

**BEING-RESPONSIBLE IN
PSYCHOTHERAPEUTIC
SUPERVISION:
A HERMENEUTIC
PHENOMENOLOGICAL STUDY**

A thesis presented to Dublin City University
for the Degree of Doctor in Philosophy (PhD)

By

R.M. Glover (M. Ed., D.A.S.E)

School of Nursing and Human Sciences

Dublin City University

Supervisor: Dr. Mark Philbin

August 2014

DECLARATION

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Philosophy is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: _____ Date: 5th August 2014

Student ID 57112274

ACKNOWLEDGEMENTS

Being a hermeneutic phenomenological researcher is a challenging and rewarding experience. There are many people who have supported me through the challenges and to whom I am truly indebted. I am grateful to the psychotherapeutic supervisors from Northern Ireland and the Republic of Ireland who participated in this research. In sharing their standout supervision stories, they gave me an opportunity to uncover *what it is really like* being a psychotherapeutic supervisor. Their phronesis and commitment to reducing human suffering was a privilege to witness.

On this journey of discovery, I have been accompanied by academic colleagues in Dublin City University and by international Heideggerian hermeneutic phenomenologists. Professor Chris Stevenson, Dr Gemma Kieran and Dr Aoife Moran were instrumental in shaping the vision and trustworthiness of this research study. Dr Liz Smythe helped me to understand the meaning of the phenomenological nod. My psychotherapy programme team colleagues, Dr. Gerry Moore and Dr. Evelyn Gordon have created space and time for me to pursue this research project. Appreciations are also extended to my PhD examiners, Dr. Roxanne Vandermause, Washington State University, Dr Jonathan Wyatt, Edinburgh University and Dr. Veronica Lambert, Dublin City University. I am particularly grateful to Dr Mark Philbin, my principal supervisor, for engaging in a breadth of philosophical discussion with me, diligently providing critique on my ontological interpretations and challenging me to provide ever better intellectual offerings.

Educating Rita has been made possible through the selflessness of my parents Geraldine and Thomas Devlin and the encouragement of Margaret and Benedict Glover. Throughout the life of this research study, my family and friends have unwaveringly supported me. My sister Maureen Kelly provided reassurance and friends Deirdre and Joe Sloan have kept me grounded with their sense of fun. My children, Geri Martin, Frances Neely, and Daniel Glover have applied their emotional intelligence, technological competence and forthright thinking skills to aid me on this journey. Anthony, Adam, Abigail Rita, Charlie and Joshua have energised me along the way with their limitless zest for life. Special appreciation goes to my husband Tony Glover, who over the last few years has patiently and altruistically accommodated the third party in our relationship. His generous spirit and encouragement has undoubtedly assisted me to produce this thesis.

Table of Contents

ABSTRACT.....	vii
1. INTRODUCTION	1
1.1. Psychotherapeutic Supervision- A Human to Human Encounter	1
1.2. Aspirations of the Study	3
1.3. Guiding the Reader	4
2. PRE-UNDERSTANDINGS OF PSYCHOTHERAPEUTIC SUPERVISION.....	6
2.1. Introduction.....	6
2.2. The Fore-Structure of Understanding	6
2.3. Making the Implicit Explicit	11
2.4. Personal and Professional Reflexivity	12
2.4.1. Being a Supervisee.....	12
2.4.2. Becoming a Psychotherapeutic Supervisor	13
2.4.3. Being a Psychotherapeutic Supervisor.....	15
2.5. Pre-understandings Interview	16
2.5.1. Guru or Catalyst	17
2.5.2. Click or No Click	20
2.5.3. The Call of Conscience	26
2.6. Conclusion	30
3. PSYCHOTHERAPEUTIC SUPERVISION -A VARIETY OF PERSPECTIVES.....	32
3.1. Introduction.....	32
3.2. The Evolution of Psychotherapeutic Supervision	33
3.3. The Challenge of Defining Psychotherapeutic Supervision	35
3.4. Modes and Methods of Psychotherapeutic Supervision	38
3.5. Conceptual Models of Supervision	42
3.6. Theoretical Bound Models of Psychotherapeutic Supervision	44
3.7. Psychoanalysis-Precepts and Practices	48

3.7.1	Psychoanalytic Perspectives on Supervision	51
3.8.	Behavioural and Cognitive Psychotherapeutic Positions	55
3.8.1.	Behaviour Therapy.....	55
3.8.2.	Cognitive Therapy.....	61
3.8.3.	Integration of Cognitive and Behavioural Therapies	66
3.8.4.	Cognitive-Behavioural Conceptualisations of Supervision	70
3.9.	Competing Perspectives in Humanistic Psychotherapy	74
3.9.1.	Existential Therapy	74
3.9.2	An Evolving Picture of Existential Supervision	82
3.9.3	The Person-Centred Approach.....	87
3.9.4	Person-centred Bound Supervision.....	94
3.10.	Conclusion	100
4.	EXAMINING EXISTING RESEARCH	103
4.1.	Introduction.....	103
4.2.	Supervisors and Supervisees- Examining Combined Perspectives	105
4.3.	Supervisors' Perspectives and Experiences	110
4.4.	Conclusion	120
5.	PHILOSOPHY AND METHODOLOGICAL POSITION.....	124
5.1.	Focusing on the phenomenon.....	124
5.2.	Hermeneutic Phenomenological Philosophical and Methodological Positioning.....	126
5.2.1.	Descriptive Phenomenology	127
5.2.2.	Hermeneutic Phenomenology	128
5.3.	The Meaning of Being.....	131
5.4.	Authentic Existence.....	134
5.4.1.	Inauthentic Existence	136
5.4.2.	Undifferentiatedness	137
5.5.	Uncovering the Meaning of Being	138

