clear sense of what supervisors actually expected of them or how to prepare for supervision. It might also point to an absence of a supervision contract, an aspect Bordin (1983) considered to be fundamental to the working alliance.

7.7.4.3 Thoughts about leaving the profession

Trainees' experiences of harmful supervision appeared to have encouraged thoughts about leaving the profession and becoming increasingly disillusioned with the Psychology profession. Trainees appeared to question their fit for the profession and were confused about whether they were on the right career path. These findings are consistent with the consequences and implications of harmful supervision reported by others (Anonymous, 1991; MacKenzie, et al., 2017; Nelson & Friedlander; 2001; Ramos-Sánchez et al., 2002).

7.7.4.4 Unmet needs

Trainees' narratives revealed several unmet needs that exacerbated their harmful supervision experience. In addition, trainees' reports suggest a need for supervisors to set explicit boundaries and to avoid dual roles (see superordinate theme 1). Understandably, multiple roles within the same relationship create anxiety and confusion for the trainee (Kitchener, 1988). Role conflict and role ambiguity appeared to have characterized a greater part of trainees' unmet needs resulting in the dizzying/overwhelmed and confused state alluded to previously.

Trainees also reported needs for flexibility, an open-door policy, structure, support, warmth, respect, guidance, empathy, collegiality, understanding and patience. This suggests that supervisors might have been unable to identify trainees' developmental stage and hence were unable to provide appropriate feedback, support, and structure relevant to the trainee's current stage of development (Smith, 2009). Notably, in support of this view, a larger majority of supervisors in Study 3 reportedly did not make use of a supervision model. These findings are consistent with findings of Study 2 in relation to the significant association between harmful supervision and a low Attractive supervisory style, a weak bond, role conflict, role ambiguity and negative supervision. Additionally, a perceived lack of supervisor support, trust and neglect of supervisory responsibilities and supervisors construed as uninvested is consistent with findings reported by others (Beddoe, 2017; Ellis et al., 2014; Mackenzie et al., 2017; Ramos-Sánchez et al., 2002). Trainees' narratives regarding their unmet needs, experiences of inadequate supervision and negative learning further suggest that the eight goals recommended by Bordin (1983) that supervisees should seek during their training, were not achieved (See Chapter 2, p. 26).

The implication of unclear expectations is that supervisors themselves may be unclear, which could point to a lack of communication between members of the supervision team, confusion about what is expected, lack

of clarity regarding the supervisory role or what is meant to happen in supervision. This might have reinforced the notion that supervisors lacked investment in supervision. In terms of Frawley O' Dea and Sarnat's (2001) relational model, dimension 3 focuses on the divergent roles of the supervisor, as didactic teacher, expert, as self-object, and as a container for the trainee's projections, identifications or affects. Findings of this study importantly suggest that supervisors failed in their didactic, expert and teacher roles. This view is substantiated by trainees' descriptions of inadequate supervision and supervisors who lacked adequate knowledge.

The lack of training and experience among supervisors could have possibly created anxiety in the supervisor who might have constantly changed expectations related to their own insecurity. Recent findings that emerged in a study by Singh-Pillay (2016) confirm that supervisors' perceived lack of power and control at the beginning of supervision was related to their reluctance to supervise, which may explain supervisors' lack of investment in supervision reported in the present study.

7.7.4.5. Learning, professional development and harmful supervision

A major impact described by trainees was the loss of the opportunity to learn during internship and instead the "negative" learning that occurred appeared to have impeded trainees' growth and professional development. As mentioned previously, in line with the IDM, supervisors who fail to provide sufficient structure and support to trainees, jeopardise trainee learning, and compromise the alliance. Professionally, this appears to have led to lingering self-doubt, loss of professional confidence and feelings of incompetence that trainees reportedly experienced during their internship and after the internship was over. For some trainees, the long-term implications of their training deficits reportedly became evident during their community service year. Similarly, in a study by Wulf and Nelson (2001), pre-doctoral trainees reported that invested,

affirming supervisors contributed to positive trainee growth, whereas critical, non-confirming supervisors caused significant emotional and developmental difficulty for trainees.

Similarly, Mackenzie et al. (2017) found that substantial personal and professional self-doubt was prompted by harmful supervision. Aside from supervisor ineptness or inadequacy, trainees' reports of amplified anxiety and resultant trauma instigated by the supervisor's behaviour, appears to have obstructed their learning. In terms of trainees' developmental needs, it appears supervisors failed to foster trainees' professional identity.

From trainees' narratives, it appears their fear of authority figures, experiences of shame and trauma meant that therapy with clients suffered, as trainees tended to focus more on their own psychological distress. Similar findings have been reported by others, for instance, ridicule and condemnation, as well as questioning their own perception of events was a common encounter reported by Ellis et al. (2017) and Mackenzie et al. (2017). Trainees in the present study also appear to have internalised their supervisor's harsh criticisms and in turn became self-denigrating, which led to some trainees questioning whether they were good enough for the psychology profession. Others have reported similar consequences (Ammirati & Kaslow, 2017).

7.7.4.6 Positive outcomes and harmful supervision

Trainees reported positive outcomes such as resilience, empathy, self-awareness, becoming aware of having firmer boundaries and knowing how not to be as a supervisor, supporting the view that harmful supervision, could possibly also lead to positive impacts on personal and professional functioning (Nelson & Friedlander, 2001). It is unfortunate that this came at the expense of trainees' mental health and some cases, their professional development. Similarly, Beddoe (2017) maintains that the experience of harmful supervision is an "unacceptable route to learning professional resilience" (p. 99).

7.7.5 RELATIONAL PERSPECTIVES OF HARMFUL SUPERVISION

7.7.5.1 Self-Preservation and harmful supervision: Supervisee False-self-relating as a coping process

Trainees' narratives suggest the use of strategic submissive strategies linked to self-preservation evident in their "coping process". To ensure self-preservation, it appears that trainees positioned themselves in two important ways: through *submission* and/or through *emulating* the supervisor. Both these elements can be usefully explained using Winnicott's (1965) concept of *False self-relating* which is further delineated using Sullivan's concepts of *security operations* and the *self-system* (discussed in Chapter 2).

As discussed in Chapter 2, the *False self* or "caretaker self" is defined by Winnicott (1965) as that part of the self that is kept hidden and protects the *True self* from impingements. Within the supervisory relationship these impingements may encompass repeated exposure to a hostile, harsh and punitive relational style and unremitting critical feedback by the supervisor. Thus, a defensive function of the *False self* is to hide, protect and defend the *True self*, from pain, rejection, abandonment and annihilation, which it does by "compliance with environmental demands" (Winnicott, 1960a, p. 146-147). However, the existence of the *False self*, "results in a sense of unreality or futility" (Winnicott, 1971, p. 148). This occurred in different ways as explicated below.

Firstly, trainees' reports insightfully reveal "purposeful" and intentional use of "submissive" strategies. Trainees demonstrated a type of *False self-relatedness* (Winnicott, 1965) that served to protect trainees from ongoing conflict and negative interactions with the supervisor. Thus, in line with Winnicott's (1965), conceptualisation of False self-relating, trainees strategically developed submissive, *False self-strategies*, evident in their reports of "*taking the path of least resistance*" or assuming "*a submissive role*" and "*being on a mission to comply*" (discussed in superordinate theme 3). In some instances, this carried a degree of furtive secondary gain by allowing trainees to obtain a positive review, approval and validation. For instance, Ted

attempts to ensure a positive review from his supervisor, by tacitly colluding with her, inadvertently securing her approval while satisfying his needs for belonging and acceptance.

As mentioned above, *False* self-relatedness emerges as a response to protect the self from unremitting conflict, criticism, and out of fear of appearing inadequate, in turn, protecting the self from further exploitation by the supervisor. This is consistent with Liddle's (1994) views, that self-protection is the primary goal in which the supervisee guards against some perceived threat. Also, in line with Liddle's (1994) thinking, submission is also part of a strategic '*game*' that trainees play as a form of resistance. For instance, as part of their self-protective strategy, it appears some trainees strategically pretended to '*not know*' by asking the supervisor questions, giving off the impression that the supervisor had all the answers. In this way trainees reinforced the supervisor's omniscience. This possibly served as a means of protecting themselves from further negative interactions. In so doing, trainees were perhaps able to 'please' authority figures and gain their supervisor's approval while hiding their feelings of anger, frustration and resentment toward the supervisor (the True self).

Still further, such surreptitious interactions may also serve to turn attention away from the trainee and their perceived deficits in knowledge in order to appear "good enough". In the context of negative supervision, the above (protection, resistance and diversion) might be understood to be an attempt to disengage from destructive power dynamics. In doing so, however, the trainee retreats from authentic engagement with the supervisor. The relational process described above appears to be similar to what Safran and Muran (2000b), have termed a 'withdrawal rupture'. However, if addressed, these ruptures do not always have a negative outcome (Benjamin, 2006; Safran & Muran 2000b).

The second way in which *False* self-relating appears to manifest is through compliance by emulating the supervisor, for example, by using his/her exact words in therapy, or doing exactly as they are told to do with

clients. In this way trainees ensured compliance with the supervisor's authority. Both these relational positions bring about different elements of *False* self-relating. From a relational perspective, submission functions to protect the trainee from the supervisor's disapproval and further reprisal while emulating the supervisor, functions to preserve the supervisor's perceived narcissism and omniscience and suggests trainees did not have an independent mind of their own. Trainees thus appear to relinquish authentic use of the self in the clinical situation, by subjugating their subjectivity (Shaw, 2014).

Although this is part of a developmental process wherein novice counsellors and therapists emulate their trainers, supervisors or individual therapists, and rigidly use the techniques and methods (or exact words) they are taught (Rønnestad & Skovholt, 2003; Stoltenberg, 1981), it appears that in harmful supervision, this process is *arrested* and becomes a defensive rather than developmental process.

Additionally, trainees who engaged in compliance as a means of self-preservation, appeared to set up a 'false' relationship within supervision which speaks to the "superficial" alliance alluded to earlier, by trainees. The above is consistent with Glasser's (1992) views that False self defensive functioning and the subsequent compliance is a "narcissistic act of self-preservation" (p. 497).

Sullivan's (1953) Interpersonal theory (discussed in Chapter 2) appears to help further delineate the dynamics of False-self relating discussed above, particularly his understanding of self-states - the '*good me*', '*bad me*' and '*not me*'. In particular, it appears that Winnicott's (1965) concept of False Self relating discussed above, can be linked to Sullivan's 'bad me' and 'not me' self-states. To recapitulate, Sullivan's theory applied to the supervisory relationship proposes an explanation of anxiety, the self-system and self-esteem. Security operations are important for understanding strategies (e.g. strategic submission) that the supervisee uses to reduce anxiety and enhance security. "Security" in the context of harmful supervision, implies trainees upholding good impressions of themselves in their supervisor's eyes, in addition, to securing a positive review

of their performance. In doing so, trainees are able to defend against anxiety and reinforce or safeguard their self-esteem.

Sullivan's '*good me*', is related to self-esteem and what we mean when we address ourselves as "I" and represents everything people like about themselves and share with others (Sullivan, 1953). The '*bad me*' grows out of experiences of punishment and disapproval, representing those aspects of the self that are negative and hidden from both the self and others. The '*not me*' results from anxiety provoking experiences that invoke security operations (Sullivan's term for defence mechanisms) against unknown, repressed components of the self that may become dissociated from the self to form the '*not me*'.

In line with Sullivan's theory, it appears that trainees' hypersensitivity to criticism and acute awareness of getting things wrong in the supervisor's eyes (1953), sets up a sensitivity to '*bad me*' states. From this point of view, the supervisor's unremitting criticism amplifies the trainees *bad me* states in the room. When this becomes unbearable or feels damaging, *False self* relating (submission/emulation) is used in an attempt to counter '*bad me*' states. What follows amounts to the emulation of a '*good me*' state (what they imagine in the supervisor's eyes will be good and acceptable). For instance, Ted in particular, shared personal details of his private life with his supervisor. In line with Sullivan's (1953) theory, his need to impress his supervisor appears to have been tied up with attempts to restore his '*good me*', and an inherent need for her approval. Similarly, emulating their supervisors and complying with their demands is an attempt to restore their '*good me*' states, suggesting that trainees aspire to approximate a '*good me*' state. Importantly, however, although attempts are made to restore '*good me*' states, based on the trainee's experiences, the trainee finds him/herself in the throes of a '*not me*' state provoking further defensive measures (or security operations, in Sullivan's terms) such as *dissociation*. This is evident in trainees acting in ways that are dissonant with themselves, for instance in emulating their supervisors and repeating their supervisors' words in therapy with clients or pretending not to know in order to reinforce their supervisors' omniscience.

Trainees 'bad me' is evident in several of their experiences. For instance, some trainees resorted to self-blame or questioned their perceptions of harmful events, while others were self denigrating or felt flawed, which may have contributed to their reluctance to report supervisors. This is consistent with Sullivan's (1953) security operation of *selective inattention*. In other words, trainees preferred to remain silent because publicly disclosing their supervisors' faults, whom they also secretly idealized, would bring about 'bad me' states. Hence, disclosing their faults in confidence to a therapist preserves the trainee's silence ultimately ensuring the 'bad me' (speaking up) is kept hidden. Reinforcing trainees' sense of 'bad me' is the supervisor's critical, abusive and punitive behaviour and the expectation to be seen as 'experts' in the supervisor's eyes. When trainees are publicly shamed, it brings about feelings of rejection, disapproval and punishment, possibly tied to "not knowing" and being seen as not as 'good' as their peers possibly perpetuating their own sense of not being good enough. It is possible, that shame underlies their 'bad me' state and may have resulted in trainees' deriding themselves evident in their feelings of humiliation and subsequently questioning their fit for the profession. Consistent with Sullivan's theory (1953), these instances reflect a manifestation of a 'bad me' state, related to an internalised sense of being "bad" or not "good enough". Thus, rejected parts of the self are considered 'bad' which is split off to form a 'not me' state. Hence, trainees appear to be caught up in a cycle of 'bad me' self-states, while aspiring to restore the 'good me'. In other words, trainees aspire to a 'good me' state so that they can address the unbearable feelings of 'bad me'. This might explain the self-blame alluded to above.

Sullivan (1953), believed that the 'not-me' personification is kept out of awareness by pushing it deep into the unconscious. Trainees experienced intense anxiety which they attempted to ward off by adopting strategies such as mimicking the supervisor and being compliant. Similarly, as pointed out previously, emulating or copying their supervisor's behaviour in sessions results in trainees dissociating from their own authored experience of clients and instead pushes them into a 'not me' state. In other words, trainees

experience dissonance when they mimic the supervisor which represents part of the trainee's 'not me' state. Thus, although compliance and submission were two defensive strategies intended to ensure survival and a positive review, it appears to force trainees into a 'not me' state, leading to feelings of inauthenticity with clients and loss of identity.

7.7.5.2 Implications of Sullivan's and Winnicott's theories

Winnicott's and Sullivan's theories appear to usefully highlight internal and relational dynamics linked to managing harmful supervision and False self-relatedness. It further highlights how trainees set up a false set of relationships which may have other implications for self-disclosure in supervision and the working alliance. Still further, as discussed above, high levels of anxiety bring on 'not me' states. Consequently, an implication of high anxiety is that most, if not all, learning is impeded (Sullivan, 1953). Finally, False self-relating has the potential to negatively impact the therapeutic process with clients, as trainees feel they are not authentic with their clients if they are emulating or copying their supervisor's behaviour in sessions with clients. Thus, there appears to be a transfer of inauthentic relatedness ('not me') into their sessions with clients.

7.7.5.3 Relational dynamics of power and mutuality in harmful supervision

The supervisory alliance is a core component of a collaborative, mutual relationship and is fundamental to understanding the others' subjectivity. Benjamin's theories of Intersubjectivity and Mutual recognition appears useful in understanding harmful supervision because of the various factors that disrupts the trainee's and supervisor's ability to engage in collaborative, mutual relating. A core part of the alliance is its qualities of *intersubjectivity* and the sharing of *mutual* experiences.

Benjamin's (1990) theories of mutual recognition and intersubjectivity, was used to understand the different relational processes within harmful supervision that counter a productive supervisory relationship.

Recognition is a key term in Benjamin's theory of Intersubjectivity. As discussed in Chapter 2, Benjamin (1995) considers intersubjectivity to be a developmental achievement that occurs through "a relationship determined by mutual recognition" (p. 2). Intersubjectivity theory sees the relational process as occurring *between* individuals as opposed to *within* individuals (Benjamin, 1990). For Benjamin (1995), the process of recognition is also a reciprocal one.

Theoretically, when applied to the supervision context, this means that just as the supervisor's recognition is a source for the trainee's sense of agency, likewise, the supervisor may also be dependant to some extent on the trainee's recognition. Thus, her theory emphasises the possible reciprocal and mutual processes that unfold in supervision. Although mutual influence refers to the bi-directional influence between supervisor and trainee, it is not associated with *equal* influence and does not deny the fact that the nature of the supervisory relationship is essentially asymmetrical (Benjamin, 1995). Frawley O' Dea and Sarnat (2001) maintain that the trainee and supervisor each contribute to the other's behaviour in different ways. Omnipotence may arise when either the trainee or supervisor come across a new situation perceived to threaten their sense of control (Benjamin, 1988).

Some trainees held the perception that their supervisor's behaviour emanated from their narcissistic personality organisation, suggesting that some supervisors might have lacked the capacity for intersubjective relating (Mahoney, Rickspoone, & Hull, 2016). Thus, supervisors' relational strategies often resulted in a narcissistic compulsion to control and dominate in a way that suggests a need to relate within the confines of a domination-submission complementarity in their relationships (Mahoney et al., 2016). Reports of the supervisor's manner of approach (punitive, harsh, hostile, lacking in empathy), suggests that such experiences appear to be highly disruptive to intersubjective relating (Mahoney et al., 2016). This includes impacts on trainees' learning and development, undermining trainees' authorship, pathologising trainees, as well as amplifying their mistakes.