5.6.	Techne – The ‘know how’ of hermeneutic phenomenological research.....	140
5.7.	Borrowing Participants’ Experience.....	143
5.8.	Being Immersed in the Data.....	154
5.9.	Being-Ethical	161
5.10.	Being-Trustworthy.....	163
5.11.	Concluding Remarks	166
6.	RESPONSIBILITY AS BEING-TRUE AND BEING-UNTRUE	167
6.1.	Introduction.....	167
6.2.	An Experience of Mistrust	168
6.3.	An Experience of Being-Critical.....	173
6.4.	Grappling with Powerlessness	179
6.5.	The Never-Never Knowing Experience.....	184
6.6.	Fore-structures of Understanding and Responsibility.....	190
6.7.	The Phenomenon of Truth	192
6.8.	Responsibility as Being-true and Being-Untrue	196
7.	RESPONSIBILITY AS LEAPING-IN AND LEAPING-AHEAD	199
7.1.	Introduction.....	199
7.2.	A Worrying Experience.....	200
7.3.	An Anxiously Responsible Experience	205
7.4.	A Scary Experience	213
7.5.	Being-protective	218
7.6.	An Alarming Experience	222
7.7.	The Phenomenon of anxiety	225
7.8.	Responsibility as Leaping-in and Leaping-ahead	228
7.9.	Conclusion	236
8.	RESPONSIBILITY AS EXISTING-RESOLUTELY	237
8.1.	Introduction.....	237

8.2.	A Challenging Experience	237
8.3.	Carrying a Weight of Responsibility	245
8.4.	An Experience of Being-judgemental.....	250
8.5.	An Incensed Experience	255
8.6.	Responsibility as Existing-Resolutely	261
8.7.	Conclusion	268
9.	MAKING RESPONSIBILITY INTELLIGIBLE IN PSYCHOTHERAPEUTIC SUPERVISION .	269
9.1.	Introduction.....	269
9.2.	Uncovering Responsibility in the <i>Here and Now</i>	271
9.3.	Existential Angst and Inescapable Responsibility	277
9.4.	Coping with the Weight of Responsibility	285
9.5.	Conclusion	302
9.6.	Contributions, Critiques and Future Considerations.....	304
	REFERENCES	310
	APPENDIX A -Interview Schedule 1.....	341
	APPENDIX B -Interview Schedule 2.....	343

ABSTRACT TITLE

BEING-RESPONSIBLE IN PSYCHOTHERAPEUTIC SUPERVISION: A HERMENEUTIC PHENOMENOLOGICAL STUDY

RITA GLOVER

Psychotherapeutic supervision exists to support, develop and monitor the practice of counsellors and psychotherapists. This endeavour creates an opportunity for counsellors and psychotherapists to learn and develop their craft and engage in on-going professional development. The establishment of a safe and trusting supervisory relationship enables supervisees to openly reflect on their casework and gain professional and personal insights. Psychotherapeutic supervisors are experienced practitioners, who are motivated to empower their supervisees, share their wisdom and safeguard clients. The question guiding this research was '*What is the meaning of being a psychotherapeutic supervisor?*' In order to address this question a Heideggerian, hermeneutic phenomenological philosophical and methodological position was taken. Evocative experiences were captured from 22 interviews with 14 experienced psychotherapeutic supervisors who practised in Northern Ireland and the Republic of Ireland. The analysis of the stories borrowed from participants illuminated the *Phenomenon of Responsibility*. This phenomenon manifested in unique yet common human experiences in terms of *Responsibility as being-true and being-untrue*, *Responsibility as leaping-in and leaping-ahead*, and *Responsibility as existing-resolutely*. This study offers the finding that an enduring meaning of being a psychotherapeutic supervisor is being-responsible. The view is offered that existential angst pervades psychotherapeutic supervisory relationships and is inter-twined with experiences of heightened responsibility. The participants' stories have revealed that the experience of responsibility pervades the world of psychotherapeutic supervision. Being-responsible was an inescapable experience for these psychotherapeutic supervisors. It is contended that responsibility is a hidden yet influential aspect of being a psychotherapeutic supervisor which if unconcealed could be of benefit to the supervisory endeavour. It is argued that the phenomenon of responsibility can be rendered intelligible, in the world of psychotherapeutic supervision, by moving outside of the confines of epistemologies that focus on theories about responsibility or prescribed ethical guidelines and instead, by uncovering and dwelling in the day to day lived experience of being-responsible when being in human to human relationships.

1. INTRODUCTION

1.1. Psychotherapeutic Supervision- A Human to Human Encounter

Psychotherapeutic supervision is a human to human encounter in which counsellors and psychotherapists regularly present and discuss their client casework. Supervision has evolved as a professional activity since its inception in the early 1900s (Fleming and Benedeck, 1983). There are multiple methodological and theoretical perspectives about what supervision is and how to do it. While it is challenging to find a clear definition of supervision, there are some accepted common factors associated with this endeavour, which are encapsulated by Creaner (2014) in this way;

It primarily exists for the welfare of the client, the professional development of the supervisee and gatekeeping for those who enter and continue to work in the profession..... It also seeks to provide for the welfare of the supervisee by giving support in professional identify formation and affording some containment for the stresses of the work (Creaner, 2014: 10).

Psychotherapeutic supervision therefore exists to support and enhance the competence of counsellors and psychotherapists and to protect the public from risk or harm. This endeavour creates an opportunity for counsellors and psychotherapists to learn and consolidate their craft and engage in on-going professional development. Attendance at supervision is mandatory in Ireland and the United Kingdom for therapists who seek to be professionally recognised by accrediting organisations, such as the British Association for Counselling and Psychotherapy and the Irish Association for Counselling and Psychotherapy (BACP, 2013:

IACP, 2013). The establishment of a safe and trusting supervisory relationship enables supervisees to openly reflect on their casework and gain professional and personal insights (Scaife, 2009). Modes and methods of supervision tend to address the functional aspects and generic tasks of supervision (Hewson, 2001). However, philosophies of supervision carefully consider the meaning attached to being a supervisor (Carroll, 2001).

Counselling and psychotherapy supervisors are experienced counsellors and psychotherapists who have achieved professional recognition. Professional supervisor accreditation is available to those who complete supervisor training programmes and demonstrate supervisory competence (BACP, 2013; IACP, 2013). Supervisors are often motivated to give something back to the profession by sharing their experience and their phronesis (practical wisdom) with novice and pre-accredited therapists while actively collaborating with experienced, accredited practitioners in the enhancement of therapeutic work. Counselling and psychotherapy supervisors come from a wide range of theoretical backgrounds including but not exclusively psychoanalytic, cognitive-behavioural and humanistic psychotherapeutic traditions. Some supervisors take a specific psychotherapy bound approach to supervision, while others would class themselves as integrative supervisors who combine two or more of the above paradigms (Gilbert and Schmukler, 2001).