When trainee's *authorship of experience* is undermined (see sub-theme 7.6.1.3.3), it results in suppression of the trainee's subjectivity (Shaw, 2014). From a relational theory standpoint, undermining the trainee's authorship of experience implies that supervisors positioned themselves in the role of 'expert', reinforcing the power differential and their dominant role in the relationship (Frawley-O' Dea & Sarnat, 2001). Similarly, in terms of pathologising trainees, the supervisor as 'involved expert', appears to make the mistake of focusing exclusively on the trainee's dynamics as opposed to also including a focus on the patient's dynamics. Accordingly, the supervisor appears to lose sight of focusing attention on the supervisory relationship (Frawley O' Dea & Sarnat, 2001). As discussed in Chapter 2, this relates to dimension 1 as outlined by Frawley O' Dea and Sarnat's (2001) relational model of supervision.

The alternative to intersubjective recognition is complementarity (Benjamin, 2004). Benjamin's notion of '*Split complementarity*' (as discussed in Chapter 2) was used to understand the domination-submission dynamics of the supervisor-supervisee relationship using her concept of "doer-done to" relations. When the supervisor and supervisee relate in this mode, each person insists on the hegemony of their own subjectivity, each believing they are the victim of the other (Benjamin 2004). Benjamin's (2006) concept of the complementary structure suggests that when there is a breakdown in mutual recognition, the supervisory relationship becomes organised into oppositional or polar positions. Within harmful supervision these complementary structures appear to be organised around good/bad, dominant/submissive, powerful/powerless, abuser/abused, persecutor/victim, giving rise to a split-complementarity structure. This suggests that both supervisor and trainee adopt rigid relational positions within supervision.

Applied to the harmful supervisory context, when confronted with the supervisor's dominance, the supervisor appears to take on the role of 'doer' and the trainee submits to being 'done' to. For instance, supervisors assert their dominance in supervision by shaming trainees. In this way supervisors abuse their power and dominate or control the supervisory interaction. It appears that as a means of controlling and managing the

impingements/ challenges experienced, coercive oppositions start to evolve. This oppositional relating destroys collaborative relations and amplifies the situation.

In cases of harmful supervision, Benjamin's theory importantly highlights, how the supervisor's dominating position is also linked to a failure to recognize trainees as separate subjects, with their own prior knowledge, skills and experience (Benjamin, 1995). Thus, it seems that the trainee as the 'subjugated other' is required to simply comply and mirror the supervisor's subjectivity (e.g. emulate the supervisor) and adopt the supervisor's viewpoint as though it were his or her own.

In Benjamin's (1988) terms 'recognition' refers to affirmation, validation, acceptance, acknowledgment, and empathy. The supervisor's inability to recognize and acknowledge trainee's needs for affirmation and approval also lead to the emergence of split-complementarity relations. In a harmful supervisory relationship, it appears that mutuality and the ability to focus on each other's subjectivity becomes compromised.

Still further, structures of complementarity emanate from perceptions of the supervisor as all-powerful and omniscient. The dominant relational position appears to be one of an 'all knowing', 'all powerful', 'persecutor' (supervisor) and trainees adopting the complimentary state of 'not knowing' and 'powerless' 'victim'. This appears to exacerbate the power differential. Shaming and undermining attitudes appear to disempower trainees and reinforce their sense of 'not knowing, losing sight of the trainee's subjectivity. Through the supervisor's reinforcement of the power differential, trainee's powerlessness is amplified, resulting in a loss of agency and split complementarity relations. It is also possible that such dynamics may be passed on to the client. Here negative mirroring between supervisor and trainee may be displaced onto the client (Benjamin, 2004b).

Trainees' attempts to challenge supervisors resulted in counterattacks from the supervisor (Benjamin's '*clash of wills*'). This suggests that supervisors were unwilling to acknowledge concerns raised by trainees or

acknowledge their own contribution to the harmful event/s which could possibly point to the absence of a shared experience and a '*moral third*' in the supervisory relationship (Benjamin, 2009). Instead trainees reportedly incurred further victimization and felt targeted by supervisors. Accordingly, it appears that trainees were unable to resist supervisors' demands for submission and thus were unable to negotiate mutuality (Shaw, 2014). Consequently, this might have led to trainees feeling forced to either comply or submit ("done to") to the supervisor's power.

Nonetheless, challenging supervisors through resistance/avoidance strategies, in turn, may have resulted in supervisors feeling "done to" by trainees, albeit temporarily (see Chapter 2, Benjamin, 2006). This appears to further suggest that the misuse of power described by participants was a potential attempt by supervisors to invert the power dynamics or 'turn the table' on the trainee. It may also be the case that trainees' 'show' of compliance was an expression of resistance towards supervisors and a furtive attempt to take back their power (Singh-Pillay, 2016). Furthermore, trainees' use of submissive and compliance strategies also facilitated a withdrawal from negative relational dynamics enacted by the supervisor (Benjamin, 2005).

7.7.5.4 Holding and harmful supervision

For many trainees, avoidance was a means of warding off anxiety or an attempt to reduce feelings of inadequacy, insecurity or unsafety (Sullivan, 1953). In line with Sullivan's theory, recurring anxiety stems from experiences of the supervisor, as the "bad mother", which may be linked to the supervisor's failure to provide sufficient care, concern, and "enough *holding* or containment for confidence and trust to be established" (Swain, 1995, p. 43).

In terms of a parallel process, insufficient holding by supervisors resulted in trainee's failing to provide adequate holding for their own distressed patients which suggests that harmful supervision affects trainee's work with clients and thus negatively impacts the therapeutic process. Anna confirms this notion when she

states, "...*playing it on the safe side in terms of covering my own ass rather than focusing on what my patient really needs...*" (See sub-theme "*Immediate impact*", Appendix E2). According to Winship (1995), trainees need some form of holding in order to adequately process their own experiences in supervision. When this is lacking there may be insufficient conditions for professional growth.

Consistent with the Attachment Caregiving Model of supervision (Fitch, Pistole, & Gunn, 2010), in harmful supervision there is an absence of a holding environment which may activate the trainee's attachment fears, alienating the trainee and leaving him/her feeling isolated, insecure and unsafe. Apparent in sub-theme 7.6.1.1.2, was the perception of supervision as an insecure base, which may have exacerbated trainee's experiences of harmful supervision, conveying the belief that supervisors failed to provide an empathic, nurturing space or adequate *holding* for trainees. Supervisors also appear unable to sense trainees' needs for holding or it may be that supervisors lacked empathic attunement or are missattuned when harmful supervision occurs. In line with the ACMS, when the trainee's attachment system is activated, the trainee engages in proximity seeking behaviours (Fitch et al., 2010). If the supervisor provides the trainee with a safe haven function, the trainee's sense of safety increases, deactivating the trainee's attachment system (Fitch et al., 2010). If the supervisor fails to provide a safe haven function or sufficient holding, the trainee's sense of safety decreases and his/her attachment system is activated. This is in keeping with the loss of mutuality and recognition mentioned above.

The Attachment Caregiving Model unlike developmental models focus on prioritizing the supervisory relationship. Use of the ACMS model ensures that emphasis is placed on enhancing the quality of the supervisory relationship which is central to trainees' learning and development. Thus, supervisors who are attuned are better able to sense trainee anxiety, trainee shame and attachment cues (Fitch et al., 2012). Future research exploring the use of the ACMS on supervision outcomes may confirm its usefulness.

7.7.5.5 Implications of relational theory

Use of Benjamin's theory of intersubjectivity and mutual recognition highlights how supervisor-supervisee needs and objectives become polarised (split complimentary) when a collaborative approach that focuses on the trainee's subjective experience is not taken seriously. It also emphasizes the relational processes underlying harmful supervision, specifically how a lack of empathic attunement and awareness of trainee's subjective experiences of supervision impacts the supervisory alliance. Harmful supervision emphasises minimal empathic attunement, loss of mutual recognition and a lack of safety within the supervision space, when supervisors fail to adopt a relational approach to supervision. There appears to be an inherent link between 'knowing' and power and between power and 'shutting down' of the trainee's experiences of harmful supervision. Consequently, during this process neither supervisor nor trainee is able to feel "seen" or recognised within their own experience. Split complementarity relations amplify trainee's lack of professional confidence, as deference to the supervisor as all-knowing exacerbates the power differential. Lastly, a lack of holding and negative mirroring has the potential to negatively impact the therapeutic process with clients.

The relational dynamics alluded to above, lends support to the importance of integrating relational theory into clinical supervision. When supervisors adopt a relational attitude, trainees feel supported and tend to be more inclined to take risks associated with greater honesty and self-revelation (McKinney, 2000). Relational theory and particularly split-complementarity highlight the observation that in harmful supervision, both supervisor and supervisee feel unfulfilled and both appear to lose out on a mutual growth promoting relationship. Hence, it appears it is not just the trainee that loses out.

7.8 SUMMARY

Trainees' reports of supervisors' harmful behaviour in the present study support the empirically tested descriptors of harmful supervision developed by Ellis et al. (2014) and findings reported by MacKenzie et al.

(2017). Findings importantly suggest that harmful supervision affects the quality of supervision, disrupts the learning process, impacts clients and trainees, trainee self-efficacy and satisfaction with supervision. Corrective experiences and supportive supervisors in trainees' final rotation, personal therapy and ongoing group and peer supervision appeared to buffer some of the immediate impacts of their harmful experiences. Trainees regarded their latter experience of supervision as corrective or reparative, which contrasted with their earlier harmful supervision experience.

Although internship training is painful, demanding and difficult (Watkins, 1993), when trainees contemplate suicide owing to a supervision experience that is meant to enhance their professional growth, it highlights the extensive and profoundly lethal consequences of harmful supervision. Findings of this study call for more proactive efforts and closer monitoring of internship training sites by the Professional Board for Psychology (HPCSA) and oversight by the relevant training institutions. It also calls for the training and monitoring of supervisors (Beddoe, 2017).

Globally, harmful supervision is happening at a disturbing rate, yet trainees are left to fend for themselves without visible lines of reporting or accessible support networks during their internship. In nurturing trainees' professional self-concept, supervisors need to be mindful of how they portray the profession's standing, status and commitment as a helping profession. Newer trainees depend on the supervisor for safety, guidance, structure and training, and when supervisors fail to provide appropriate structures consistent with the trainee's developmental needs, this adversely affects the learning that takes place. By recounting their experiences, trainees in this study revisited painful experiences of being devalued, disempowered, traumatised or humiliated, perhaps triggering or reinforcing further feelings of shame (Hartling et al., 2000). Supervisors also need to be mindful of how they use their power and authority and the potential for harmful supervision that is embedded in that power. Notwithstanding this, trainees' experiences of harmful supervision and perceptions of their supervisors cannot verify the 'real' qualities of the supervisor - they

remain the supervisee's "perceptions" of the supervisor influenced by the supervisee's own vulnerabilities and sources of bias. Thus, experiences described in this study are confined to supervisees' negative experiences of supervision which may or may not correlate with the 'real' qualities, behaviours and actions of the supervisor.

This study is limited by its exclusive focus on the trainee's experience and conceptualization of harmful supervision. Therefore, future research exploring paired dyad's perceptions of factors contributing to harmful supervision would add value to these findings. Lastly, this study's small sample size represents a small subset of a bigger sample of supervisees in South Africa.

CHAPTER 8: AN OVERVIEW OF THE FINDINGS

A unique aspect of this research project is its utilization of a Mixed Method Sequential Explanatory Design (MMSED) that examined the experiences of clinical supervision from both the supervisor's and supervisee's perspective, in four separate studies. The researcher specifically explored supervisees' experiences of negative (inadequate and harmful) supervision and supervisors' experiences of their training in supervision. Both these fields of interest have been given scarce attention in local and international research. The power of the mixed method approach is evident in its ability to draw together results from the quantitative studies (Phase 1) and corroborate it with the findings from the qualitative Study (Phase 2). This final chapter synthesizes the results of all four studies.

The next sections recapitulate the objectives of this research project, followed by a brief overview of the main findings of each study. Thereafter the researcher synthesizes the results of the four studies and outlines the strengths and limitations of the research project. Finally, implications and recommendations for future research are discussed.

The overall objectives of this research study were to:

1. Establish the prevalence of negative supervision events (NSE) amongst Clinical and Counselling psychology trainees and examine the link between various contextual variables, NSE's, and inadequate and harmful supervision;
2. Identify which relational factors (working alliance, supervisory styles and role difficulties) best predict role conflict, role ambiguity and negative supervision;
3. Explore the current state of supervisor activity, professional practice and training in South Africa and examine supervisors' perceptions of their preparedness for supervision and experience in relation to self-perceived competence, effectiveness and confidence in supervision and lastly,

4. Explore the meaning of supervisees' subjective experiences of harmful supervision, how they make sense of their experiences and the short and long-term impact on their learning and professional development.

It is hoped that all objectives of this study have been met and that the findings will make a significant and original contribution to (a) *supervision theory, research and practice* and (b) *supervisor-supervisee development*, as outlined in Table 15 below:

Table 15: Implications for Research, Theory, Practice and Development

<i>a). Supervision research, theory and practice</i>	<i>b). Supervisor and supervisee development</i>
<i>This study's findings:</i>	
<ul style="list-style-type: none"> ▪ Place the spotlight on the prevalence, causes and impact of harmful supervision; ▪ Give a voice to the “voiceless” trainees who have endured harmful supervision and supervisors who want to develop adequate competencies in supervision; ▪ Support findings of international studies on harmful supervision; ▪ Address the lack of empirical research on clinical supervision in the South African context, from supervisor and supervisee perspectives, yielding new insights to an established international field; ▪ Expand our theoretical understanding of negative supervision, inadequate and harmful supervision and conceptualizes negative 	<ul style="list-style-type: none"> ▪ Recognize, acknowledge and provide an understanding of the experience and impact of harmful supervision from the trainee’s perspective; ▪ Can be used to advocate for the mandatory training of supervisors and inform supervisor and supervisee training programmes; ▪ Encourage supervisors to engage in continuous reflective practice so that they can identify how they may be harming trainees; ▪ Create awareness for closer monitoring of internship sites and a clear line of reporting for supervisees who may be at risk of being harmed; ▪ Can be used by current and future supervisors to recognize and avoid early alliance ruptures and

<p>supervision from an individual, contextual and relational perspective;</p> <ul style="list-style-type: none"> ▪ Support theories of developmental models, the working alliance, role conflict and role ambiguity, and supervisory styles; ▪ Support the premise that emphasis should be placed on establishing, developing and sustaining a strong alliance early on in the relationship to prevent role conflicts; ▪ Contribute new knowledge to inform ethical practice, standards of professional practice and policies to improve supervisor and supervisee training. 	<p>work towards actively preventing harmful supervision from occurring;</p> <ul style="list-style-type: none"> ▪ Can be used to lobby for supervision training policies, revise current standards of ethical practice and professional practice frameworks specific to the management, training and supervision of trainees.
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The next section provides an overview of the main findings of all four studies. This is followed by a discussion section that draws attention to major findings and considers their implications for the field of clinical supervision.

8.1 PRIMARY FINDINGS OF EACH STUDY

To recapitulate, *Study 1* explored the prevalence of negative supervision among a cohort of 92 Clinical and Counselling psychology trainees across nine provinces in South Africa. Significant findings indicate that 42 (or 45.6%) of the 92 supervisees surveyed, had a NSE, 26.19% (or 11) categorized their experience as 'harmful', and 73.81% (or 31) as 'inadequate' Pertinent findings in this study include the higher proportion White trainees that reported an NSE compared to the other racial groupings particularly harmful supervision and the higher number of mixed race and mixed culture dyads that reported harmful supervision compared to same race/culture dyads. Lastly, trainees identified three of the most commonly encountered type of NSEs

contributing to their negative experience: 1) *Interpersonal relationship and style* (2) *Supervision tasks and responsibilities* and (3) *Conceptualisation and theoretical orientation*.

Study 2 investigated the relationship between relational variables (working alliance, role difficulties and supervisory styles) and NSEs (inadequate and harmful supervision). Significant relations were observed between all three elements of the working alliance, between RC and RA and the Attractive and Interpersonally Sensitive supervisory styles. Significant relationships were also observed between the Attractive style and Interpersonally sensitive supervisory style, and all three dimensions of the working alliance. Significant inverse relationships were found between Role conflict and Role Ambiguity, the Working alliance, and the Attractive and Interpersonally Sensitive supervisory styles. Findings also indicated that perceptions of WAI Bond and an Attractive supervisory style were predictive of Role conflict while perceptions of WAI Bond and WAI Goal and the Attractive supervisory style were predictive of Role ambiguity. WAI Bond and WAI Task, Role conflict and an Attractive supervisory style were predictive of negative supervision events. Trainees who experienced role conflict *and* role ambiguity, a low Attractive supervisory style, and a weaker alliance, were also more likely to report harmful supervision experiences.

Study 3 investigated 44 South African clinical and counseling psychology internship supervisors' perspectives on supervision training, supervision experiences, and their self-rated competence, confidence, and effectiveness in providing supervision. Based on participants' responses to survey items, the results indicated that many internship supervisors in South Africa initiate supervision without receiving formal training and prematurely engage in supervision responsibilities prior to obtaining three years of independent practice experience. Findings also indicated that internship supervisors tend to become more confident and competent in providing supervision over time, with a higher proportion perceiving themselves to be effective in their supervisory responsibilities. Most participants rated supervision training as extremely important and moderately challenging and an extremely high in priority compared to other professional tasks.

An unexpected finding was the lower prioritization rating given to areas for training in supervision such as models of supervision, supervisory styles, and contracting in supervision. Almost half the supervisors in Study 3 indicated that they used supervision contracts as part of their training techniques, and hence did not perceive this as an important area for further development.