Throughout this thesis, the term psychotherapeutic supervisor will be used to encapsulate those who provide supervision of counsellors, psychotherapists and psychoanalysts as each of these attend supervision to reflect on their 'psychotherapeutic' work with clients. This term is used to create a demarcation from other forms of supervision in the helping professions, such as, the supervision of psychologists, psychiatrists, mental health professionals, nurses or those who provide line-management supervision. The terms practitioner, counsellor,

psychotherapist and psychoanalyst will be used interchangeably in this study in order to reflect the backgrounds of the participants or supervisees and to set the context for the narrative accounts of their lived experiences.

1.2. Aspirations of the Study

This research study aspires to answer the question: *What is the meaning of being a psychotherapeutic supervisor?* This inquiry is primarily interested in uncovering, describing, interpreting and rendering more intelligible aspects of the human experience of being a psychotherapeutic supervisor. The focus of this research study has been driven by the fact that there is a dearth of quantitative, qualitative or mixed research inquiries focussed on the actual, day to day lived experience of being in this specific *life- world* (Heidegger 1927/1962). There are many credible studies which examine the efficacy of supervisory interventions and theoretical positions. Many fruitful studies have been produced which help us to understand what supervision is and how to functionally enhance it. However, this study seeks to move beyond knowledge based structures of supervision in order to uncover what it is *really* like existing as a psychotherapeutic supervisor (Van Manen, 1990). A pondering, curious research position is adopted, in the hope that concealed or taken-for-granted aspects of human experiencing may emerge and be understood (Vandermause, 2011).

In order to surface actual lived experiences and hidden meanings, a Heideggerian, hermeneutic phenomenological philosophical and methodological framework is employed. This places ontology before epistemology and paves the way for a depth of discovery about actual human supervisory experiences (Schmidt, 2006). It is hoped that this study, will bring to the attention of the counselling and psychotherapy field, an under researched, yet crucial aspect of psychotherapy supervision, in a rapidly changing therapeutic world. It is

anticipated that this research study will contribute to the body of knowledge on psychotherapeutic supervision, by bringing forth quality, meaningful data, leading to fresh understandings and potentially a paradigm shift about how we understand and make sense of the day to day lived experiences of contemporary psychotherapeutic supervisors.

1.3. Guiding the Reader

The following chapter *Pre-understandings of Psychotherapeutic Supervision* follows the hermeneutic phenomenological tradition of recognising that researchers are influenced by ‘*fore-structures of understanding*’ (Moran and Mooney, 2007). It introduces several fundamental aspects of Heideggerian philosophy and demonstrates the relevance of making researcher’s pre-understandings explicit in hermeneutic phenomenological research inquiry. Personal and professional reflexivity is engaged in, in order to crystallise this researchers’ ‘*fore-having, fore-sights and fore-conception*’ (Heidegger, 1927/1962). In chapter 3, I provide readers with an in-depth critical discussion on a variety of perspectives which influence the philosophy, principles and practices of psychotherapeutic supervision. I consider modes and methods of psychotherapeutic supervision and contrast psychoanalytic, cognitive-behavioural and humanistic theories and discuss how these bind and impact on the supervisory process. In the *Reviewing Research* chapter the reader is guided through a critique of quantitative, qualitative and mixed methods research studies previously undertaken with supervisors and their supervisees. What is currently known and what is unsaid about being a psychotherapeutic supervisor is highlighted. In chapter 5, there is an in-depth discussion of Heideggerian hermeneutic phenomenology, the philosophical and methodological position which influences this research. Alongside expanding Heideggerian philosophical discussion, I map out the phases of this research study and introduce the reader

to the participant group. *The Responsibility as Being-True and Being-Untrue* chapter, borrows participants' experiences, plucking from these evocative stories which are analysed through a hermeneutic phenomenological lens. Truth-seeking as a preoccupation in psychotherapeutic supervision is explored. Thereafter in chapter 7, I gather together stories in which a mood of anxiety pervaded the supervisory encounter. The reader is invited to think about how participants coped with heightened responsibility with respect to Heidegger's postulations on the *phenomenon of care* which manifests in *leaping-in and leaping-ahead*. In Chapter 8, *Responsibility as Existing-Resolutely*, participants evocatively talk about experiences of being-with supervisees who have transgressed and breached the bounds of safe or ethical practice. The weight of responsibility that is palpable in this chapter is considered and interpreted with respect to Heidegger's *phenomenon of resoluteness*. In the final chapter of this thesis I seek to render responsibility more intelligible in the world of psychotherapeutic supervision. In turning over methodological, theoretical and philosophical positions on responsibility, I respectfully make suggestions and recommendations which could potentially be of benefit to psychotherapeutic supervisors, supervisees and clients. Finally, in this chapter, I consider the potential contribution of this thesis to the world of psychotherapeutic supervision and beyond, while being mindful of what has yet to be uncovered about the meaning of being a psychotherapeutic supervisor.

2. PRE-UNDERSTANDINGS OF PSYCHOTHERAPEUTIC SUPERVISION

2.1. Introduction

Hermeneutic phenomenologists and philosophers recognise that researchers have ‘*a fore-structure of understanding*’ (Heidegger, 1927/1962:151) with respect to the phenomena being examined and consider that professional and personal pre-understandings may not be fully accessible to or are concealed from them. As such hermeneutic phenomenological researchers are encouraged to strive to unconceal their hidden pre-understandings or prejudices about the phenomena (Van Manen, 1990). This chapter represents an attempt to illuminate my pre-understandings, as a hermeneutic phenomenological researcher, of the phenomenon of psychotherapeutic supervision. It begins by laying out perspectives, on the influence of having prior knowledge and assumptions, from hermeneutical phenomenology and philosophy, by drawing on the writings of Heidegger (1927/1962) and considers the influence of pre-understandings through the more recent postulations of Van Manen (1990) amongst others. The chapter provides an overview of reflexive, personal journaling and uncovers several of my dominant pre-understandings which have been illuminated through having undertaken a pre-understanding interview with one of my PhD Supervisors. My dominant pre-understandings are interweaved with a critical discussion of several Heideggerian (1927/1962) philosophical notions.

2.2. The Fore-Structure of Understanding

According to Van Manen (1990) the starting point for a phenomenological study is to choose an aspect of lived human experience, in which the researcher is keenly interested and then to seek to illuminate a ‘*true*’ phenomenon in such human experience. This starting point recognises that the researcher brings something of herself to the phenomenological research

project. She initially brings an area of particular interest to herself which may have been stimulated and motivated by expert knowledge or everyday experiences. The researcher, therefore, comes to the phenomenological inquiry with pre-existing knowledge and pre-understandings.

The problem with phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much. Or, more accurately, the problem is that our “common sense” pre-understandings, our suppositions, assumptions and the existing bodies of scientific knowledge, pre-dispose us to interpret the nature of the phenomenon before we have even come to grips with the significance of the phenomenological question (Van Manen, 1990:46.)

The inherent danger in knowing too much about the phenomenon is that the researcher's pre-understandings may lead to premature or inaccurate interpretation of the data and prevent her from illuminating the ‘true’ phenomenon in others’ lived experiences. The challenge then, for the phenomenological researcher is to strive to make her implicit assumptions, beliefs, prejudices, knowledge and everyday experience, more explicit (Van Manen, 1990).

Philosophers and phenomenologists have different perspectives about the influence and management of pre-understandings. The transcendental phenomenological strategy of inquiry, as proposed by Edmund Husserl places emphasis on describing human lived experience, as purely as possible (Husserl, 1970a). In order to achieve this, the researcher is required to focus purely on the phenomenon and ‘*bracket off*’ all expert and personal

knowledge about the phenomenon, under investigation (Husserl, 1970a). However, some phenomenological researchers (Willig, 2008) and philosophers are not convinced that it is entirely possible to purely describe participants' experience of phenomena. They postulate that description and interpretation cannot be separated (Willig, 2008) and that the influence of the researcher's own expert knowledge and everyday experience needs to be recognised (Todres and Wheeler, 2001).

Hermeneutic phenomenologists, therefore, acknowledge that researchers make preliminary assumptions and conceptualisations about the phenomena being examined. As opposed to transcendental phenomenology, this approach to phenomenology does not strive to '*bracket off*' assumptions or prior knowledge but encourages the researcher to strive to raise awareness of their pre-understandings, to consider the influence of these on the phenomenological inquiry and potentially to use these in order to enhance understanding about the phenomena (Schmidt, 2006).

Martin Heidegger, philosopher and proponent of hermeneutic phenomenology, offers a strong treatise with respect to having a '*fore-structure of understanding*' and an '*as-structure of interpretation*' (Heidegger, 1927/1962:151) which moves well beyond Husserlian (1970a) notions of trying to '*bracket off*' consciously available, expert and everyday knowledge. A fundamental aspect of Heideggerian philosophy is centered on the question of the meaning of being. Heidegger's primary presupposition is that the meaning of being, is concealed and that hermeneutic phenomenology can unconceal or make understandable the meaning of lived experience (Moran and Mooney, 2007). From a Heideggerian perspective the meaning

of being can only be made intelligible through the '*fore-structure of understanding*', which inextricably links understanding, interpretation and intelligibility (Moran and Mooney, 2007:597).

Meaning is the "upon which" of a projection in terms of which something becomes intelligible as something; it gets its structure from 'a fore-having, a foresight, and a fore-conception' (Heidegger, 1927/1962:151).

In order to make sense of the world, Dasein '*equips*' itself with a '*fore-structure of understanding*' which is to have '*a prior view of the past*' (Heidegger, 1927/1962:150). ('*Dasein*' means '*being-there*' (Van Deurzen and Young, 2009)). The term is used by Heidegger to enhance understanding of ontology, of the nature of human *existence* in a specific time and place (Heidegger, 1927/1964:34). This helps Dasein to appreciate and make intelligible things in the world (Inwood, 1997:100). Accordingly Heidegger defines the first element, '*fore-having*', as '*something we have in advance*' (Heidegger, 1927/1962:150), pre-existing knowledge, and understanding of the phenomenon under investigation and the context in which it resides. '*Fore-sight ...is something we see in advance*' (Heidegger, 1927/1962:150), it is a form of circumspection. It refers to the researcher's area of interest, an aspect of lived experience or a specific element of a phenomenon which she has set her '*sights*' on examining and interpreting (Inwood, 1999:107). The third element '*fore-conception ...is something we grasp in advance*' (Heidegger, 1927/1962:150). This is the initial conceptualisation that a researcher uses to interpret the phenomena.

From this viewpoint, the researcher can only interpret things through the concepts that are already available to her. This '*fore-grasping*' or premature conceptualisation may well be distorted, leading to inaccurate interpretations (Inwood, 1999:107). However, a '*fore-structure of understanding*' is not fixed. It can be revised during the research process when understanding is gained through describing and interpreting '*in terms of the things*' themselves (Heidegger, 1927/1962:153).

From a hermeneutic phenomenological perspective, the researcher has '*a fore-structure of understanding*', and in concurrence with Van Manen's (1990) perspectives, has '*pre-understandings*' and prejudices that are not immediately accessible to her (Moran & Mooney, 2007). Therefore, it is necessary to engage in a process of reflexivity (Koch, 1996) to strive to separate out:

'...productive prejudices that enable understanding from the prejudices that hinder it and lead to misunderstandings...This separation must take place in the process of understanding itself (Moran and Mooney, 2007:329).

So, hermeneutically speaking, making sense of the world and understanding the phenomena therein involves a cyclical process of understanding, which involves describing and interpreting the phenomena while striving to identify the influence of positive and negative personal and expert prejudices and assumptions. This constitutes the meaning-making process which renders lived experience or phenomena more intelligible (Moran and Mooney, 2007).

2.3. Making the Implicit Explicit

The hermeneutic phenomenological approach to research inquiry ensures that the researcher strives to gain insight into her '*fore-structure of understanding*' (Heidegger, 1927/1962) so that the research participants' lived experiences and interpretations of the phenomena under investigation, are not lost or misunderstood (Todres and Wheeler, 2001). As such, the hermeneutic phenomenological researcher is encouraged to engage in a process of reflexivity (Koch, 1996).