Study 4 was a qualitative study using IPA and relational theory to understand how trainees make sense of their harmful supervision experiences and the impact these experiences have had on their professional development. Three major themes captured trainees' narratives of harmful supervision: (i) *Harmful supervision as a manipulative and negative relational process*, (ii) *Impact on self and others* and lastly, (iii) *Coping process as a means of self-preservation*.

Important relational dynamics linked to power and domination, submission and resistance that emerged within the supervisory relationship was a major highlight of this study. Perceptions of an unreasonable number of tasks and unclear or unrealistic expectations, along with the sense that they were set up to fail, led to a "dizzying"/*overwhelming* and confused state. Tipping the balance towards harmful supervision, are reports of microaggressions, destructive countertransference states, transgression of boundaries and "overly" critical supervisors. These appeared to propel trainees into a hyper-anxious state and led to perceptions of being earmarked and targeted from the outset of their internship.

Notably, supervisors were perceived to "*purposefully*" use their power to upstage or undermine and pathologize trainees. Trainees' experiences progressively led to perceptions of supervision as a traumatising, unsafe and unaffirming space. In turn, this appeared to hinder the development of trust, resulting in an avoidance of supervision and perceptions of a superficial alliance.

Shame emerged as a salient consequence arising from the exposure of trainees' clinical weaknesses/deficits. The cyclical nature of harmful supervision importantly reflects how trainees became hooked into a power struggle and chose to resist, strategically submit or comply. Notably, trainees' surreptitious use of submissive

strategies (strategic submission, forced compliance, enforced submission) as a furtive secondary gain or as a defence/avoidance appeared to be underpinned by trainees' needs for self-preservation.

Several negative impacts on trainees' psychological and professional development were reported. The most striking consequences were reports of severe psychological distress and the impact on trainees' learning and professional development.

8.2 DISCUSSION

8.2.1 Prevalence of harmful supervision

Prevalence rates of inadequate and harmful supervision in this study are consistent with incidence rates of negative and harmful supervision identified globally (Ellis, 2001; Ellis et al., 2008; Ellis et al., 2014; 2015; Nelson & Friedlander, 2001; Ramos-Sánchez et al., 2002; Unger, 1999). Despite the inconsistencies found among some of these studies in relation to clearly defined constructs to conceptualise harmful supervision, the frequency of harmful and inadequate supervision among trainees (Ellis et al., 2014), suggest that similarities across these studies are noteworthy. Although the prevalence rates in the present study are seemingly low for harmful supervision (11 or 26.19%), similar global ratings for 'inadequate' NSEs (31 or 73.81%) were reported by Ellis and colleagues (2014; 2015). Therefore, when one considers the painful, debilitating and humiliating experiences delineated in Study 4, these rates are disquieting.

8.2.2 Relational factors, inadequate and harmful supervision

Several relational factors have been implicated in inadequate and harmful supervision. Firstly, in terms of type of NSE, findings of Study 1, indicate that a higher number of trainees rated (1) *Personality and interpersonal style*, such as communication difficulties, supervisors being overly critical, disrespectful or unsupportive, as the most prevalent type of NSE they encountered, followed by (2) *Supervision tasks and responsibilities*. This includes issues regarding roles, goals, lack of supervision or inadequate knowledge

and skills of the supervisor or time spent in supervision. These findings in turn, are corroborated by findings of Study 2. Firstly, findings of a low Attractive supervisor style as a predictor of RC, RA and NSEs, suggests trainees tend to prefer supervisors who are flexible, open, respectful, warm, friendly and supportive and who adopt a collegial approach to supervision, over supervisors with an Interpersonally sensitive or Task oriented style. Secondly, a low Attractive supervisory style, unclear goals and tasks, role conflict and a weak bond were found to be predictive of negative supervision events. Thirdly, a low Attractive supervisory style, unclear goals, coupled with a weak bond, was predictive of role ambiguity. The bond and goal dimension of the alliance and a low Attractive supervisory style appeared to significantly predict both role conflict and role ambiguity. Evidently, trainees who experienced unclear or ambiguous goals and rated their supervisors as having a low Attractive supervisory style, and a weak alliance experienced more role conflict and role ambiguity. In support of these findings, are trainees' perceptions of harmful supervision discussed in Study 4. These include perceptions of unclear expectations, lack of empathy, mutual trust and respect and oppositional behaviour from the supervisor, which might have led to the break down in the supervisory relationship and weakened the alliance. Trainees' narratives (see Study 4) similarly corroborate the experience of a lack of mutual agreement on the goals of supervision and findings of unclear or unrealistic expectations. Dual roles appeared to amplify trainees' experiences of harmful supervision.

Similar findings were reported by Ramos-Sánchez et al. (2002). Studies 1 and 2 suggest that trainees associated their inadequate and harmful supervision experiences with relational dynamics such as an increase in role difficulties and a weaker alliance. Results of Study 2 concurs with findings of Schultz, Ososkie, Fried, Nelson, and Bardos's, (2002) study who also observed that the more supervisors used their expertise and an attractive style, the stronger the working alliance. Other important dynamics include the supervisor's approach to supervision and factors central to the supervisor's personality such as trainees'

perceptions of supervisors' narcissism and general interpersonal dynamics (in Study 4), suggesting that harmful supervision might be perceived as emerging from the supervisor's pathology.

Qualitative findings reported in Study 4, appear to further support findings of Studies 1 and 2. For instance, Study 2 found that harmful supervision was associated with a low Attractive supervisory style, an increase in role conflict, role ambiguity and a weak bond. Themes in Study 4 validate this finding, evident in trainees' reports of a superficial alliance and supervisors who were construed as harsh, contemptuous, demeaning, inflexible, unsupportive, hostile, lacking empathy, and disrespectful towards trainees.

Findings of Study 4 supports the researcher's view (Study 2) that when trainees are experiencing conflict, Attractive qualities are perceived as more important to trainees than supervisors who are intuitive, resourceful, therapeutic and structured (Interpersonal Style). Findings suggest that an absence of these qualities is likely to increase role conflict and role ambiguity and weakens the alliance. It is thus apparent that in designing a framework and curriculum on supervision training, emphasis needs to be spotlighted on the working alliance, supervisory styles, contracting and ethical practice in supervision. The use of a contract as recommended by Bordin (1983) would help reduce miscommunication and differing expectations. In addition, a clear contract provides an opportunity for role clarification, the establishment of clear, unambiguous supervision goals and clarifies the nature of the supervisory relationship (Nellis et al., 2011).

8.2.3 Harmful supervision trends in South Africa and globally

In their study of harmful supervision, Ellis et al. (2017) found that supervisors engaged in abuse of power and that trainees were discriminated against based on their age, race, gender, sex and other cultural characteristics. Findings from Studies 1, 2 and 4 notably provide strong empirical support for international patterns and trends concerning harmful supervision (Ellis et al., 2001; 2014; 2015; MacKenzie et al., 2017; Ramos-Sánchez et al., 2002). Findings of Study 1, are consistent with these findings. For instance, it was speculated that the lack of contextual variables was associated with personality factors and attitude of the

supervisor, lack of training/skills in supervision, interpersonal bias, issues of class and difference in supervisor and supervisee age and that “factors central to supervision such as roles, goals, tasks, or supervisory style” were associated with negative supervision (Hendricks & Cartwright, 2018, p. 8). Similarly, findings in Study 2, suggest that a low Attractive supervisor style and unclear goals, role conflict and role ambiguity increased the likelihood of NSEs. In addition, supervisees’ descriptions of supervisors’ misuse of power, being threatened, undermined and enduring verbal and racial microaggressions, (Study 4), support the conjecture by Hendricks and Cartwright (2018) that harmful supervision among Black Supervisor-White Supervisee pairs may be explained by an over-compensatory conscience, unintentional oppressive practices (Yabusaki, 2010), supervisor–supervisee characteristics, racial or cultural bias, past racial inequalities and power differentials. These findings also suggest that some trainees were treated differently to their peers, confirming findings of interpersonal bias. Ellis et al. (2017) further report that trainees in their study were publicly shamed, abused or threatened. Similarly, trainees’ reports of being shamed and threatened (Study 4) in front of peers considered to be on the same level as themselves, resulted in thoughts of suicide albeit, for one trainee, amplifying their anxiety, which ultimately led to an avoidance of supervision. These findings support the view that when shame is experienced in adulthood it can be overwhelming, toxic and debilitating (Hahn, 2001). Supervisees in Study 4 also described intense negative emotions such as depression and anxiety and reported a sense of “dread” upon entering supervision or the clinical site. Similar findings were reported by Ellis et al. (2017).

8.2.4 The supervisory alliance and harmful supervision

Supervisees’ reports of a “fake” and “superficial” alliance and, in some instances, the presence of “no alliance” in the qualitative themes (Study 4), are in keeping with findings of Study 2. Here, all three elements of the working alliance were associated with harmful supervision, the bond dimension of the alliance being the most profoundly affected. Study 4 substantiates this finding by providing compelling evidence of the processes

involved that led to the progressive breakdown of the alliance. This includes perceptions of a lack of clarity regarding the goals and tasks of supervision, descriptions of being targeted from the outset of supervision, how the supervisor's perceived actions (interpersonal approach and personality style) and behaviours (i.e. the perceived manipulation of the power differential, perceptions of the misuse of power, undermining and shaming of trainees) led to a loss of trust in the supervisor and an avoidance of supervision. In line with Bordin's (1983) thinking, both goals and tasks affect the strength of the alliance and the strength of the alliance is dependent on the clarity and mutuality of the agreement between the partners involved. Narratives described in Study 4 appear to suggest that supervisors failed to maintain clear roles and expectations in regard to the structure and boundaries of supervision, factors that Bordin (1983) considered essential for a positive supervisory alliance. In addition, the supervisory relationship appears to be based on the concept of a *pseudo-alliance* (Safran & Muran, 2000b).

Supervisees construed the supervisor's style/manner of approach (i.e. hostile, critical, unsupportive, and lacking in warmth and flexibility) as central to their lack of trust and safety in the supervisor. Accordingly, as a prelude to collaboration in supervision (Meuller & Kell, 1972), an absence of *trust* and *safety* appears to have had substantial influence in weakening the alliance.

Consistent with Safran's (2003) model of alliance ruptures, results of this study further suggest that supervisors ignored alliance ruptures and failed to attend to ruptures at the start of the relationship. Based on findings of Study 2 and 4, the supervisor's apparent failure to resolve difficulties occurring in the relationship appear to be related to a failure to attend to all three components of the working alliance (Bordin, 1983). Supervisors were described as failing to address and process what was occurring in the relationship, leading to a 'superficial' supervisory alliance. Supervisees' descriptions of resistance, avoidance, enforced submission and compliance strategies, appear to have allowed supervisees to disengage from hurtful and coercive power dynamics by retreating from authentic engagement with

supervisors, creating a withdrawal rupture (Safran & Muran, 2000b) that further adversely impacted the alliance. Findings of Study 4 suggest that trainees experienced a lack of collaboration and clarity in the mutually defined goals of supervision and identified tasks, which may explain the difficulties encountered in the relationship and its effect on the quality of the alliance (Bordin, 1983).

8.2.5 Power and harmful supervision

The abuse of power was a dominant experience associated with harmful supervision. An important feature of this observation was how this abuse of power was felt by trainees to undermine the very authorship of their experience. Pathologising the trainee's thoughts, behaviour, actions and personality also led to the supervisor losing sight of trainee's uniquely authored and privileged experience associated with the case at hand. Korinek and Kimball (2003) concur that disagreements about case conceptualization and case management appear to undermine the trainee's authorship of experience and conveys the belief that the supervisor's role is that of "participant" who assumes to know what the truth is, which can lead to conflict (Frawley O' Dea & Sarnat, 2001). As pointed out earlier, from a relational perspective the supervisor as "involved expert" appears to make the mistake of focusing exclusively on the trainee's dynamics as opposed to focusing on the patient's dynamics. Accordingly, the supervisor appears to lose sight of focusing attention on the supervisory relationship (Frawley O' Dea & Sarnat, 2001). Findings of Study 4 suggest that harmful supervision emerges from a power struggle and unclear expectations (evaluation criteria, feedback procedures etc.), which is consistent with trainees' role conflict and role ambiguity scores reported in Study 2. Similar observations were noted by Nelson and Friedlander (2001).

8.2.6 Supervision training and harmful supervision

Several findings across studies 1, 3 and 4, support the speculation that supervisors may have felt compelled to supervise trainees. This finding is further supported by recent findings that supervision is often perceived as an imposition on supervisors' workload (Singh-Pillay, 2016).

As discussed in Study 3, the lack of supervision training raises a few important concerns. Of the supervisors surveyed, it appears that a high number of supervisors' lack formal training in supervisor and several were engaged in supervisory tasks prior to obtaining three years of independent practice experience. Almost half did not make use of a formal supervision model or a supervision contract. This notably highlights both the potentially unethical nature of supervision practice, and lack of awareness or knowledge of how supervision training and a supervision contract (or lack thereof) impacts the alliance (Bordin, 1983). Taken together, findings of study 3 provide insight into the some of the current intern supervision practices in South Africa, highlighting the need to prioritize and regulate formal supervision training in South Africa. This includes identifying supervision training needs, developing training programs, and instituting formal training requirements for practitioners who participate in clinical supervision. These findings suggest the Psychology Board (i.e., HPCSA) mandated to provide oversight to practicing psychologists may be providing inadequate monitoring and oversight to clinical supervision practices in South Africa. Presently, the absence of practice guidelines and training specific to supervision implies internship supervisors lack clear rules regarding good practice. Although a majority of participants indicated that training should be mandatory this certainly does not endorse the implementation of mandatory formal training and accreditation by the HPCSA. In addition, given the lack of empirical evidence corroborating the benefits of training in supervision, generalizations regarding mandating supervision should be made with caution. However, these results suggest that internship supervisors recognize the importance and value of formal training in supervision.

In terms of components considered important in a supervision training programme, the low priority rating given to contracting, models of supervision and supervisory styles in Study 3, contradict the relational factors implicated in NSEs and harmful supervision, pointed out in Study 2. This may suggest that although supervisors in this study were aware of their need to be trained in general, they were unable to pinpoint

specific training needs and deficits. Such lack of awareness or knowledge may well be passed on to trainees in the form of poor assessment and attunement to the supervisee's needs.

Findings that supervisors lacked investment in supervision and often cancelled/missed supervision sessions (Study 4), contradicts findings of the higher prioritization accorded to supervision by supervisors relative to other professional tasks (Study 3). This may be due to the challenging nature of supervision, a lack of awareness of their roles and responsibilities, a lack of training, high workloads, or staff shortages, the number of interns they are expected to supervise, or an absence of mandated supervision training by regulatory bodies (e.g., HPCSA) as is often the case in the public service setting. Accordingly, this may have resulted in pressure to prioritize supervision above other professional tasks. This contradiction appears difficult to explain and falls beyond the scope of this study.

Of the 44 supervisors surveyed, a high proportion engaged in supervisory practice without any formal training in supervision while only one supervisor had received formal supervision training. This suggests that training in supervision is underemphasized and formal training opportunities in supervision are scarce in developing nations like South Africa. However, this does not seem to be unique to the South African context and largely still remains a global challenge (Falender, 2004; Milne & James, 2002; McMahon & Simons, 2004). These findings notably reveal an urgent need to address supervisors' training deficits.

South African intern supervisors may also be conflicted about adhering to supervision responsibilities (often a compulsory employment requirement in the public sector) and adhering to the ethical guidelines that govern the profession. It may be that, internship supervisors in this study were unable to fully comply with the HPCSA's regulatory and professional practice guidelines and thus may have unwittingly compromised their ethical values in order to accommodate their employees who have yet to completely value the importance of effective supervision. However, the acquisition of supervision training should be a shared responsibility and

supervisors should take personal responsibility for ensuring they obtain the appropriate training before deciding to engage in supervision activities.

Although this study did not seek to establish links between the lack of supervisor training and negative supervision, trainee's experiences in this study, suggests tentative support for harmful and inadequate supervision and a lack of training in supervision. Firstly, the prevalence rates of inadequate and harmful supervision are disconcerting, and the rating given to "*Supervisor tasks and responsibilities* (23 or 25.8%) encountered during internship (in Study 1), the low prevalence of trained supervisors in Study 3 and trainees' perceptions of inadequately trained supervisors suggests a tentative link between harmful supervision and untrained or poorly trained supervisors, supporting findings reported by Hoffman (1994). Secondly, supervisors' own expressed training needs, their lack of confidence in supervising incompetent interns, perceptions of their lack of competence in evaluating interns, combined with the high priority accorded to supervision tasks, (Study 3) provide further support. Taken together, in conjunction with trainee's reports of relentless criticisms and unfair evaluation, all the above suggests a pressing need for supervisory and evaluative training (Robiner et al., 1997). To be clear, however, establishing a direct, predictable causal link between negative supervision and a lack of training in supervision was beyond the scope of this study. Given the lack of research in the area, a more pressing concern was surveying training and competence of supervisors.

The relationship between the two appears complex. For instance, Ellis and colleagues (2014) reported that supervisor training did not decrease the occurrence of harmful clinical supervision. Although this was the case, the authors cogently point out that it is still imperative to acknowledge the importance of supervisor training. Thus, it appears that supervision training will address some of the factors associated with NSEs. In terms of needs expressed by supervisors for mandatory supervision training, alongside the lack of confidence

in supervising impaired trainees and concerns about competence in evaluating trainees, findings reported in Study 3 strongly support this view.

Findings of studies 3 and 4 support the view that effective supervision (performance) hinges on several factors: competence and systematic training, supervision of supervision, and monitoring and accountability (Falender & Shafranske, 2007). As such, the findings of Study 3, importantly suggest that untrained supervisors may not be sufficiently prepared to provide competent supervision and may not adequately meet competency standards as outlined in the competency-based model (Falender, 2004). Findings, therefore strongly support the implementation of training programmes underpinned by a competency-based framework.