By way of trying to get some insight and understanding into my own personal and professional pre-understandings, I engaged in several reflexive processes. Firstly, through journaling and free-flow writing, I reflected on my own experience of being a supervisee, of being a psychotherapeutic supervisor and supervision consultant. Thereafter I considered and reflected on the main theoretical paradigms that have influenced me as a psychotherapeutic supervisor. However, I wanted to gain a deeper level of awareness of my pre-understandings of psychotherapeutic supervision, to try to capture personal and professional influences that were not immediately or consciously accessible to me.

So I invited one of my PhD supervisors to carry out a pre-understandings interview with me. This interview was undertaken in the style of a hermeneutic phenomenological research interview and produced a number of interesting revelations, not previously captured in my personal and professional reflective journaling. Collectively, these processes have helped to crystallise my '*fore-having, fore-sight and fore-conception*' (Heidegger, 1927/1962) and have

assisted in making several of my implicit personal and professional pre-understandings more explicit (Van Manen, 1990).

2.4. Personal and Professional Reflexivity

2.4.1. Being a Supervisee

The journaling and free-flow writing process started with recording reflections on my lived experience of being a supervisee. The following section is a summary of the journaling process and my interpretations of my personal and professional experiences. Having worked in the psychotherapeutic world for over twenty years, generally speaking, my supervisory experiences have been extremely positive and these have, undoubtedly, assisted my professional and personal development. The type of supervision that I received had three broad functions, supportive, developmental and monitoring of practice, in order to ensure the protection of the public. This approach to supervision had emerged and been refined from Kaduskin's (1976) conceptualisations of supervision for social workers. During those years, I enjoyed and actively participated in the experience of being supervised, in both individual and group supervision.

Several pre-understandings emerged for me about psychotherapeutic supervision from these early experiences. Firstly, I made the assumption that supervisors were superior beings due to having extensive knowledge and practice experience. Secondly, I assumed that supervisors were trustworthy because they were able to elicit professional and personal disclosures from supervisees. Thirdly, I believed that supervisors were powerful as they could influence, curtail or even stop the practice of supervisees. However, the overriding pre-understanding of psychotherapeutic supervision, that I continue to carry, from the perspective of being a

supervisee is that it is a positive and empowering professional and personal experience to be supervised. On becoming a psychotherapeutic supervisor, some fifteen years ago, I carried with me this '*fore-structure of understanding*' (Heidegger, 1927/1962). I naively thought that supervisees willingly attended supervision and that generally they had positive experiences therein.

2.4.2. Becoming a Psychotherapeutic Supervisor

There were a number of dominant theoretical paradigms which influenced my development as a psychotherapeutic supervisor. In the organisation in which I undertook supervisor training there was a strong allegiance to Client or Person- Centred theory (Rogers, 2003) and to Psychodynamic perspectives. The principles and practices of Person-Centred theory (Rogers, 2003) were the bedrock. In this approach a strong emphasis is placed on building therapeutic relationships and this notion was carried over into building trusting supervisory alliances in which the supervisee could feel heard, understood, accepted and valued. When these positive conditions prevail, there is the potential for individual growth and development (Rogers, 2003). The influence of Person-Centred theory (Rogers, 2003) and Psychodynamic theory was evidenced through a model of supervision which dominated psychotherapeutic supervisor training and practice in this organisation for over a decade. It is widely known as the Double-Matrix or the Seven Eyed Supervisor Model (Hawkins and Shohet, 2006).

This model involves a process of supervision which pays close attention to two matrices or relationships, the client/supervisee matrix and the supervisee/supervisor matrix. In order to maintain a focus on these dual matrices, Hawkins and Shohet (2006) devised seven categories or levels of supervision.

In essence, the first two categories focus on the manner in which the supervisee describes the client's presenting issues and reflects on the skills and strategies employed. The third category focuses on the relationship between the client and the supervisee at both conscious and unconscious levels. The focus of the fourth category moves to the supervisee and their conscious and unconscious experience of the client in a bid to assist the supervisee to connect more effectively with the client. By category five, the focus is on the second matrix, that of the relationship between the supervisee and supervisor. This category provides an opportunity to attend to the supervisee/supervisor relationship but moves on to grapple with unconscious dynamics and parallel processes (Mattinson, 1977). At category six, the supervisor tries to give voice to the conscious and unconscious material that has emerged in the supervisee/ supervisor matrix. In the final category, the supervisor focuses on the public context in which the clinical work occurs, giving consideration to organisational contexts, codes and ethics of professional bodies and to the social and cultural environment.

Emerging from my professional training, a number of entrenched pre-understandings are evident. Firstly, I believe that forming and maintaining trusting relationships with supervisees is a crucial and essential aspect of the psychotherapeutic supervisory process. Therefore, it is the responsibility of the psychotherapeutic supervisor to establish such relationships. Secondly, I assume that supervisees have the potential to grow and develop both personally and professionally. Thirdly I strongly adhere to the notion that psychotherapeutic supervision is insight-orientated and this involves working with conscious and unconscious aspects of supervisees and of me. Finally, in my experience psychotherapeutic supervision is a highly skilled endeavour which is professionally and personally demanding.

2.4.3. Being a Psychotherapeutic Supervisor

In the intervening years, I have practiced as a psychotherapeutic supervisor in the not-for-profit sector, in training and educational environments and in private practice. Working in each of these domains created unique experiences of being a supervisor and has thoroughly challenged my positive prejudices (Moran and Mooney, 2007) about the experience of being supervised and the experience of being a supervisor. In the not-for-profit sector, experienced and in-experienced supervisees were allocated to me. They had little or no choice about who would supervise them. Generally speaking, I was able to address this issue with supervisees and build positive supervisory alliances. However on a number of occasions this was not possible but we had to soldier on because, from the organisational perspective, negative assumptions were made about supervisees who could not integrate into the system. However, I was dissatisfied with such experiences of psychotherapeutic supervision, when supervisory alliances were somewhat forced and lacked relational depth.

In the training and educational environments, providing supervision to trainee counsellors and psychotherapists has been most rewarding and also most worrying for me. It has been uplifting for me to observe and be party to the development of practitioners but it has also raised concerns about the maintenance of safe and ethical practice and the protection of the public. Reluctantly, I have also had to acknowledge that not all supervisees have the capacity to develop into competent practitioners. However, in the private supervisory domain, supervisees often select their supervisor based on reputation or theoretical matching. While my private supervisory work has also provided me with professionally and personally satisfying experiences, it can be a lonely road, with high levels of responsibility, especially

when my supervisees are grappling with clients' significant life stories, such as child abuse or suicidal ideation.

My '*fore structure of understanding*' (Heidegger, 1927/1962) informs me that being a psychotherapeutic supervisor is an important and necessary endeavour. For me, it is a challenging, demanding and at times, an anxiety provoking experience. The anxiety is mitigated, for me, through being in positive supervisory alliances, witnessing effective therapeutic practice, being personally gratified and professionally affirmed.

From my experiences of being a supervisee, my professional training and practical work as a psychotherapeutic supervisor, I realise that my perspective of psychotherapeutic supervision is, that it is an intricate process that at times seems to take on a life of its own, often leading to unexpected professional and personal insights and altered perceptions. As such, psychotherapeutic supervision is a unique phenomenological experience for me.

2.5. Pre-understandings Interview

Having engaged in a process of personal and professional reflexivity (Koch, 1996), as stated above, I also took part in a pre-understanding interview with one of my PhD research supervisors. During this interview my PhD research supervisor invited me to reflect on specific experiences of being supervised, of being a supervisor and of being a human being. By focusing on particular stories and probing aspects of my lived experience, my PhD supervisor assisted me to uncover three dominant pre-understandings which had not emerged in such depth through personal and professional reflection. In order to try to illuminate some

of my pre-understanding I sought to unconceal aspects of my lived experience through an in-depth hermeneutic phenomenological analysis. Having read and re-read the transcript and numerous sessions of listening to the voice recording, I identified several dominant lived experience stories (Van Manen, 1990) which I believe have contributed to my pre-understandings of psychotherapeutic supervision. These pre-understandings have undoubtedly influenced my '*fore-structure of understanding*' (Heidegger, 1927/1962) about the role and position of the supervisor in the supervisory process, the value placed on gaining understanding through being intuitive and wise, being responsible and responding to the call of conscience. These pre-understandings are described and interpreted through the lens of Heideggerian philosophy.

2.5.1. Guru or Catalyst

My initial encounter with psychotherapeutic supervision brought me up close to the phenomenon of supervisor as '*Guru*'. The supervisor was seen to be a superior being who was '*a cut above the rest of us*'. My first supervisor was part of an elite clique within the training organisation and I felt there was a kind of aura around him. It was initially an awe inspiring experience to be in the presence of someone who was highly valued as a therapist and supervisor. As a novice practitioner, I believed that I would gain a huge amount by having such a '*fantastic guru*' as my supervisor. Yet this was a threatening phenomenon to encounter. I gradually developed a growing disillusionment with '*Gurudom*' as I started to realise that being in the presence of a '*Guru*' was a disempowering experience. It was an interpersonal experience wherein the supervisor, as '*Guru*', held (or was given) all the knowledge and power to develop the supervisee and wherein I as supervisee struggled to find my therapeutic voice.

A subsequent experience of being a supervisee was much more empowering, as I was exposed to a supervisor who was the antithesis of the supervisor as ‘Guru’.

I remember an English woman who I had who was fantastic. She had the ability to get you to think for yourself, to challenge you and yet to support you. And I know that my work improved significantly under her supervision. I suppose, that would have been a model that I would have wanted to replicate then as a supervisor, that you helped people to think for themselves, that you helped them to become autonomous (RG55).

The position espoused here was supervisor as Catalyst for growth, development and change. This approach to psychotherapeutic supervision enabled me as a supervisee to begin to take ownership for my work with clients. While it was a more challenging way of being supervised, it ultimately helped me to find my own therapeutic voice. There was a sense of collaboration and respect in the supervisory alliance that allowed me to bring more of my real self to the supervisory encounter.

From the perspective of Heideggerian philosophy, Dasein can exist in “*authentic, inauthentic or undifferentiated*” modes of being (Heidegger, 1927/1962). When Dasein exists authentically it is an autonomous entity in the world. It comports itself in such a way as to take ownership for its existence. Authentic Dasein has a unique relation to itself and in listening to its own inner voice it can experience self-fulfilment (Carman, 2007:285). According to Heidegger, Dasein also exists inauthentically. That is to say that its mode of being is strongly influenced by the perspective of others. Inauthentic Dasein does what

“*They*” suggest and in doing so experiences existential estrangement. As such, inauthentic Dasein is alienated from itself when its existence is pervaded by the third person perspective (Heidegger, 1927/1962). The third mode of being “*undifferentiatedness*” is a neutral form of everyday existence, which is neither specifically, authentic or inauthentic. In this mode of being Dasein’s self is a combination of first, second and third person perspectives which provide Dasein with the coping skills to manage social existence (Heidegger, 1927/1962).

It could be argued that the modes of being of supervisor as ‘*Guru*’ and supervisor as Catalyst are both striving to show care and concern for the supervisee. From a Heideggerian philosophical perspective showing care and concern for ‘*Others*’ is a basic mode of being for Dasein. Heidegger terms this basic ‘*care*’ mode of Dasein as ‘*solicitude*’. ‘*Solicitude*’ can be authentic or inauthentic. Authentic solicitude creates independence. It encourages the ‘*Other*’ to become autonomous. Heidegger describes authentic solicitude as Dasein ‘*leaping ahead*’ of the ‘*Other*’ in order to ‘*liberate*’ him (Heidegger, 1927/1965:122). This type of ‘*solicitude*’ appears to be more closely aligned with the mode of being, of supervisor as Catalyst. This mode encourages the supervisee to become an autonomous entity, it fosters authentic existence. Alternatively, inauthentic solicitude ‘*takes over*’ to such a degree that the ‘*Other*’ becomes ‘*dominated*’. In this mode the supervisor ‘*leaps in*’ for the supervisee and, unwittingly, renders her ‘*dependent*’ (Heidegger, 1927/1965:122). From the Heideggerian philosophical perspective, it could be construed that the mode of being of supervisor as *Guru*, results in the supervisee existing inauthentically as a practitioner.