Research suggests there are several factors that might explain supervisors' inability to recognise or attend to trainees' unmet needs. For instance, in public service settings supervisors often have difficulty managing multiple demands which leaves little time for training. A lack of training in supervision may also mean a focus on technical skills and a lack of awareness of the range of trainees' needs (Barret & Barber, 2005).

Descriptions of supervisors' behaviour and approach to supervision in Study 4 is in keeping with Watkins' (1994) "*Role shock*" stage of development (see table 2, p. 22). For instance, in this stage, supervisors use a concrete and rule-oriented approach and little attention is paid to the processes between themselves and their supervisee, while newer supervisors either withdraw or impose an overly rigid structure on the process (Bernard & Goodyear, 2014, Watkins, 1993). Other characteristics of this stage include supervisors' limited awareness of their supervisory strengths, styles and theories or how they impact supervisees (Watkins, 1993; Ladany & Bradley, 2011).

8.2.7 Consequences of harmful supervision

Several physical, emotional and psychological consequences reported by trainees underscore the impact of harmful supervision on trainees' emotional, mental and personal well-being. The impacts on trainees' psychological health (suicidal ideation) are unsettling. Findings notably suggest that harmful supervision leads to maladaptive ways of coping, pushes previously high-functioning trainees over the edge, and often leads to debilitating psychological states linked to a sense of hopelessness. Other significant psychological impacts included depression, anxiety, frequent tearfulness, hypervigilance, hyper anxiousness, and insomnia. This is consistent with other findings reported by trainees who were traumatized by harmful supervision experiences (Mackenzie, et al., 2017).

Professionally, harmful experiences appear to result in loss of trust and dissonance in the supervisory relationship. The trainee's learning and professional development were highlighted as being the most severely impacted, followed closely by thoughts of leaving the profession and questioning their fit for the profession. In other words, harmful supervision events clearly impacted the trainee's professional identity, often leading to career disillusionment and confusion about their 'fit' for the profession. Other lasting professional impacts included loss of professional confidence, feelings of inadequacy, incompetence and lingering self-doubt. Others have reported that personal and professional self-doubt is known to persist for years (Mackenzie et al., 2017). A consequence of trainees' experiences appears to be the inability to appreciate the benefits of supervision as enhancing professional growth and development.

Findings suggest harmful supervision permeates the supervisory relationship, causes irreparable damage and obstructs alliance formation. For instance, findings in Study 4 indicate that supervisors failed to employ strategies to effectively address ruptures and when ruptures are not attended to, it may lead to the formation of a pseudo alliance. Findings also appear to indicate that relations of complementarity may underpin a pseudo alliance or a breakdown in the alliance (Chen & Bernstein, 2000). One of the consequences appears

to be supervisors' lack of awareness of their own reactions that the supervisee elicits and the failure of the supervisor and supervisee to meta-communicate (Safran & Muran, 2000a). Several of the impacts experienced by trainees in this study are consistent with global trends (Bang & Goodyear, 2014; Ellis et al., 2008; MacKenzie et al., 2017; Unger 1999).

8.2.8 Relational understanding of harmful supervision

Relational theory was used to understand the different relational processes within harmful supervision. Within this framework, core theoretical concepts (Benjamin, 1988; 1990; 1995; 2004; Sullivan, 1953; Winnicott, 1965) were used to augment understanding of relational processes involved in NSEs (*split complementarity*), as well as the role of power and self-representations in the supervisory relationship (*False self-relatedness*, 'good' me, 'bad' me, 'not' me). The researcher unpacked the dynamics of trainees' False self-relatedness using Sullivan's personifications of 'me', 'good me', 'bad' me, and 'not me'. In particular, an alignment of the different relational positions, conceptualised as False self-relatedness by Winnicott (1965) and Sullivan's Interpersonal theory, was used to explore trainee compliance, submission and resistance.

The conceptualization of the supervisory relationship using an intersubjective lens facilitated an understanding of how NSE's can be linked to a collapse of intersubjectivity where trainee and supervisor treat each other like objects rather than subjects (Benjamin, 1999).

Dynamics of the supervisor-supervisee relationship were understood using Benjamin's concept of "doer-done to". This split complementarity structure suggests that both supervisor and trainee adopted different relational positions within supervision, such as dominance/submission, powerful/powerless, and abuser/abused persecutor/victim.

Winnicott's developmental theory was used, particularly his concept of "*holding*" to complement Bordin's (1983) notion of the alliance. Based on supervisees' perceptions of their supervisors, findings of Study 4

illustrate how failure in attending to trainees needs for structure, support and empathy, may have amplified trainees' anxiety, creating an overwhelming/dizzying state, which if responded to appropriately, might have provided trainees with the "holding" they required (discussed in Chapter 2). As mentioned previously, sufficient "holding" creates safety, which provides the foundation for a stronger alliance. In line with the thinking of Akin and Weil (1981), "when supervision is supportive, empathic and trusting, trainees develop sufficient ego strength to cope with normal anxiety of their internship training" (pp. 473-474). Following Winnicott's (1965) thinking, of *False self-relatedness*, Study 4 explored how trainees developed compliant, *False self*-strategies in order to control negative self-experiences and avoid conflicts with the supervisor. Essentially the use of *False self-relatedness* was shown to be usefully organised as a means of self-preservation evident in trainees' compliance and strategic submission tactics.

Bordin's working alliance model highlighted the importance of developing a collaborative relationship in supervision to facilitate a positive alliance. The supervisor's failure to attend to all three components of the alliance importantly highlighted the trajectory into harmful supervision. The model was also used to explain how the absence of a collaborative relationship and mutual agreement between the dyad, and failure to resolve alliance ruptures, weakens the alliance.

A brief overview of the implications of relational theory warrants discussion. For instance, within this framework, cognizance of *False self-relatedness*, highlight awareness of the internal dynamics and difficulties that the trainee undergoes (*True Self, False self and 'good me', 'bad me' and 'not me'*). It highlights how supervisor-supervisee needs and objectives become polarised (split complimentary) when a collaborative approach that focuses on the trainee's subjective experience is not taken seriously. It further emphasizes how a lack of holding, empathic attunement and awareness of trainees' subjective experiences impacts the supervisory alliance. Lastly, split-complementarity relations reinforce trainees' lack of professional confidence, and intensify the power differential as trainees tend to accede to the supervisor as "all-knowing".

8.3 STRENGTHS AND LIMITATIONS

Several strengths and limitations of this study warrant discussion.

8.3.1 Strengths

This research project's strength lies in its mixed method approach. The use of quantitative data was enriched and complemented by qualitative follow up interviews focusing on harmful supervision. For example, although the researcher utilized standardized quantitative measures such as the Working alliance inventory, the Role conflict, Role ambiguity inventory and the Supervisory styles inventory, the use of qualitative interviews complemented these findings by providing specific information in relation to the experiences of harmful supervision. This includes how participants' experiences were tied to the alliance, role difficulties and the supervisor's style in supervision. Thus, this research project was strengthened by an objective viewpoint and complemented by a deeply subjective perspective through the qualitative study. It is apparent that supervisors and supervisees in this study have failed to examine, "*how and why they are in conflict, what led up to the event, how each person experienced it, how each person's history set the stage for the current conflict and how they must reveal their emotional responses to each other*" (Maroda, 1999, p. 122). For this reason, conceptualizing trainees' experiences from a relational theory framework makes a solid case for supervisors to adopt a relational perspective in supervision and importantly highlights both trainees' and supervisors' subjective roles and responsibilities in harmful supervision.

8.3.2 Limitations

The findings of this study are considered alongside selected limitations. Interviews for this research project were conducted by the researcher herself. Thus, the interview questions as well as the interpretation of the content were subject to researcher bias. Therefore, findings could have been influenced by my own experiences of internship and supervision, my own, values, beliefs and attitude. Although I attempted to

partition (Smith et al., 2009) off any existing biases, the extent to which the interpretation of narratives and development of themes are influenced by my own attitude, subjective feelings and beliefs is not known.

Although the current study sought to cover a wide range of participants, the study only obtained self-reports from Clinical and Counselling psychology trainees and supervisors. Therefore, limitations may also be exclusive to this particular cohort of participants and therefore cannot be generalized to other registration categories within Psychology. Studies 1, 2 and 4 lend itself to response bias given its exclusive focus on the supervisee's experiences of negative supervision. Study 3 focused specifically on supervisors' experiences of their training in supervision and perceptions of competence and focused less on experiences of negative supervision. A blend of non-probability sampling techniques was used to recruit participants, which affects the representativeness of the sample and generalizability of the results to the larger professional population of practitioners engaged in clinical supervision within South Africa. This research project is also limited by the exclusion of supervisors' experiences and perceptions of factors contributing to negative supervision. Although a tentative link between negative supervision, competence, supervisor training and practice is assumed, exploring a direct link would have extended the bounds of this research project.

The constructs of bad/inadequate and harmful clinical supervision developed by Ellis (Ellis, 2001) provided a useful preliminary framework for conceptualizing supervisee experiences of negative supervision. However, as pointed out in Chapter 1, Ellis's 2001 definitions were regarded as problematic and in need of revision since they were not clearly delineated, were too vague, lacked a theoretical basis and did not accommodate varying criteria of harmful and bad supervision (Ellis et al., 2014). Use of Ellis and his colleagues revised (2014) nomenclature of inadequate and harmful supervision (inclusive of minimally adequate, Self-identified and De Facto) may have yielded accurate incidence data, and thus limits generalizability of the findings in Study 1.

A further limitation of Study 4 in particular is related to the limited transferability of data, characteristic of qualitative research methods. As mentioned earlier, Study 4 relied on retrospective accounts of supervisees' experiences of harmful supervision and of clinical supervision, which could be susceptible to misrepresentation of experiences because of memory bias, memory loss and selective memory.

8.4 IMPLICATIONS FOR FURTHER RESEARCH

The findings of this study suggest important implications for trainees. The present study acknowledges and affirms the challenges that interns are exposed to and offers a voice to the many trainees who suffer at the hands of harmful supervisors, but who might be too intimidated to speak up. In this way, it both normalizes and validates trainees' experiences and feelings. Supervisors are considered to be professional role models for trainees and when experiences of the nature highlighted in this study occur, supervisors fail in their professional duty and ethical obligation. As supervisors we need to be mindful of how the power we hold influences our behaviours and actions.

Findings of this research emphasize the importance of using a relational approach to supervision and a supervisory style that encompasses qualities of the Attractive and Interpersonally sensitive supervisor styles, tailoring these according to the trainee's level of experiences and developmental level. As such, both the supervisor and supervisee endeavour to establish a collaborative approach to working together that establishes trust and clarifies trainee and supervisor roles and responsibilities.

Several implications regarding the lack of training in supervision have been emphasized in this research study. Descriptions of supervisor misuse of power could possibly be at the forefront of the lack of supervisor training. When supervisors are not adequately trained it may affect how well they manage and resolve conflict, their ability to set clear and unambiguous goals for supervision and provide feedback that is constructive to trainees' professional development. Unremitting critical feedback without acknowledging trainees' strengths evidently disrupts trainee learning and has been shown to have long term impacts on

trainee's perceptions of competence and confidence. This ultimately weakens the alliance. Supervisors should work towards ameliorating difficulties when they occur, adopting a collegial role that focuses on building a solid, collaborative and trusting relationship with trainees.

8.5 CONCLUSION

Findings in this study importantly highlight the underlying relational processes and the cyclical nature of harmful supervision. This research project emphasizes the importance of adopting a relational approach to supervision that is cognizant of the trainee's subjective experiences of supervision and the importance of collaboration, mutual recognition and empathic attunement. This has the potential to lessen the effects of dominant power structures inherent in the supervisor-supervisee relationship. When supervisors adopt a relational attitude in supervision, it has the potential to enhance their sensitivity and empathy for the anxiety and vulnerability experienced by trainee psychologists. The supervisor can achieve attunement by being emotionally present and picking up on the supervisee's experience. Supervisors can also provide safety and 'holding' for trainees' anxiety by normalizing trainee mistakes. Being attuned to trainees' subjective experiences of supervision may also foster insight in how to best address ruptures and other internship challenges that trainees may experience. In line with the thinking of Safran and Muran (2000a), attunement to fluctuations in the supervisory relationship serves as an *early warning system* that enables early detection and repair of alliance ruptures. Thus, when supervisors are attuned they are more likely to pick up on alliance ruptures and given their hierarchical status, are positioned to take decisive action toward addressing ruptures as and when they occur.

The results of this study concur with others (Hahn, 2001) that the structure and format of supervision (individual/group) heightens shame and that harmful supervision is a cyclical process that appears to have its own unique structure (Hutt et al., 1983). Findings on harmful supervision and trainee relational needs support the idea that:

Reciprocity in the supervisory relationship creates a mutually enriching opportunity that allows both the supervisee and the supervisor to learn. In such a relationship, the supervisor is seen as providing knowledge, support and encouragement that serves to promote professional development and personal growth for the supervisee (Madani et al., 2010, p. 4).

Supervisors who are prone to being overly critical can be more appreciative of trainee mistakes as being a normal part of learning (Deal, 2011). Instead of supervisors interpreting trainee anxiety as incompetence or resistance, or pathologising trainees, supervisors should make room for trainee mistakes, as well as openly addressing and discussing trainee anxiety, and the understandable challenges they face (Deal, 2011). Similarly, supervisors and trainees should recognize, acknowledge and address enactments. The enormous pressure experienced by psychology trainees during internship to appear competent and “*knowing*” in order to ensure a favourable evaluation, must be taken into consideration by supervisors evaluating trainees, especially since their entire professional career and identity hinges on the ability to complete the internship successfully.

Supervisor responsiveness (Friedlander, 2012) and humility (Hook et al., 2016) has important implications which impact trainees’ work with clients. This includes the importance of engaging in continuous professional reflection and being mindful of how they use their power. Supervisors need to be honest about their own deficits, carefully assess and acknowledge their capabilities and limitations. Research findings importantly indicate that when supervisors do not approach supervision with qualities characteristic of an Attractive and an Interpersonally sensitive supervisory style, an increase in role conflict and role ambiguity occurs, which in turn leads to an increase in negative supervision and weakens the alliance. A low *Attractive* style particularly, has been significantly associated with an increase in harmful supervision.

In conclusion, it is important to recognize that conflicts and disagreements between supervisor and supervisee are inevitable (Korinek & Kimbel, 2003) and that all supervisors have the potential to be harmful (Ammirati & Kaslow, 2017; Ellis et al., 2017). However, given that power resides with the supervisor, it is up

to the supervisor to initiate discussions about conflict and provide opportunities for dialogue regarding prevention and management of conflicts in the supervisory relationship (Mackenzie et al., 2017). The supervisory relationship is a crucial part of the supervision process and as the person who holds the most power in the relationship, it makes sense that a significant portion of the responsibility to address negative and harmful supervision rests with the supervisor (Mackenzie et al., 2017). At the risk of devaluing trainees' experiences of negative supervision, and in addressing researcher bias, this study's findings must be interpreted with caution, bearing in mind the normal stresses of internship, and the influence of high trainee anxiety and the possibility of training and developmental inadequacies, trainee impairment and incompetence.

8.5.1 Recommendations for future research

Aside from the recommendations made in each of the four studies, a number of other recommendations are worth mentioning. Firstly, longitudinal studies tracking the long-term impact on professional identity and development may provide further insight into the impact of harmful experiences. Secondly, trainees' expressed needs for a safe and affirming supervision space, as outlined in Study 4, suggests that more consistent efforts need to be made researching supervisory practices and the supervisory relationship as a "*holding*" environment.

Thirdly, qualitative research exploring the impact of harmful supervision from the supervisee's perspective underscores the importance of investigating harmful supervision using dyads. Future research replicating these findings, employing larger samples and investigating supervisor and supervisee experiences of negative supervision, is needed to determine the extent to which findings of this study are generalizable. Further research is needed to determine how South African internship supervisors' training patterns and practices compare across the different categories of psychology professions (e.g., clinical versus educational) regulated by the Board of Psychology of the HPCSA. The cross-sectional design used in

Studies 1, 2 and 3 precludes determinations of causality. Additional research is needed that explores changes in supervisors' perceptions of competence and confidence over time, particularly as a function of access to and participation in training activities. Along similar lines, researchers are encouraged to examine the impact of supervision training on supervision and training outcomes, supervisors' effectiveness and competence in supervision and their trainees' experiences in supervision and their professional development

Finally, research exploring the link between harmful supervision and supervisor training in supervision using paired dyads also appears warranted.

8.5.2 Suggestions for intervention and management

As mentioned earlier, one of the ways supervisors can decrease role conflict is through the use of a supervision contract, integrating the use of both an Attractive and Interpersonal approach to supervision and ensuring that timeous and adequate role induction procedures are implemented. This may assist in establishing clearer expectations and goals, creating a sense of shared involvement (Worthen & Isakson 2003), while minimizing the potential for role ambiguity (Olk & Friedlander, 1992). In line with Kulp's thinking, supervisors should explore the use of different formats of role induction such as assigning readings (Carroll & Gilbert, 2005) and creating a supervision contract that descriptively outlines the supervision process signed by both supervisor and trainee (see Bernard & Goodyear, 2009). This can orientate supervisees to the process of supervision and help to generate mutually agreed-upon goals and tasks (Kulp, 2012). In addition, a supervision contract should be explicit about the rights and responsibilities of both supervisees and supervisors (Mackenzie et al., 2017). Supervisees may also benefit from discussions on how to prepare for supervision, what supervisees can expect to happen in supervision and what the supervisor's expectations are.

The prevalence of harmful and inadequate supervision and findings in Study 3 highlight the urgency for supervisory training that is cognizant of a competency-based approach (Falender & Shafranske, 2014). Both

trained and untrained supervisors may unknowingly or unwittingly act harmfully towards trainees (Mackenzie, et al. 2017). For this reason, the findings that training in supervision should be mandatory alongside the dearth of formal, accredited supervision training programmes, need to be raised with the professional Board for Psychology of the HPCSA, as a matter of urgency. One way of attending to this is for academic institutions involved in the training of professional psychologists to offer board certified supervision training programmes, post Masters. Another way would be to publish papers of relevant research particularly on clinical supervision and training in prestigious peer-reviewed journals. In the interim, efforts should be geared toward ensuring that current untrained supervisors are closely monitored by Heads of Department and at least receive supervision of supervision.

Additionally, regular feedback from trainees, where this is not presently the case, an awareness of how we as supervisors, react to our own countertransference, and trainees' reactions and responses to the supervisor, may help minimize the risk of harmful supervision (Reiser & Milne, 2017 as cited in Mackenzie et al., 2017). Given that the supervisory relationship is central to trainees' experiences of supervision, it seems imperative that matching supervisors to trainees is considered when trainees are placed at internship training sites. It has been suggested that supervisors and supervisees may be matched on demographic or contextual variables such as age, gender, sexual orientation, language, supervisory style, theoretical orientation, culture or ethnicity. However, there has been mixed findings regarding the effectiveness of supervisor-supervisee matching on supervision outcomes, the working alliance and satisfaction with supervision (Cheon et al., 2009; Ladany et al., 1997). In addition, this may not always be operationally feasible at internship training sites particularly in South Africa.

As part of the Psychology Master's training programme, academic institutions may discuss with trainees how to go about selecting supervisors in terms of mutually defined goals for supervision, compatibility in terms of personality and theoretical orientation (Ramos-Sánchez et al., 2002).

This research highlights the need for greater support and awareness in relation to harmful supervision. This might entail providing adequate support and protection of the supervisee to ensure the avoidance of continued harm and victimization of the trainee. An important point highlighted in recent literature (Ellis et al., 2017) is the retention of known harmful supervisors. This was a concern highlighted by two trainees in this study (for instance, one trainee indicated that her supervisor, “*was known to be a Nazi*”) and suggests that the supervisor was still being retained by the hospital in spite of having a reputation of being ‘harsh’, ‘militant’ and ‘punitive’ with trainees. Hence, following reports to the HPCSA of harmful incidents, there should be consistent monitoring of supervisors and the implementation of stringent disciplinary measures to ensure that the trainee is adequately protected. Furthermore, supervisees should have the option of changing supervisors or training sites if they believe it is in their best interest.

Additionally, supervisees need to be educated (during role induction) on the phenomenon of inadequate and harmful supervision, how to recognize it and when, how and to whom to report. Role induction must include clear lines of reporting, and what supervisees can do in the event of inadequate or harmful supervision (e.g. use of decisions trees).

The importance of engaging in reflective intervention and reflective practice has been highlighted in the literature (Grant, Schofield & Crawford, 2012) by both supervisors and trainees to help make sense of difficult supervisory dynamics. Reflectivity is considered to be fundamental in supervision and can deepen the supervisory bond, thus creating conditions for more meaningful reflection (Grant et al., 2012). However, the authors contend that the creation of a safe psychological space and trust in the relationship is pivotal to this process.

Adequate mechanisms of support also need to be provided for supervisors. Training in supervision is one step towards this. Regular, ongoing workshops exploring supervisors’ experiences and challenges of clinical supervision and creating awareness of how supervisors potentially harm trainees could possibly provide a

platform for supervisors to engage in reflective practice in respect of their own experiences of internship training, while also providing an outlet for any unexpressed frustrations. Supervisors need to be willing to take proactive steps to prevent harmful supervision from occurring in the first place, by becoming more attuned to how they may be harming trainees. The first step is for supervisors to acknowledge how they perpetuate the power differential and secondly, to acknowledge that supervisors have the potential to harm trainees (Mackenzie et al., 2017).

Based on the importance of relational factors evident in this study, attention to relational factors such as (i) talking openly during role induction and normalizing trainee anxiety, vulnerability and “not knowing”, (ii) encouraging trainees to raise issues assuring them that it will not influence their evaluation and (iii) addressing alliance ruptures early, may ensure minimal impact to the supervisory relationship and trainee’s learning and professional development.

Suggested supervisory strategies in relation to managing negative supervisory events have been noted in the literature. Supervisors who encounter negative supervision events with trainees can restore trust by exploring negative transference and countertransference issues or by addressing negative supervisory events timeously to ensure it does not escalate out of control or rupture the alliance beyond repair. Findings importantly indicate that one of the ways of managing a power struggle with trainees is to model vulnerability and transparency (Deal, 2011). Supervisees also need to ensure that they provide feedback without shaming (Deal, 2011) or pathologising the trainee. This study suggests that supervisors should adopt a relational attitude in supervision, which avoids undermining or pathologising trainees and instead, acknowledges their own and their trainees’ needs for recognition and empathic attunement.

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APPENDICES

Appendix A1: Cover letter and consent form

UNIVERSITY OF KWAZULU-NATAL
COLLEGE OF HUMANITIES
School of Applied Human Sciences
Cover letter and consent form

COLLEGE OF HUMANITIES: School of Applied Psychology

Date: _____

Researcher's Name: Shariefa Hendricks

Student No: 9804621

Contact Details: (0312607797 or 0822977999)

Email: hendrickss@ukzn.ac.za

Supervisor: Duncan Cartwright PhD (031-2602507)

Email: cartwrightd@ukzn.ac.za

Research Office: College of Humanities

Dear prospective Respondent/informant/participant

PhD Research Project Title: *A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives*

I, (Shariefa Hendricks) am a (PhD) student in the [School of Applied psychology] at the University of KwaZulu-Natal. You are invited to participate in the entitled research project outlined above. The overall purpose of this study is to expand and enrich local and international research and theory on the supervisory relationship, by developing new insights from South African supervisor-supervisee perspectives.

Research on supervision in South Africa is a scarce resource and literature searches yield very little in the way of the supervision experiences or the supervisory relationship.

The aim of this study is to:

- 1) To empirically explore supervisees' and supervisor's experiences of supervision by investigating the prevalence, causes and impact of negative supervision experiences on the supervisory working alliance.
- 2) To examine the immediate and long-term impact of negative supervision events and resolved/unresolved conflict on the professional identity development of supervisees

Through your participation I hope to understand:

1. The prevalence, causes and outcome of negative supervision experiences from the supervisee and supervisor's perspective so that specific factors leading to negative supervision encounters can be understood;
2. Perceptions of supervisees'/supervisors' role in negative supervision events, specifically supervisee/supervisor interpersonal style, race and gender issues in evaluation or feedback;
3. Supervisor's perception of their training in supervision and how it has prepared them for the supervisory role.

The results of this survey are intended to contribute to:

- I. Addressing the paucity of empirical research on supervision in the South African context, yielding new insights to an established international field;
- II. Heightening sensitivity and awareness of South African supervisees' and supervisors' experiences and training needs. This would include exploring the prevalence and causes of negative supervision experiences;
- III. Shedding light on the relational aspects of supervision and its impact on the working alliance and the professional development of psychologists;
- IV. Developing comprehensive knowledge to inform practice and policies and improve supervisor and supervisee training;
- V. Depending on the outcome of this study, results will be used to advocate for the implementation of systematic and formalized training in supervision for psychologists involved in the professional supervision and training of interns specifically relevant to the South African context.

Your participation in this project is **voluntary and without coercion**. You may refuse to participate or withdraw from the project at any time with no negative consequences. You can ask to have information related to you, returned or removed from the research records, or destroyed. Confidentiality and anonymity of records identifying you as a participant will be maintained by the [School of Applied psychology], UKZN. If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

If you volunteer to take part in this study, you will be required to do the following;

1. Give written consent to participate;
2. Take part in a survey
3. Understand that you may have to take part in an interview which will last approximately 90 minutes and will be audiotaped.

4. Answer questions about current or past experiences and relationships with supervisors/supervisees (delete whichever is not applicable).
5. Answer a brief demographic questionnaire.

I will not benefit directly from this research. However, my participation in this research may lead to information that could:

1. Expand Psychologists/Supervisor's knowledge about the range of challenges experienced in the supervisory relationship;
2. Create awareness of the prevalence of conflict, and its impact on the working alliance and ultimately the professional development of psychologists.
3. Empower supervisors and supervisees with knowledge about ways in which conflict arises, its impact and working towards minimizing the impact on the developing professional.

The discomforts or stresses that may be faced during this research include the possibility of having to reflect on uncomfortable, embarrassing or upsetting situations in relation to a past or current supervisor/supervisee. While the risks of participating in this study are minimal, in some cases it may result in conflict in a current supervisory relationship.

All information about you will be kept private and confidential. A pseudonym of your choice will be used as an identifier for the interview. If information about you is published, it will be written in a way that so that you cannot be recognized. You have the right to review and edit the tape(s) of your interview, if you so desire. The audiotapes will be kept in a locked cupboard in the researcher's home and only the principal researcher will have access to the tapes. The audiotapes will not be used for any other purposes except for this study. The audiotapes will be erased once the study is complete.

The researcher will answer any additional questions about the research, now or during the course of the project and can be contacted on (031) 2607797 or Cell 0822977999.

Please note: If you consent to participating in the study, you will be sent a link via email which will allow you access to the on-line survey. A token protecting your identity will also be assigned, which is to be used to gain access into the survey.

It should take you about 30 minutes/s to complete the on-line questionnaires.

I hope you will take the time to complete the on-line questionnaires. Please indicate your consent to participate in the attached consent form.

Thank you in advance

Sincerely

Shariefa Hendricks

hendrickss@ukzn.ac.za

Investigator's signature _____ Date _____

[This page is to be retained by participant]

CONSENT FORM: PARTICPATION IN PhD RESEARCH PROJECT

Principal Investigator(s): Shariefa Hendricks

In relation to this project, please circle your response to the following:	Yes	No
I agree to be interviewed by the researcher		
I agree to allow the interview to be recorded by electronic device		
I agree to make myself available for further information if required		
I agree to complete questionnaires asking me about my experiences and challenges of supervision		

I acknowledge that:

- (a) My participation is voluntary and that I am free to withdraw from the study at any time without explanation;
- (b) The study is for the purpose of a research dissertation and not for profit;
- (c) Any identifiable information about me which is gathered in the course of and as the result of my participating in this study will be (i) collected and retained for the purpose of this thesis and (ii) accessed and analyzed by the researcher(s) for the purpose of conducting this research;
- (d) My anonymity is preserved, and I will not be identified in publications or otherwise without my express written consent.

REPLY FORM:

I _____ (full name of participants) hereby consent to participate in the research study entitled: "A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives. being conducted by Shariefa Hendricks (0822977999/031-2607797) and supervised by Duncan Cartwright, PhD (Tel No: 031 2602507). I have been provided a copy of the project consent information statement to which this consent form relates and any questions I have asked have been answered to my satisfaction. I hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Thank you

Shariefa Hendricks

CELL NO: 0822977999/0312607797

Email: hendrickss@ukzn.ac.za

UNIVERSITY OF KWAZULU-NATAL

School of Applied psychology

Howard College campus

{This page is to be retained by researcher}

Appendix A 2: Gatekeepers consent

UNIVERSITY OF KWA ZULU NATAL

PhD Research Project

PERMISSION TO CONDUCT RESEARCH AS PART OF THE PhD QUALIFICATION

COLLEGE OF HUMANITIES: School of Applied Psychology **Date:** _____
Researcher's Name: Shariefa Hendricks **Student No:** 9804621
Contact Details: (0312607797 or 0822977999) **Email:** hendrickss@ukzn.ac.za
Supervisor: Duncan Cartwright PhD (031-2602507) **Email:** cartwirghtd@ukzn.ac.za
Research Office: College of Humanities

TO WHOM IT MAY CONCERN:

Dear Sir/Madam

Re: Permission to contact supervisors and supervisees to request participation in research project

My name is Shariefa Hendricks and I am a PhD student in Clinical Psychology at the University of Kwa-Zulu Natal. I am conducting my dissertation research under the supervision of Duncan Cartwright PhD entitled: ***A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives*** (Thesis by publication). The overall purpose of this study is to expand and enrich local and international research and theory on the supervisory relationship, by developing new insights from South African supervisor-supervisee perspectives.

I hereby request your assistance in permitting access to your institution/hospital for purposes of conducting the research on clinical and counseling psychologists' experiences of supervision and internship training. Your assistance in this regard is most appreciated. Please be assured that all information gained from the research will be treated with the utmost confidentiality. Furthermore, should you wish any result/s or findings from the research "to be restricted" for an agreed period of time, this can be arranged. The confidentiality of information and anonymity of personnel will be strictly adhered to by the student.

The aim of this study is to:

1. To empirically explore supervisees' and supervisor's experiences of supervision by investigating the prevalence, causes and impact of negative supervision experiences on the supervisory working alliance.

2. To examine the immediate and long-term impact of negative supervision events and resolved/unresolved conflict on the professional identity development of supervisees

Through their participation I hope to understand:

1. The prevalence causes and outcome of negative supervision experiences from the supervisee and supervisor's perspective so that specific factors leading to negative supervision encounters can be identified and understood;
2. The impact of negative supervision on the working alliance and psychologist's professional identity development.
3. Supervisor's perception of their training in supervision and how it has prepared them for the supervisory role.

The results of this survey are intended to contribute to:

- I. Addressing the paucity of empirical research on supervision in the South African context, yielding new insights to an established international field; new
- II. Heightening sensitivity and awareness of South African supervisees' and supervisors' experiences and training needs. This would include exploring the prevalence, causes and outcome of negative supervision experiences;
- III. Shedding light on the relational aspects of supervision and its impact on the working alliance and the professional development of psychologists;
- IV. Developing comprehensive knowledge to inform practice and policies and improve supervisor and supervisee training;
- V. Depending on the outcome of this study, results will be used to advocate for the implementation of systematic and formalized training in supervision for psychologists involved in the professional supervision and training of interns specifically relevant to the South African context.

Please note:

(a) Participation is **voluntary** and participants are **free to withdraw** from the project at any time without explanation; (b) The study is for the purpose of a research dissertation and not for profit; (c) Any identifiable information about participants/institutions/hospitals gathered in the course of and as a result of his/her participation in this study will be (i) collected and retained for the purpose of this study and (ii) accessed and analysed by the researcher(s) for the purpose of conducting this research; (iii) and will not be disclosed to third parties.

Should you have any questions or concerns regarding the research/study please contact Shariefa Hendricks or Prof Duncan Cartwright on the numbers listed above.

Thank you for your assistance in this regard.

Yours sincerely

Shariefa Hendricks _____ **Prof D.J. Cartwright:** _____

If permission is granted, kindly confirm this by signing off on the following:

“I am aware of the nature, purpose, aims and extent of the research document and I am satisfied with all the obligations imposed therein.” I hereby grant permission for interns (supervisees) and supervisors to be contacted for research purposes.

Name in Full: _____

Designation: _____

Signature: _____

Hospital/Institution Name and Stamp:

Date: _____

Appendix A3: Supervisee demographic questionnaire

Dear Respondent

Please complete the following demographic questionnaire. This section of the questionnaire refers to background or biographical information. Although we are aware of the sensitivity of the questions in this section, the information will allow us to compare groups of respondents. Once again, we assure you that your response will remain anonymous. Your responses to the questions contained herein pertain to your relationship with your current primary supervisor during the first or last six months of your internship. All information contained herein will be kept confidential and will only be used to make inferences of the data. Your co-operation is appreciated. Community service psychologist, please respond to questions keeping in mind a supervisor with whom you had the most contact with.

Today's date:
Pseudonym/token number:
Today's date:
Date of commencement of Internship:	____/____/____(dd/m/yyyy)
Number of months in current internship: (Applicable to community service psychologists):	Years:Months.....
Date of completion of internship	____/____/____(dd/m/yyyy)

PLEASE MARK WITH AN (X)

1. *What is your age?

Age group	21-25 yrs.	26-35 yrs.	36-39 yrs.	40- 45 yrs.	46-51yrs.	52-60 yrs.	+60 yrs.

2. On average, how many hours of supervision do/did you receive per week? _____

3. On average, how many supervisors have/had you been exposed to since the start of your internship

4. How many weeks have you had your current supervisor_____

1- 4 weeks 4-8 weeks 8-12 weeks 12-16 weeks

16-24 weeks 24-36 weeks 36-48 N/A (community service)

5. How many supervision sessions occurred with your current supervisor? _____

6. Did you and your supervisor differ along any cultural dimensions? Please circle:

Race/Ethnicity	Yes	No	Religion	Yes	No	Language	Yes	No	Other:
Gender	Yes	No	Culture	Yes	No	Sexual orientation	Yes	No	

7. Registration Category

Yours	Clinical		Counselling		Other:	
Supervisor's registration	Clinical		Counselling		Other:	

8. *Race/Gender

	Asian		African		Coloured		White		Other	
Your Race										
Supervisor's race										
Your gender	Male		Female		Supervisor's gender	Male		Female		

9. What is the highest level of education your supervisor has completed?

Degree	Please mark with X	Year obtained
Master's Degree		
Doctoral degree		
Post-doctoral fellowship		

10. UNIVERSITY WHERE YOU ARE COMPLETING/ED YOUR MASTERS:

Institution	UKZN	UWC	UCT	STELLENBOSCH	NMMU	UP	UNISA	WITS	University of North West	UJ	UFS	UNIZULU	Rhodes	DUT	Vaal university of Technology
[x]															
Year (obtained)															
Degree															

11. Indicate where you are currently doing your internship and the number of months you have been at your current internship placement

Internship placement	Mark with an [x]	Number of months	Province
Provincial Hospital			
University/Technikon			
School			
Clinic			
Assessment and Therapy Centre			
Community Centre			
District hospital			
Private Hospital			
Other: Specify			

12. Theoretical orientation: [please mark with an [x]]

	Yours	Supervisor's
Psychodynamic		
Psychoanalytic		
CBT		
Gestalt		
Object Relations		
Other/Eclectic		

(*For statistical purposes)

Appendix A4: Information leaflet



INFORMATION LEAFLET ON PHD STUDY CONDUCTED BY SHARIEFA

HENDRICKS: 9804621

PHD SUPERVISOR: PROF DUNCAN CARTWRIGHT

ETHICAL CLEARANCE NO.: HSS/1350/013D

2014

TITLE OF THE STUDY: *A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives (Thesis by publication).*

Dear Colleague/Participant

Thank you for taking the time to read this leaflet! Participants for this study are currently being recruited. Should you want to know more about this study, the information below is a very brief description of my study, its aims, objectives, ethical considerations and steps to take, should you agree to participate.