These two very different experiences of being a supervisee appear to have left me with fairly firm pre-understandings (Van Manen, 1990) of how to be and how not to be a psychotherapeutic supervisor. I am left with a sense of there being a right way and a wrong

way to be a supervisor. So my '*fore-structure of understanding*' (Heidegger, 1927/1962) informs me that it is inappropriate to bask in the glory of '*Gurudom*' to have a superior mode of being-in-the-world of psychotherapeutic supervision. It informs me that being a good supervisor is to foster growth, development and autonomy in supervisees, in other words to be supervisor as Catalyst for change.

2.5.2. Click or No Click

From the analysis of my pre-understanding interview, I realise that as a supervisee and latterly as a psychotherapeutic supervisor, I place significant weight on gaining professional and personal insights about issues and dynamics in client casework. In my lived experience insight emerges through a dynamic dance between having self-awareness and listening to the intuitive self. This dynamic dance often results in spontaneous flashes of insight, experienced as a phenomenological '*click*' of understanding.

There was an emphasis during my training, on developing the practitioner in terms of their theoretical knowledge, use of therapeutic skills and their self-awareness. However, in reality, priority was given to the third strand, the development of self-awareness.

As a supervisee I would have been asked to do that, encouraged to do that, challenged to do that. The supervision would have been an on-going place where that would have happened (RG 84).

This emphasis was focussed on being aware of what is happening to oneself, in the here and now experience. In being aware of one's own immediate lived experience, it would then be possible to tune into personal feelings, psychological and physiological responses. Being able

to develop high levels of self-awareness was so highly valued in my training, that it was deemed to be the core characteristic of an effective counsellor.

I have carried this '*fore-having*' (Heidegger, 1927/1962) with me into my practice as a supervisor and I find myself actively encouraging supervisees to pause, listen, reflect and get in touch with their own unique, immediate lived experience. It is my '*fore-conception*' (Heidegger, 1927/1962) that privileging self-awareness over theoretical knowledge and skills development enables supervisees to form a trusting relationship with their intuitive selves. My training and regular attendance at psychotherapeutic supervision introduced me to the experience of listening to the intuitive self. There was encouragement to listen to this inner guide by giving voice to implicit feelings, responses and bodily reactions and to consider how these could inform practice and lead to deeper levels of understanding about client casework. Over time, when it became evident that the cues from the intuitive self were generally reliable and beneficial in the therapeutic encounter, I came to trust and more actively embrace it.

As a psychotherapeutic supervisor then, I carry a strong pre-understanding that being an intuitive type of person, innately, is highly beneficial in therapeutic and supervisory endeavours.

I don't think that you can teach people to be intuitive and I think that is what worries me about supervision and supervision courses. You can learn the theory, you can learn the skills, technically you can be very sharp but I think you need something else, intuition (RG172).

I now realise that my '*fore-structure of understanding*' (Heidegger, 1927/1962) influences the opinion that to be highly effective, therapists and supervisors need to be intuitive by nature. So as a psychotherapeutic supervisor, I actively strive to foster a dynamic intrapersonal relationship with the intuitive self and encourage supervisees to listen to and be actively informed by this guiding voice in their practice.

I do respect the need for on-going professional development in terms of theoretical knowledge and psychotherapeutic interventions and firmly believe that there must be a balance between the use of the intuitive self and the intellectual self. However, as a psychotherapeutic supervisor, I am always concerned about the practitioner who lacks connection with the intuitive self. This is primarily because my experiences of supervising intuitive supervisees are that I am in the presence of practitioners who naturally respond to clients' distress and pain with a depth of wisdom and understanding.

One of the aims of psychotherapy is to help clients gain a deeper understanding of themselves. Therapeutically, gaining self-understanding is seen to be transformative, an '*empowering process*.' My pre-understandings advise me that this idiom also holds true for therapists. So a particular focus in psychotherapeutic supervision is facilitating practitioners to gain deeper understanding of the issues that emerge in their casework.

It is to do with getting an insight or a deeper level of understanding about something. It is almost like it is phenomenological (RG85).

So, through the '*dynamics and processes*' of psychotherapeutic supervision, a '*self-generated insight*' is gained for many practitioners. Indeed, I have an expectation that supervisees will get a '*more fully involved insight*' because my assumption is that this is in the best interests of

the clients. Often in supervision sessions there is a '*click*' of understanding for the supervisee about a client issue. These '*click moments*' are like a '*phenomenological experience*'. Neither the supervisee nor I are entirely sure how they occur. They are experienced as a spontaneous '*flash*' of understanding.

There are many, many phenomenological experiences and things like that in supervision. So like lots and lots of moments like that. Well it is unreasonable, but I would hope that my supervisees or within a supervision group, somebody would get a 'click'. I would hope that something happens that goes beyond, tell me what skills you used or what theory you are using. I would hope that people get into that sort of zone (RG 142:174).

Whether a supervisee has the willingness or capacity to get into this '*phenomenological zone*' affects my opinion about them as practitioners. I seem to judge a practitioner's competence and ability on their capacity to have '*click moments*'. When there are '*no clicks*', I assume that while practitioners maybe technically competent, they lack the hallmark of or core characteristic of an effective therapist.

Generally speaking Heidegger (1927/1962) is against the psychological view of self-awareness. He disregards awareness and insight in the traditional or normal sense of these concepts. According to Guignon, Heidegger does not locate human existence in the mind, but in the '*unfolding happening or event, of a life*'. He suggests that a self can only exist through the '*process of realisation*' (Guignon, 1993:224). Realisation from the Heideggerian perspective is an evolving phenomenological experience. He postulates that phenomenology seeks to uncover or get closer to things that are for the most part concealed (Smythe, 2011).

“Phenomenon”, the showing-itself-in-itself, signifies a distinctive way in which something can be encountered (Heidegger 1927/1962:31).