1. WHAT IS THE STUDY ABOUT?

This is a national study and proposes to explore CLINICAL *and* COUNSELLING psychologists' experiences of their internship training and the supervisory relationship from a South African perspective - it will explore a number of aspects of [Clinical] supervision in Psychology (from both the supervisor's *and* supervisee's perspective). Some of the issues to be investigated include negative supervision events/conflict, race, gender, cultural factors, factors influencing positive learning experiences in supervision and the difficulties that the supervisor *and* supervisee encounter within the supervisory relationship. While internationally, there is copious amounts of research on the supervisory relationship, locally there is a noted scarcity of research in this area of professional practice. I am hoping that through your participation we can begin to address the notable gaps in research from a South African perspective!

2. WHAT ARE THE AIMS OF THE STUDY?

This PhD will be by publication and is divided into two phases. The first phase is *quantitative* and the second phase adopts a *qualitative* methodology.

PHASE 1: Through the use of a survey, the researcher aims to investigate the **prevalence, causes and implications** of negative supervision events by exploring **supervisees' perceptions** of the supervisory relationship.

In order to achieve a more balanced perspective, this study will also investigate the challenges **supervisors** experience with interns (in general) they supervise/train and their perspectives of the supervisory relationship, competence in supervision (their own professional training in supervision) and how it has prepared them for the supervisory role. No dyads will form part of this study.

PHASE 2: During the second phase the researcher will adopt a qualitative framework utilizing semi-structured narrative interviews, to further understand and explore supervisees' subjective experiences of negative supervision and the immediate and long-term impact of negative supervision experiences on **professional development**.

3. BENEFITS AND OBJECTIVES OF THE STUDY: This research has the potential to benefit the profession of Psychology by:

1. To address the paucity of research on supervision in South Africa and stimulate further research on supervision.
2. Creating awareness of the prevalence, causes and implications of negative supervision events on the supervisory relationship
3. To aid in the development of supervisees' diversity competence by developing a more holistic understanding of the various issues and multicultural dimensions that affect the supervisory relationship
4. To build on existing knowledge of factors implicated in negative supervision events
5. To advance knowledge in professional practice, teaching, and supervision which has implications for supervision practice and policies on training in supervision;
6. To encourage supervisors to engage in reflective practice and encourage adherence to standards of ethical and professional practice
7. The research aims to highlight the urgent need for integrated, systemized training for psychologists engaged in supervision and training of psychology interns, to ensure effective teaching by supervisors and delivery of a high standard of supervision.
8. To create awareness of the deleterious implications of the immediate and/or long term negative supervision training experiences on psychologists' professional identity development and how this influences perception of the professional Identity;
9. To contextualize negative supervision experiences of South African supervisees and supervisors;

4. METHOD OF DATA COLLECTION: ONLINE SURVEY

The proposed research employs a Mixed Method Approach, consisting of two separate phases. The quantitative phase is a non-experimental, cross-sectional, design using an online survey consisting of questionnaires as the designated research method and in phase 2 narrative inquiry will be used.

4.1 QUANTITATIVE PHASE – PHASE 1

▪ **SAMPLE: SUPERVISEES AND SUPERVISORS**

Approximately 100 male and female Masters Level, Clinical and Counselling supervisees (M1'S, interns and community service psychologists) and 100 male

and female Supervisors of all race groups will be invited to participate in the study. The supervisor cohort includes any clinical or counselling psychologist who has at least between 1-3 years of supervisory experience, in either the private or public sectors to participate. No dyads will be used.

— **ONLINE SURVEY (QUESTIONNAIRES):**

Supervisee cohort: The group of participants who fall under the “supervisee” cohort (e.g. M1's, Interns and community service psychologists have 4 questionnaires: A demographic questionnaire (24 questions), the Supervisory styles inventory (33 items), The Role conflict, role ambiguity inventory (29 items) and the Working alliance inventory (36 items). This should take no more than 20-25 minutes to complete.

Supervisors: Supervisors will need to respond to two (2) online questionnaires - a demographic questionnaire (14 questions) and a survey entitled “**Supervisor experiences of supervision**” (36 close -ended questions). This should take participants about an hour to complete. The survey does not have to be completed all at once. You can log in and out of the survey as many times as you would like, just remember to click on “resume later”. Once completed, click “SUBMIT”.

Each participant who indicates an interest in the study will be asked to send me their email address. A unique token number will be created automatically once their information has been uploaded onto the survey site. The limesurvey is managed by ICS at UKZN and permission to use this survey site is granted by Hillary Reynolds from ICS (Tel no: 031-2604000)

QUALITATIVE PHASE 2

For phase 2, a total of 8 informants (8 supervisees) self-identified through the survey as having experienced a negative supervisory experience that has impacted their professional development will be invited to participate in the 2nd phase of the study. Hence, participation will be voluntary and the sampling technique will be purposive. Only participants who participated in phase 1 will be allowed to participate in phase 2 of the research.

PLEASE NOTE: Both sets of participants would need to give **online consent**.

POTENTIAL LIMITATIONS TO CONFIDENTIALITY

- As far as protecting the anonymity (identities) of participants are concerned, the principal researcher (Shariefa Hendricks) is the ONLY administrator of the database. All identifying information will be strictly confidential and no identifying information will be published. Every effort will be made to ensure that this is executed meticulously and will be overseen by her supervisor, Prof Duncan Cartwright (0312602507).
- Anonymity is assured by a system generated individualized “Token” assigned to each participant using their email address. Pseudonyms will be used for the participants who participate in the follow up interview. The data base will be “cleaned by the principle investigator prior to handing it over to the statistician for analysis. The questionnaires on limesurvey will be deactivated after data collection.
- Participant’s real names and the names of internship sites, place of work or location (i.e. hospital or university) will not be utilized in the write-up of the thesis, publication or during oral presentations. All efforts to protect the identity and confidentiality of the participants will be made.
- This PhD study is by publication and hence results of the study will be disseminated in the form of publications in peer reviewed Journals. All efforts to protect the identity and confidentiality of the participants will be made. If necessary, extracted quotes from interviews used in the analysis will be sent to participants to verify that no identifying information is being revealed. Consent forms explicitly state that a participant may withdraw from the study at any time without any consequences.

- All participants will be informed of the journals in which the study will be published, should they request.

6. STEPS TO FOLLOW TO ACCESS THE SURVEY AND COMPLETE ONLINE

QUESTIONNAIRES:

Send your email address to: hendrickss@ukzn.ac.za

1. Your email address is used to create a unique token, to protect your identity
2. An email inviting you to do the survey will be sent to your personal email address.
3. After you receive the email invitation, click on the link in the email (see appendix 1 for an example of the invite/link). Please DO NOT try to access the survey with the link in the example.
4. You will be taken into the survey site
5. The first page is the **Welcome** page followed by the informed consent letter
6. You need to indicate consent in order to move on to the questionnaires. Click “*resume later*” if you plan to return to survey at another time. Only click on “**submit**” once you have completed all the questions
7. If participants are still unsure they may contact me on 0312607797 or 0822977999 and I will talk them through it.

PLEASE NOTE: This study has been approved by the UKZN Humanities and Sciences Research Ethics Committee. (Ref no: HSS/1350/013D). If you have any questions concerning your rights as a research participant that have not been answered by the investigator or if you wish to report any concerns about the study, you may contact the HSREC (031 260 3587)

APPENDIX 1: AN EXAMPLE OF THE EMAIL THAT WILL BE SENT TO PARTICIPANTS:

Participants will receive an email similar to the one illustrated below:

Dear [PARTICIPANT],

You have been invited to participate in a survey.

The survey is titled:

"SUPERVISOR'S PERCEPTION OF SUPERVISION"/ SUPERVISEES PERCEPTION OF SUPERVISION"

By clicking the link below you acknowledging an awareness that your participation is completely voluntary and that you may withdraw at any time without penalty. This study has been reviewed and approved by the Ethics committee.

All responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data.

When you click on the link you will be taken directly into the Limesurvey. The first page briefly describes the 4 (four questionnaires and benefits of the study (applicable to Interns); Supervisor's would need to complete a demographic questionnaire (14 questions) and a survey (61 questions), which should take about 20 to 25 minutes to complete.

In clicking the link below I acknowledge that I have read and understand my rights and the limitations of confidentiality.

To participate, please click on the link below.

Sincerely,

Shariefia Hendricks (hendrickss@ukzn.ac.za)

Click here to do the survey:

1. <http://surveys.ukzn.ac.za/wip/index.php?sid=49551&lang=en>.

If you do not want to participate in this survey and don't want to receive any more invitations please click the following link:

<http://surveys.ukzn.ac.za/wip/optout.php?lang=en&sid=55395&token=yidqzetu36x3dnr>

Thank you

I hope this information brochure will stimulate your interest in participating in a study that hopes to address the noticeable gaps in research on supervision and the supervisory relationship. You may contact Shariefia Hendricks on Tel: 031-2607797 or Email: hendrickss@ukzn.ac.za should you have any further queries.

Appendix A5: UKZN Humanities and Social Sciences Research Ethics Committee ethical approval



20 November 2014

Mrs Shariefa Hendricks (9804621)
School of Applied Human Sciences
Westville Campus

Dear Mrs Hendricks,

Protocol reference number: HSS/1350/013D

Project title: A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives

Full Approval – Expedited Application

With regards to your response dated 28 October 2014 to our letter of 02 July 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted FULL APPROVAL.

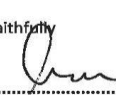
Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Professor Duncan J Cartwright
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Ms Ausie Luthull

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Acting Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snvmanm@ukzn.ac.za / mohunp@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

Appendix A6: Demographics: Pilot study participants

Name	Age	Gender	Race
Shay	37	Female	Indian
Damien	45	Male	White
Zak	44	Male	African
Paula	38	Female	Coloured
Amy	40	Female	African

Appendix B1: Information sheet

Reflect on your internship thus far and think about all of your supervision experiences. For the purpose of this study negative supervision experience is described either harmful or inadequate.

13. Have you experienced a negative event in your current internship with a current or previous supervisor? Yes No
(If no, proceed to the “Supervisee perceptions of supervision questionnaire”).

14. If yes, how would you categorise your negative experience (Please tick one):

Inadequate	Ineffective supervision that does not harm or traumatize a supervisee. May occur when a supervisor is unwilling or unable to meet supervisees’ clinical or training needs. For example, a supervisor is not forthcoming about a supervisee’s evaluation, is chronically late for supervision, or is overly critical.
Harmful	Your experience was emotionally, physically or psychologically traumatising. For example, supervisor negligence or malice, or violating ethical standards, engaging in sexual intimate relationships, is racist/sexist/ageist, a supervisor who is vindictive, does not respect boundaries.

15. Below is a table that summarises some of the negative experiences you may have had. You may select one (or more than one) incident that has impacted you in a negative way.

<input type="checkbox"/> Interpersonal relationship and style - differing attitudes, personality conflicts, communication difficulties, including the supervisor being critical, disrespectful and unsupportive
<input type="checkbox"/> Conceptualization and theoretical orientation - conflicts involving client conceptualization, diagnosis, treatment decisions, and interventions, such as disagreements related to different theoretical orientations;
<input type="checkbox"/> Supervision tasks and responsibilities - Issues pertaining to activities, roles, goals, expectations and time spent in supervision, including lack of supervision, inadequate knowledge and/or skills of the supervisor
<input type="checkbox"/> Ethics, legal and multicultural issues - ethical and legal considerations pertaining to the professional practice of psychology, including multicultural competence, clinical issues, and case management

<input type="checkbox"/> Supervisor distress or impairment - issues such as sexual contact or exploitation, poor boundaries, personal issues of supervisor intervening in the supervision process.
<input type="checkbox"/> Other: Please Specify

16. During the feedback and evaluation process I often felt discriminated against because of my race

1- Strongly agree 2- agree 3 -neutral 4- disagree 5- strongly disagree

17. During the feedback and evaluation process I often felt discriminated against because of my gender

1- Strongly agree 2- agree 3 -neutral 4- disagree 5- strongly disagree

18. On average how many times during the period of your internship did you experience a negative event?

19. What was it about your supervisor that impaired the relationship?

Did your experience impact your personal or professional development, if so, how?

20. What do you think were some of the reasons you experienced the negative supervision event mentioned in (13) above?

21. What specific supervisor factors contributed to your negative supervision experience? Please list at least three (3)

--

22. Why do think your specific experience happened?

23. Has your perception of the event/s you experienced, changed over time? If yes, how?

***If you have had a negative experience in supervision, that impacted your professional development, are you agreeable to being contacted for a follow up interview?**

Yes **No**

Contact details:

Email Address: _____ **Cell No:** _____

Thank you

S Hendricks

**Some questions have been printed with permission.*

Appendix B2: Role conflict, Role ambiguity Inventory (RCRAI)

Supervisee Form

Dear Respondent

The supervisor-supervisee relationship is critical to successful and effective clinical supervision, therapist professional development, and client outcomes, yet, little is known about what makes an excellent or bad supervisory relationship (Ellis, 2001). The purpose of this survey is to learn about the challenges supervisee's encounter in supervision. I am particularly interested in obtaining data on supervisees' positive and negative experiences of supervision, and the impact it has had on the supervisory working alliance. While completing the following questionnaires, think of your current supervisor and your supervision with him/her when completing the questionnaires. If you had more than one supervisor choose one that "stands out" for you or one who has supervised you consistently for a minimum of at least 6 months of your internship, and complete the questionnaires with that experience in mind. Remember, your responses will remain completely **confidential and anonymous**. All the questionnaires will be analysed as a group, **not individually or by academic institution**. Your supervisor, your academic institution, or the organization at which you were placed in your internship **WILL NOT** have any access to your responses. **DO NOT** put your name or any other identifiable information on this questionnaire. Your co-operation is appreciated.

Instructions:

The following statements describe some of the problems that therapists-in-training (interns) may experience during the course of their clinical supervision. Read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training. PLEASE RESPOND TO EVERY ITEM.

For each of the following circle the most appropriate number where 1 = not at all and 5 = very much so

I HAVE EXPERIENCED DIFFICULTY IN MY CURRENT OR MOST RECENT SUPERVISION BECAUSE:

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | I was not certain what materials to present to my supervisor | 1 | 2 | 3 | 4 | 5 |
| 2. | I have felt that my supervisor was incompetent or less competent than I. I often felt as though I was supervising him/her. | 1 | 2 | 3 | 4 | 5 |
| 3. | I have wanted to challenge the appropriateness of my supervisor's recommendations for using a technique with one of my clients, but I have thought it better to keep my opinions to myself. | 1 | 2 | 3 | 4 | 5 |
| 4. | I wasn't sure how best to use supervision as I became more experienced, although I was aware that I was undecided about whether to confront him or her. | 1 | 2 | 3 | 4 | 5 |
| 5. | I have believed that my supervisor's behaviour in one or situations was unethical or illegal, but I was undecided about whether to confront him/her. | 1 | 2 | 3 | 4 | 5 |
| 6. | My orientation to therapy was different to that of my supervisor. She or he wanted me to work with clients using her or his framework and I felt I should be allowed to use my own approach. | 1 | 2 | 3 | 4 | 5 |
| 7. | I have wanted to intervene with one of my clients in a particular way and my supervisor has wanted me to approach the client in a different way. I am expected to judge what is appropriate for myself and also to do as I am told | 1 | 2 | 3 | 4 | 5 |
| 8. | My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare | 1 | 2 | 3 | 4 | 5 |
| 9. | I wasn't sure how autonomous I should be in work with my clients. | 1 | 2 | 3 | 4 | 5 |
| 10. | My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply. | 1 | 2 | 3 | 4 | 5 |
| 11. | My supervisor's criterion for evaluating my work was not specific. | 1 | 2 | 3 | 4 | 5 |
| 12. | I was not sure that I had done what the supervisor expected me to do in a session with a client. | 1 | 2 | 3 | 4 | 5 |
| 13. | The criteria for evaluation on my performance in supervision was not clear. | 1 | 2 | 3 | 4 | 5 |
| 14. | I got mixed signals from my supervisor and I was unsure which signals to attend to. | 1 | 2 | 3 | 4 | 5 |
| 15. | When using a new technique, I was unclear about the specific steps involved. As a result, I was unsure how my supervisor would evaluate my work. | 1 | 2 | 3 | 4 | 5 |
| 16. | I disagreed with my supervisor about how to introduce a specific issue to a Client, but I also wanted to do what the supervisor recommended. | 1 | 2 | 3 | 4 | 5 |

17. Part of me wanted to rely on my own instincts with clients, but I always knew my supervisor would have the last word.	1	2	3	4	5
18. The feedback I got from my supervisor did not help me to know what was expected from me in my day-to-day work with clients	1	2	3	4	5
19. I was not comfortable using a technique recommended by my supervisor; however, I felt I should do what my supervisor recommended.	1	2	3	4	5
20. Everything was new and I wasn't sure what would be expected from me.	1	2	3	4	5
21. I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated	1	2	3	4	5
22. I disagreed with my supervisor about implementing a particular technique, but I also wanted to do what the supervisor thought best.	1	2	3	4	5
23. My supervisor gave me no feedback and I felt lost.	1	2	3	4	5
24. My supervisor told me what to do with a client, but didn't give me very specific ideas about how to do it.	1	2	3	4	5
25. My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular client.	1	2	3	4	5
26. There were no clear guidelines for my behaviour in supervision.	1	2	3	4	5
27. The supervisor gave no constructive or negative feedback and, as a result, I did not know how to address my weaknesses.	1	2	3	4	5
28. I did not know how I was doing as a therapist, and as a result, I did not know how my supervisor would evaluate me.	1	2	3	4	5
29. I was unsure of what to expect from my supervisor	1	2	3	4	5

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Appendix B3: Working Alliance Inventory

The working Alliance Inventory¹⁷

Supervisee form

(A.O Horvath, 1982)

Please DO NOT write your name or any other identifiable information on this questionnaire. **Remember, your responses will remain completely confidential and anonymous.** The following sentences describe some of the different ways a person may think or feel about his/her supervisor. As you read the sentences, mentally insert the name of your supervisor in the place of _____ in the text.

For each statement, there is a 7-point scale.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very often	Always

If a statement describes the way you always feel (or think) circle the number 7; if it never applies to you, circle the number 1; use the number in between to describe the variations between these extremes.

Please work as fast as you can. Your first impressions are the ones I would like to have.

DON'T FORGET TO RESPOND TO EVERY ITEM. THANK YOU FOR YOUR COOPERATION

No.	Statement	N	R	OC	S	O	VO	A
1	I feel comfortable with my _____	1	2	3	4	5	6	7
2	_____ and I agree about the things I will need to do to improve my abilities as a therapist.	1	2	3	4	5	6	7
3	I am worried about the outcome of these sessions	1	2	3	4	5	6	7
4	What I am doing in supervision gives me new ways of looking at how I approach my work as a therapist	1	2	3	4	5	6	7
5	_____ and I understand each other	1	2	3	4	5	6	7
6	_____ perceives accurately what my goals are	1	2	3	4	5	6	7
7	I find what I am doing in supervision confusing	1	2	3	4	5	6	7
8	I believe _____ likes me	1	2	3	4	5	6	7

¹⁷ Reprinted with permission AO Horvath (1982)

9	I wish _____ and I could clarify the purpose of our sessions	1	2	3	4	5	6	7
10	I disagree with _____ about what I ought to get out of supervision	1	2	3	4	5	6	7
11	I believe that the time _____ and I are spending together is not spent efficiently	1	2	3	4	5	6	7
12	_____ doesn't understand what I am trying to accomplish in supervision	1	2	3	4	5	6	7
13	I am clear on what my responsibilities are in supervision	1	2	3	4	5	6	7
14	The goals of these sessions are important to me	1	2	3	4	5	6	7
15	I find that what _____ and I are doing in supervision is unrelated to my concerns	1	2	3	4	5	6	7
16	I feel the things I do in supervision will help me improve as a therapist	1	2	3	4	5	6	7
17	I believe _____ is genuinely concerned for my welfare	1	2	3	4	5	6	7
18	I am clear as to what _____ wants me to do in these sessions	1	2	3	4	5	6	7
19	_____ and I respect each other	1	2	3	4	5	6	7
20	I feel that _____ is not totally honest about his/her feelings about me	1	2	3	4	5	6	7
21	I am confident in _____ ability to help me	1	2	3	4	5	6	7
22	_____ and I are working on mutually agreed upon goals	1	2	3	4	5	6	7
23	I feel that _____ appreciates me	1	2	3	4	5	6	7
24	We agree on what is important to work on	1	2	3	4	5	6	7
25	As a result of these sessions I am clearer as to how I might be able to improve my work as a therapist	1	2	3	4	5	6	7
26	_____ and I trust one another	1	2	3	4	5	6	7
27	_____ and I have different ideas on what my difficulties are	1	2	3	4	5	6	7
28	My relationship with _____ is very important to me	1	2	3	4	5	6	7
29	I have a feeling that if I say and do things, _____ will stop supervising me	1	2	3	4	5	6	7
30	_____ and I collaborate on setting goals for supervision	1	2	3	4	5	6	7
31	I am frustrated by the things I am doing in supervision	1	2	3	4	5	6	7

32	We have established a good understanding of the kind of changes that would be good for my work as a therapist	1	2	3	4	5	6	7
33	The things that _____ is asking me to do, don't make sense to me	1	2	3	4	5	6	7
34	I don't know what to expect as the result of my supervision	1	2	3	4	5	6	7
35	I believe the way we are working in supervision is correct	1	2	3	4	5	6	7
36	I feel _____cares about me even when I do things that he/she does not approve of.	1	2	3	4	5	6	7

Scoring:

Task Sub-scale: Positively scored items: 2, 4, 13, 16, 18, 24, 35

Negatively scored items: 7, 11, 15, 31, 33

Bond Sub-scale:

Positively scored items: 5, 8, 17, 19, 21, 13, 26, 28, 36

Negatively scored items: 1, 20, 29

Goal Sub-scale:

Positively scored items: 6, 14, 22, 25, 30, 32

Negatively scored items: 3, 9, 10, 12, 27, 34

Appendix B4: Supervisory styles Inventory¹⁸

Indicate your perception of the style of your current or most recent supervisor on each of the following descriptors. Circle the number on the scale from 1 to 7 that best reflects your view of him/her.

	1	2	3	4	5	6	7
	Not very characteristic			Very Characteristic			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
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23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							

¹⁸ Developed by M.L. Friedlander and Ward, L.G. (1984). Reprinted with permission

Appendix C1: Supervisee biographical questionnaire

AGE	
RACE	
GENDER	
QUALIFICATION	
WORKPLACE & POSITION	
HIGHEST DEGREE OBTAINED	
YEAR OF INTERNSHIP	
NUMBER OF YEARS OF SUPERVISION EXPERIENCE (IF APPLICABLE)	
NUMBER OF YEARS OF COUNSELLING EXPERIENCE	
WHERE YOU DID YOUR INTERNSHIP (HOSPITAL/CLINIC/STUDENT COUNSELLING ETC)	
YOUR THEORETICAL ORIENTATION	

Appendix C2: Consent form for participation in interviews



UNIVERSITY OF KWAZULU-NATAL
COLLEGE OF HUMANITIES
SCHOOL OF APPLIED HUMAN SCIENCES
CONSENT FORM

Dear Informant

PhD Research Project Title: *A mixed method study on Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context – supervisee and supervisor perspectives*

My name is Shariefa Hendricks and I am a clinical psychologist currently employed within Student Support Services, Westville campus, University of KwaZulu-Natal. I am also a Doctoral student registered with the School of Applied Human Sciences, Howard College Campus, University of KwaZulu-Natal in Durban. My ethical clearance number is HSS/1350/013D. My supervisor is Professor Duncan Cartwright, Associate Professor and Head of the Centre for Applied Psychology in the School of Applied Human Sciences.

You are invited to participate in my doctoral research study exploring *Clinical and Counselling psychologists' experiences of the supervisory relationship in the South African supervision context*. While you have granted online consent to participate in Phase 1 of this research project, your permission to be interviewed for the follow up qualitative phase of this PhD, is required.

The overall purpose of this study is to expand and enrich local and international research and theory on the supervisory relationship, by developing new insights from South African supervisor-supervisee perspectives. The main aim of my qualitative study, is to capture and understand how psychologists experience and make sense of their negative supervision experience and the personal and professional implications thereof. I will be adopting the qualitative research method known as Narrative Inquiry in my investigation. Through the interview I hope to examine the immediate and long-term impact of negative supervision events and resolved/unresolved conflict on the professional development of psychologists as well as supervisor's perception of their training in supervision, their own experiences of supervision and how it has prepared them for the supervisory role.

Through this study, I hope to address the research gap in the area of negative supervision noted both locally and abroad. The results of this survey are envisaged to address the paucity of empirical research on supervision in the South African context, yielding new insights to an established international field. It is also envisaged to heighten sensitivity and awareness of South African supervisees' and supervisors' experiences and training needs. The results of this study are envisaged to have relevant implications for areas such as professional training and internship

programmes for psychologists, professional development of qualified practitioners as well as to stimulate dialogue amongst professionals. Lastly, it is envisaged that the results will be used to advocate for the implementation of systematic and formalized training in supervision for psychologists involved in the professional supervision and training of interns specifically relevant to the South African context.

Should you agree to take part in the study, you will be requested to participate in an unstructured, in-depth interview, lasting approximately 90-120 minutes. All interviews will be conducted by the researcher herself. All costs relating to the study will also be borne by the researcher. Informants are not anticipated to incur any financial expenses resulting from participation in the study. The interviews will be scheduled at a venue and time of your convenience. Interviews will be audiotaped, transcribed verbatim and coded. During the interviews I will request you to reflect on your negative experience and share how your experience unfolded/escalated, the meaning your experience has for you, how it has impacted your professional development and approach to supervision practice. No risk or harm to yourself or others is anticipated in this study. You are under no obligation to participate in this study, and are free to withdraw from the interview at any point during the interview process. Once interviews have been completed, data analyzed and the thesis submitted, it would not be possible to retract information. Your decision not to take part in this study will be respected and will have no negative repercussions on your personal or professional life.

Confidentiality of information will be maintained at all times. Your identity will be protected and anonymity maintained through the use of a pseudonym which you may select should you so wish. The specific names of participating institutions will not be mentioned in the study. Tapes of interviews and transcribed material will be kept safe at all times by the researcher. Extracts from your interviews may be incorporated into my thesis, future academic articles, professional conferences and seminars that may emanate from the study, without revealing your identity. In instances where I require clarification of interview responses or further information from you, I may request this via e-mail or arrange a follow-up interview, at your convenience. Upon completion of the study and the awarding of the degree, audiotapes will be destroyed.

Should you agree to participate on the basis of having read and understood the nature and conditions of this research study, please sign the designated section below. Should you require clarification or further information regarding the study, please do not hesitate to contact me or my supervisor. Relevant contact details are provided in this document.

PARTICIPANT DECLARATION

I (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and consent to participating in the study. I agree to complete the requested biographical questionnaire, consent to be interviewed and grant permission for interviews to be audiotaped, and for transcribed interview material to be utilized for research purposes.

I understand that I am at liberty to withdraw consent from the study up until the time of interviews, should I so wish.

Signature of participant: _____ Date: _____

Signature of researcher: _____ Date: _____

Researcher's Name: Shariefa Hendricks

Student No: 9804621

Contact Details:(0312607797 or 0822977999)

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Tel. number: 0312602507

School of Applied Human Sciences (Howard College campus)

{This page is to be retained by researcher}

Appendix C3: Supervisee semi-structured interview guide (Study 4)

FOCUS: On the meaning and impact of the event.

SUBSESSION1: INTRODUCE THE CENTRAL TOPIC:

Tell me about your negative supervision experience in as much detail as you can, (for e.g. where you did it, how many supervisors you had, how you experienced them, their expectations, your expectations, difficulties/challenges you experienced), how the event unfolded, how it escalated. I'd like you to recall your thoughts and feelings at the time, and what were the immediate and long term impacts for you

Subsession 2: The way in which you spoke about your experience sounds like it was a very difficult period of your training, can you tell me why it was so impactful

- A. Can you describe to me, how and in what ways that experience of supervision has impacted you.
- B. Take me back to one example of a supervision session, try to recall what it was like for you as you came into your supervision session, what your supervisor did or said and your reaction to him/her
- C. Probe further
 - i. How did your experience affect the relationship (alliance) with your supervisor?
 - ii. Can you take a few minutes to reflect on your experience and tell me what meaning it has for you now that you have completed your internship?
 - iii. How did that experience affect your learning and development?
 - iv. Have you sought supervision again after that experience?
 - v. What is it about your experience that made it so damaging?
 - vi. What does it make you want to say to others about supervisors?
 - vii. Were goals, expectations et cetera made clear?
 - viii. What did you need from your supervisor/others?
 - ix. Why did you not speak up?

Appendix D1: Supervisor demographic questionnaire¹⁹

Dear Colleague/participant

This survey consists of two questionnaires: (i) A Demographic questionnaire and (ii) Supervisor experiences of supervision survey questionnaire. All information contained herein will be kept confidential and will only be used to make inferences of the data. Where applicable please mark with an X.

PSEUDONYM:	Token No:
-------------------------	------------------------

1. What is your age?

25-30 yrs.	31-34 yrs.	35-39 yrs.	40-45 yrs.	46-51 yrs.	52-56 yrs.	57-65yrs

2. Registration Category: Mark with X

Clinical		Counselling		Other	
-----------------	--	--------------------	--	--------------	--

3. Year of registration as an independent practitioner: _____

4. No. of years of experience as

Psychologist		Supervisor	
---------------------	--	-------------------	--

5. How long after you graduated as an independent practitioner did you engage in the supervision of interns? _____

6. On average how many interns do you supervise at a time? _____

7. On average, how many hours do you spend on supervision per intern, per week? _____

¹⁹ Content areas adapted with permission by authors. Robiner, W.N., Saltzman, S.R., Hoberman, H.M., and Schirvar, J.A., (1997). Psychology Supervisor's training, experience, Supervisory evaluation and self-rated competence. *The Clinical Supervisor*, Vol 16 (1).

8. Typically, how long is each supervision session per intern, per week? _____

9. How many interns have you supervised to date? _____

10. What is your theoretical orientation? _____

11. *Race and Gender

Your Race	Indian		African		Coloured		White		Other	
Your gender	Male		Female							

12. What percentage of supervisees whom you have supervised over the last 5 years are supervisees of colour? _____

13. UNIVERSITY WHERE DEGREE WAS OBTAINED:Mark with an [x]

INSTITUTION	UKZN	UWC	UCT	STELLENB OSCH	NMMU	UP	UNISA	WITS	UJ	UNIZUL	RHODES	MUT	DUT	Other: Specify
Masters														
PhD														
Post -doctoral fellowship														
Year obtained														

PLEASE MARK WITH AN (X):

14. Indicate where you are currently employed?

Institution	[X]	No. of years employed	Institution	[X]	No. of years employed
--------------------	------------	----------------------------------	--------------------	------------	--------------------------------------

Provincial Hospital			Community health Clinic		
University			Assessment and Therapy Centre		
School			Private Practice		
Community Centre			Other: Specify		

Appendix D2: Questionnaire items used in the analysis for Study 3

Supervisor experiences of supervision

The supervisor-supervisee relationship is critical to successful and effective clinical supervision, therapist professional development, and client outcomes, yet, little is known about what makes an excellent or bad supervisory relationship (Ellis, 2001). Very little is known about supervisors' perceptions regarding the adequacy of their training and level of competence in supervision. The purpose of this survey is to learn about the challenges supervisor's encounter in their supervision of interns. I am particularly interested in obtaining data on supervisor's positive and negative experiences of supervision, to gauge the extent and satisfaction with your level of training in supervision, the problems you may have encountered with supervising and evaluating unsuitable interns and your perception and experiences of the supervisory relationship. Please think of the various supervisees and your supervision with him/her when completing the questionnaire. All responses are anonymous and confidential. **DO NOT** put your name or any other identifiable information on this questionnaire. Your co-operation is appreciated.

A. SUPERVISION, THE SUPERVISORY RELATIONSHIP AND INTERN TRAINING

Do you follow any particular model of supervision? Yes No

Which of the following form part of your training techniques in supervision? You may tick more than one.

<input type="checkbox"/> Audio taping	<input type="checkbox"/> Video recording	<input type="checkbox"/> Role playing	<input type="checkbox"/> Observation	<input type="checkbox"/> Use of a two-way mirror
<input type="checkbox"/> Supervision contract		<input type="checkbox"/> Other: _____		

In your experience rate the extent to which the following aspects affect the compatibility of the supervisee-supervisor relationship using the following scale:

	Never 1	Rarely 2	Sometimes 3	Often 4	Very often 5
i. Similarity in Theoretical orientation	1 2 3 4 5				
ii. Multicultural aspects of the supervisory relationship	1 2 3 4 5				
iii. Transference and countertransference issue	1 2 3 4 5				
iv. Response to evaluation and feedback	1 2 3 4 5				

v.	Personality conflicts	1 2 3 4 5
vi.	Gender differences	1 2 3 4 5
vii.	Racial differences	1 2 3 4 5
viii.	Language differences	1 2 3 4 5
ix.	Ethical issues	1 2 3 4 5
x.	Parallel Processes	1 2 3 4 5
xi.	Preparation for supervision	1 2 3 4 5
xii.	Power struggles	1 2 3 4 5
xiii.	Boundary issues	1 2 3 4 5
Other (specify): _____		

B. SUPERVISOR SELF-RATINGS ON VARIOUS SUPERVISION SKILLS

Read the statements below and please tick or circle your response.

How would you rate the priority of supervision in comparison to your other professional tasks?
(E.g. clinical work, administration).

- a) Very high priority
- b) High priority
- c) Fair priority
- d) Low priority
- e) Very low priority

How effective do you feel you are in providing supervision?

- a) Excellent
- b) Very effective
- c) Moderately ineffective
- d) Mildly ineffective
- e) Very Ineffective

Rate your supervisory skills relative to your other professional skills:

- a) Excellent
- b) Very good
- c) Better
- d) About as good
- e) Poorer

How challenging do you find your role as a supervisor?

- a)Extremely challenging
- b)Very Challenging
- c)Moderately Challenging
- d)Slightly challenging
- e)Not challenging at all

C.SUPERVISOR APPRAISALS OF INTERNS' SUITABILITY IN INTERNSHIPS

How confident are you in supervising interns perceived as incompetent?

- a) Extremely confident
- b) Very confident
- c) Moderately confident
- d) Somewhat confident
- e) No confident at all

B. INTERN EVALUATION AND FEEDBACK

Rate your competence in evaluating interns:

- a) Excellent
- b) Very competent
- c) Slightly incompetent
- d) Moderately incompetent
- e) Very incompetent

F. SUPERVISION TRAINING AND EXPERIENCE:

Have you had any formal training in supervision prior to assuming supervisory responsibilities?

YES NO

Have you had any formal training in supervision after assuming supervisory responsibilities:

YES NO

If Yes, specify the type of training: (Please mark with an x)

Training	<input checked="" type="checkbox"/>
Certificate Course	<input type="checkbox"/>
Workshop	<input type="checkbox"/>
Lecture series	<input type="checkbox"/>
Module	<input type="checkbox"/>
On-line training	<input type="checkbox"/>
Diploma/Degree	<input type="checkbox"/>

If yes, how satisfied are you with the training you received?

- a)Extremely satisfied
- b)Very satisfied
- c)Mostly satisfied
- d)Indifferent/mildly satisfied
- e)Quite dissatisfied

. If no, how important would you rate training in supervision?

- a) Extremely important
- b) Very important
- c) Moderately important
- d) Slightly important
- e) Not at all important

Have you ever sought supervision for your own supervisory performance? Yes No

Do you think your training (or lack thereof) impacted on your relationship with a supervisee?

Yes No

Do you think that you have become more competent in supervision over time?

- a) Yes, definitely
- b) Yes, I think so

- c) No, definitely not
- d) No I don't think so
- e) Don't know

Do you think you have become more confident in supervising interns over the years?

- a) Yes, definitely
- b) Yes, I think so
- c) No, definitely not
- d) No. I don't think so

Do you think that formal training in supervision should be made mandatory?

- 1.) Yes 2) No 3) I don't know

If yes, rate the following components of supervisor training in order of importance:

1= extremely important, 2 =very important, 3= somewhat important, 4 = not important at all:

	COMPONENTS	Rating
i.	Theory and Practice of supervision	
ii.	Models of supervision	
iii.	Supervisory styles	
iv.	Ethics in supervision	
v.	Managing supervisee resistance, conflict and power issues in supervision	
vi.	Managing transference and countertransference	
vii.	Dealing with Boundary violations	
viii.	Assessing and evaluating competencies	
ix.	Contracting in supervision	
x.	Report writing	
xi.	Diversity/multicultural aspects of supervision	
xii.	Other, Specify:	

On average, how many journal articles or chapters would you say you read per month on supervision?

- 0 1 2 3 3+

As a supervisor, how prepared do you think your (Masters) training has prepared you for the supervisory role?

- a) Extremely well prepared
- b) Very well prepared
- c) Somewhat prepared
- d) A little prepared
- e) Not at all prepared

How satisfied were you with the supervision you received as a supervisee?

- a) Extremely satisfied
- b) Very satisfied
- c) Moderately satisfied
- d) Somewhat dissatisfied
- e) Not satisfied at all

Thank you for your cooperation.

Shariefa Hendricks

***If you have had a negative experience in supervision with a supervisee, are you agreeable to being contacted for a follow up interview? Yes No**

Contact details: Email Address: _____ Cell No: _____

Appendix E1: Detailed description of the analytical steps in IPA

Step 1: Repeated reading

IPA is “characterized by a set of common processes which requires moving from the particular to the shared and from the descriptive to the interpretative” (Smith et al., 2009, p.79). Smith (2007) describes analytic process as both an iterative inductive and multi-directional process of fluid description and engagement of the transcript” (Smith et al., 2009, p. 81). This means that the analysis is open to change and only becomes fixed at the write up stage. IPA does not make any truth claims and analysis is both tentative and subjective (Smith et al., 2009).

Interviews were typed verbatim and centred on the page with margins on either side (three columns in total, used to make initial comments, notes and recording emergent themes. In keeping with its idiopathic focus, the first step in an IPA study is total and complete immersion in the original data and a line-by-line reading and re-reading of the first transcript. As recommended, I also simultaneously listened to audio recordings of individual interviews. At this stage, I also wrote down my own “powerful recollections” of the interview experience as well as the observations of the transcript to help bracket them off.

Step 2: Initial noting

This stage of the analytic process was experienced as the most detailed and time consuming. Initially, the researcher explored the semantic content of the interview. To obtain familiarity with the content of interviews, transcripts were read and re-read. Exploratory comments and notes were written in the right-hand column and categorised (descriptive²⁰, linguistic²¹ and conceptual notes²²). The researcher highlighted any similarities, differences, amplifications and contradictions in each transcript (Smith et al., 2009). At this point, there was shift in the researcher’s focus to the participant’s understanding of the issues under discussion. Smith et al., (2009) note that this stage of the analysis involves a questioning and abstract style of interrogation, which is critical to moving the analysis beyond a descriptive and superficial analysis

²⁰ *Descriptive* notes focus on the content of what the participant is saying in the interview (a word, phrase or explanations) that is important to the participant

²¹ Linguistic comments explore the language the participant uses, with the aim of identifying repetition, tone and hesitancy

²² *Conceptual* comments refer to more interpretative and interrogative comment about the individuals’ experience or what a specific statement suggests, or might mean (Smith et al., 2009).

to a more explanatory level. Following these guidelines facilitated the transition into the next stage, i.e. development of emergent themes.

Step 3: Developing emerging themes

At this stage in the analytic process, there was substantive data, which became the focus of the next stage of analysis. Looking for emergent themes required a focus on “discrete chunks of the transcript” (Smith et al. 2009 p.91). Hence, I reduced the volume of detail whilst simultaneously maintaining complexity, which required a shift away from working with the transcripts and working more closely with the initial notes (Smith et al., 2009). Initial note taking was comprehensive which alleviated the need to go between the transcript and the notes. Identifying themes involves breaking up the narrative flow of the interview, and reorganizing the data which as indicated by Smith et al., (2009), resulted in the researcher feeling uncomfortable with fragmenting participants’ experiences. The hermeneutic circle unfolds during this part of the analytic process. Up until this point the data collection and analysis is participant led. However, as the analysis takes shape, it includes more of the researcher, who is taken away from the participant at this point the researcher became more intimately involved with the participant’s “lived” experience.

Exploratory comments were analysed further, reviewed and changed several times. The researcher used psychological concepts and abstractions to identify emergent themes, ensuring that the participant’s words and my interpretations thereof, was not lost. Attempts were made to capture crucial aspects of the text, but was also influenced by the whole text (manifestation of hermeneutic circle). This is in line with the notion that themes represent a” synergistic process of description and interpretation” i.e. contains both the participant’s exact words and thoughts and the researcher’s interpretations (Smith et al.’s (2009, p. 92).

Step 4: Searching for connections across emerging themes

In the next step of the analysis, I sought to make connections between themes by mapping out how each of the emergent themes fit together. To ease the process, a list of all the themes was compiled chronologically, and themes that were connected or similar were clustered, together. Using an excel spreadsheet themes were reworded, shifted around or discarded in discussion with colleagues and my supervisor. The researcher then printed out the themes which were colour coded for relatedness.

Step 5: Moving to the next case

As recommended by Smith et al., (2009), the researcher repeated the same process outlined in the previous steps, with the remainder of the seven interviews. In order to do justice to each individual case, and in

keeping with IPA's idiographic commitment (Smith et al., 2009) each interview/case was treated in its own terms. This entailed me having to bracket off the ideas that emerged from the analysis of the first case, while working with the second and subsequent cases on its own terms. IPA's iterative process requires close engagement with the text. The researcher ensured that the emergent themes captured participant's communication as accurately as possible. Also, as recommended by Smith et al., (2009), the participant's use of metaphor is particularly powerful as these often link descriptive to conceptual notes (Smith et al., 2009).

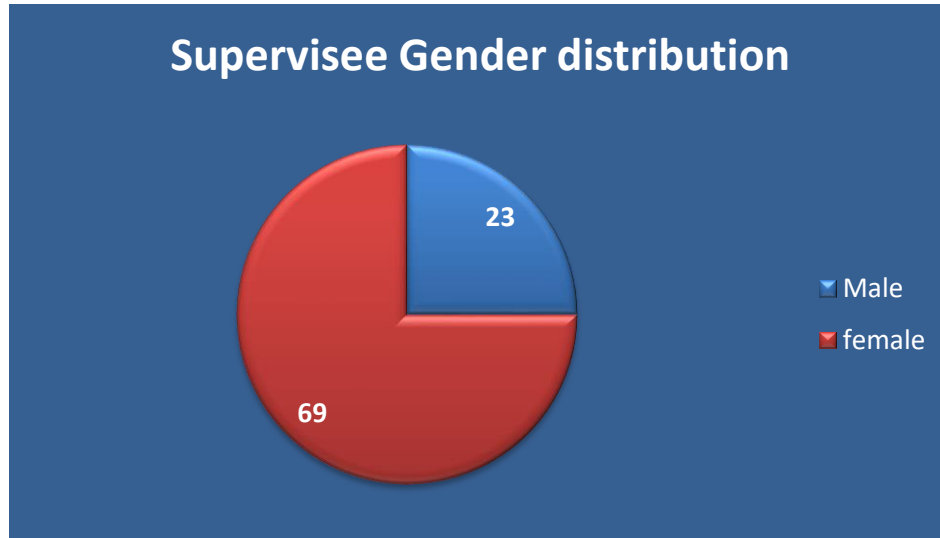
Step 6. Looking for patterns across cases

The next step involved looking for patterns across cases. Connections across similar emergent themes were identified and grouped together to form a sub-theme. Sub-themes were also developed based on the relative frequency, importance or relevance to the participant. Through the use of abstraction, similar sub-themes were clustered together to form a "super-ordinate theme". Each super-ordinate theme was saved under separate file name in Microsoft word, and relevant (and selected) emergent sub-themes were placed under the respective super-ordinate theme. For example, in regards, to the essence of harmful supervision, emergent sub-themes such as *'power and omniscience'*, *'Undermining the intern'*, *'shame induced supervision'*, were grouped together under the super-ordinate theme title: *"Harmful supervision experiences as a manipulative and negative relational process"* (see Table 2). This involved an interrogative and creative process exploring and identifying the potent themes, which often ended up being renamed, reconfigured or re-labelled.

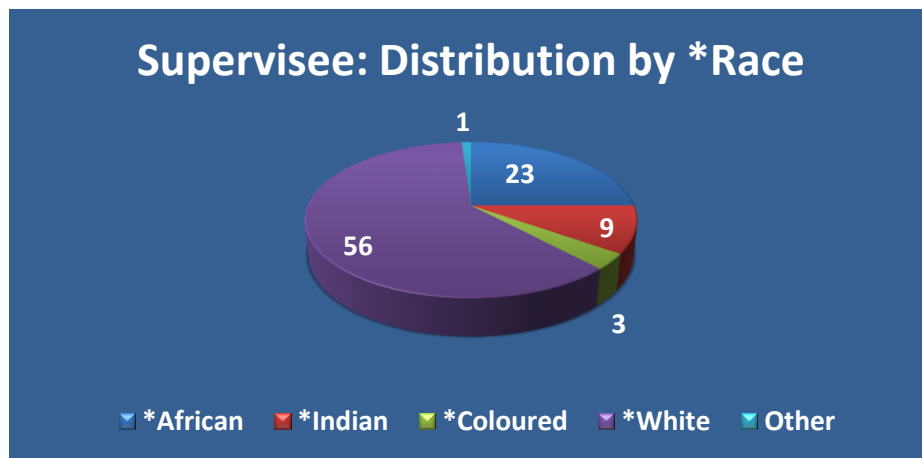
Once all the transcripts had been analysed, a final table of superordinate themes was compiled. Themes were selected based on whether they represent and capture the richness and depth of participants' experience. Keeping in mind, IPA's idiographic focus and the hermeneutic circle, I endeavoured to ground my final list of super-ordinate themes in the actual experiences of each participant. IPA highlights the importance of constantly negotiating the relationship between convergence and divergence, commonality and individuality" (Smith et al. 2009, p.107). Smith et al., 2009), state "a small part of text is viewed in the context of the whole transcript" and understanding of the whole is necessary to understand the parts and vice versa, (p 81). IPA's idiographic focus means that the researcher moves from the individual case (part) to all 8 transcripts (the whole) and vice versa in an attempt to give a voice to the individual while at the same time making claims for the larger group. The final superordinate themes contain narrative accounts of description with an in-depth discussion, included in the 'Results' section of Study 4. This is followed-up

with an analysis using the various developmental and relational theoretical frameworks outlined in the previous chapter.

Appendix F: Supervisee gender and race distribution (Study1)



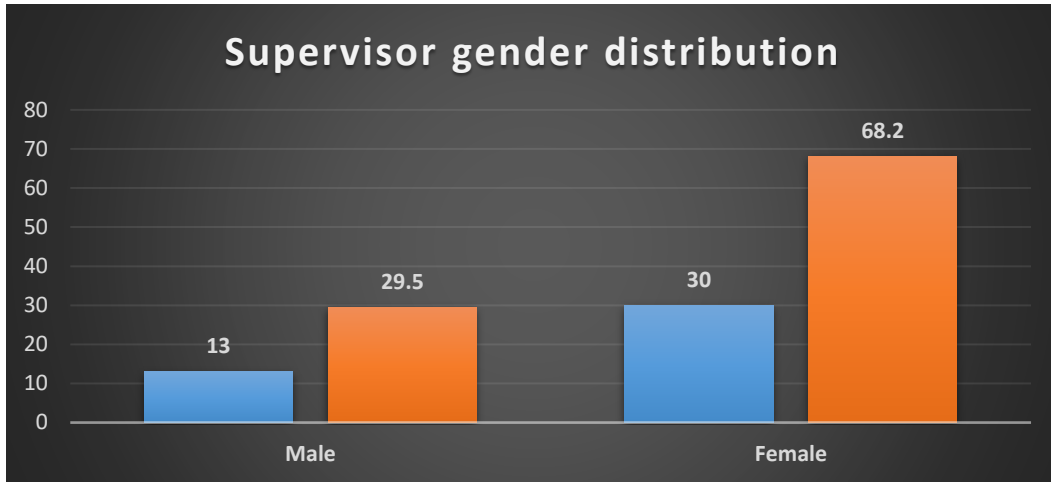
Graph 1: Supervisee gender Distribution (Study 1)



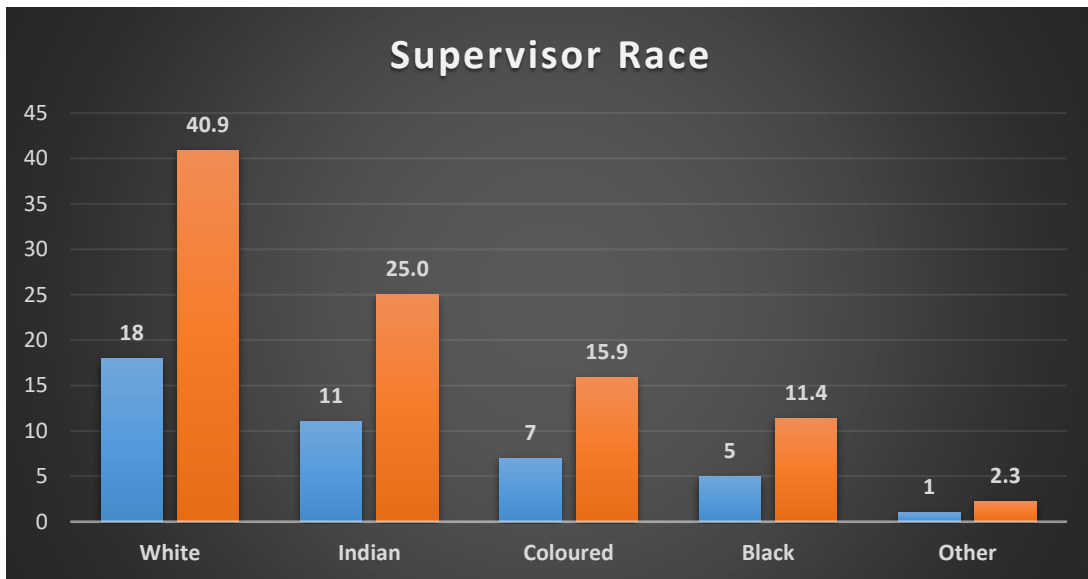
Graph 2: Supervisee distribution by Race²³

²³ Racial terms are used in this article only to highlight the differences among the different race groups within the South African Psychology profession, resulting from racially discriminatory policies produced by the apartheid government.

Appendix G: Supervisor Gender and Race distribution



Graph 3: Supervisor gender distribution (Study 3)



Graph 4: Supervisor Race distribution (N= 44: Study 3)

Appendix H: T-Tests to test mean differences between relational factors and “type” of negative supervision event.

Table: T-tests to test mean differences in working alliance associated with type of negative experience

WAI	Inadequate (n=31)		Harmful (11)		t
	Mean	SD	Mean	SD	
WAI TASK	49.87	17.96	42.64	13.31	1.218
WAI BOND	49.84	15.84	35.55	7.26	2.871*
WAI GOAL	48.68	16.25	38.09	11.46	1.986

**p<.007*

Table: T-tests to test mean differences in role ambiguity and conflict and their association with type of negative experience

RCRAI	Inadequate (n=31)		Harmful (11)		t
	Mean	SD	Mean	SD	
Role ambiguity	42.29	15.07	53.45	15.00	-2.114*
Role conflict	29.00	10.21	39.36	6.87	-3.113**

**p<.05 **p<.005*

Table T-tests to test mean differences in supervision styles associated with type of negative experience

SSI	Inadequate (n=31)		Harmful (11)		t
	Mean	SD	Mean	SD	
SSI Attractive	4.05	2.05	2.61	1.27	2.169*
SSI Interpersonally sensitive	4.26	1.72	3.68	1.35	1.013
SSI Task oriented	4.04	1.19	3.86	1.31	.410

* $p < .05$

**FOR THE PURPOSES OF PUBLICATION APPENDIX E2
HAS BEEN REDACTED TO FURTHER PROTECT
PARTICIPANT ANONYMITY AND CONFIDENTIALITY**