From this perspective that which is hidden can be discovered through phenomenological inquiry. In order to get to the *‘things themselves’*, it is necessary to pay attention to one’s average day to day lived experience (Heidegger, 1927/1962:153) and in this way the self can be realised. Heidegger deprives *‘pure intuition of its priority’* as he considers that both intuition and thinking to be *derivates of understanding* (Heidegger, 1927/1962:147). He does not apply any significance to *‘intuition or inspired inference’* which is in his view based on intangible cues (Inwood, 1999:105). He challenges lack of in-depth reflection on intuitive cues as he considers that this leads to immature and *‘haphazard’* unconcealments of phenomena (Heidegger, 1927/1962:37). Instead Heidegger proposes that phenomenological interpretation (hermeneutics) develops understanding of self and others and suggests that everyday existence is *‘pervaded’* by interpretation. He does not make a sharp distinction between interpretation and understanding but suggests that understanding is global while interpretation is about local understanding (Inwood, 1999:106).

‘In interpretation understanding appropriates whatever is understood understandingly. Interpretation is existentially grounded in understanding (Heidegger, 1927/1962:148).

From the perspective of hermeneutic phenomenology, Dasein interprets itself and gains self-understanding by noticing what it does in its everyday existence (Heidegger, 1927/1962:140). Therefore interpretation renders things intelligible, enabling Dasein to make meaning or sense of its existential experience.

In the context of counselling supervision, the hermeneutic phenomenologist Smythe et al. (2009) suggests that understanding is enhanced when the supervisor accommodates both *techne* (know how) and *phronesis* (practical wisdom). Phenomenologically speaking, *phronesis* is an existential state.

Everything about phronesis comes from and goes back into the experience itself.phronesis opens one to the spirit of the moment. There is unpredictable spontaneity in the moment, described by hermeneutic philosophers as 'the play' (Smythe et al., 2009:5)

According to Smythe et al. (2009) when the supervisory pair is '*at play*' there are greater opportunities for deeper and unexpected understandings to emerge. When *phronesis* is '*brought into play*' all possibilities are entertained and the Heideggerian spirit of being '*on the way*', as opposed to having predetermined the '*answers*' pervades the encounter (Smythe et al., 2009:6). When *phronesis* is an integral part of the supervisory endeavour, a phenomenological sense of knowing emerges and the language required for *techne* (know how) is much less important (Smythe et al., 2009:5). While Heidegger makes limited direct reference to *phronesis* and its influence on interpretation and understanding, he places significant value on depth of reflection as this mitigates premature assertions (Heidegger, 1927/1962).

So, my '*fore-structure of understanding*' (Heidegger, 1927/1962) positions me to privilege a dynamic dance between self-awareness, intuition and depth of personal and professional understanding. My '*fore-conception*' (Heidegger, 1927/1962) assumes, rightly or wrongly, that this interplay assists therapists and supervisors to get the phenomenological '*click*' of

understanding and to make that which is implicit explicit, thus enabling the client to cope better with their life issues.

The Heideggerian position of placing limited significance on the psychological view of self-awareness and intuition challenges my '*fore-structure of understanding*', making me pause for thought on the depth of reflection that I engage in with supervisees regarding intuitive responses. However, Smythe et al.'s (2009) plea for the integration of phronesis (practical wisdom) into the supervisory encounter strongly resonates with my own lived experience of catching unexpected understandings through being '*at play*' with supervisees.

2.5.3. The Call of Conscience

During the pre-understanding interview, I was asked to reflect on negative experiences of being a psychotherapeutic supervisor, to consider a specific time when supervision did not go well. This was an uncomfortable experience for me, as I strive hard to build and maintain positive, effective supervisory alliances.

I reflected on the experience of supervising a therapist whose competence became a matter of concern for me. From the outset,

'I had some real reservations. I had real concerns about her ability and about her competence' (RG241).

Initially I decided to '*hold fire*', to wait and see if she would settle down in the supervisory alliance. Unfortunately, my worries about her competence prevailed. It was an anxiety provoking experience supervising this therapist. I consulted my own supervisor who asked me baldly if I could '*stand over her work and I said no!*' This supervision consultation jostled me into action and I made a decision that I could no longer supervise her clinical

practice. During the pre-understanding interview, I realised that *'in all conscience, I could not continue to supervisor her'*.

As a psychotherapeutic supervisor, I am responsible for upholding standards in the profession and must be satisfied that supervisees are competent practitioners. I am required and committed to ensuring that *'the clients' best interests are paramount'* in the therapeutic endeavour. With this supervisee I could not satisfy myself on either count.

'I could not have lived with myself knowing that she was not doing a great service to the clients' (RG263).

Being able to live with myself became a matter of conscience. I felt compelled to respond to the call of conscience. However, this compulsion did not make it any easier to confront the issue. Deciding to end the supervisory alliance was extremely difficult. I wrestled with the voice of conscience, questioned my decision, searched for positive attributes in the supervisee and consulted further with my supervisor. However, the call to take responsibility, as voiced by my conscience, did not abate. In order to be able to live with myself, I accepted that I had to take a stand and to act responsibly on behalf of others. I knew that it was in the public interest and in the supervisees own interest to end the supervisory alliance. However, responding to the call of conscience did not feel virtuous. It was *'awful and I felt sick'*. The supervisee was *'very annoyed and very upset'* and was persistent in trying to maintain the supervisory alliance. It was a struggle to hold my stance and stick to the decision. However the voice of conscience which was ringing in my head supported me to act responsibly. I knew that if I had done other than end the supervisory relationship that I could not have lived with myself ethically or morally.

Heidegger philosophises extensively on the '*phenomenon of conscience*' (Heidegger, 1927/1962). He offers an existential interpretation of conscience which critiques the common sense notions of conscience (Heidegger, 1927/1962:69). Traditional interpretations of conscience are usually associated with having done something wrong to persons or property, of having broken a law or a moral code. In the common sense interpretation of conscience, one is called to be responsible for something or make '*oneself responsible for*' something or for putting others' existence at risk (Heidegger, 1927/1962:282). Heidegger challenges fundamental conceptualisations of conscience which define '*bad*' conscience that '*reproves*,' and '*good*' conscience which '*warns*', ultimately dismissing the '*negative character*' imposed on conscience (Heidegger, 1927/1962:290,294).

In essence, Heidegger's interpretation of the *phenomenon of conscience* is rooted in existential guilt.

'..interpretations of the conscience are at one in that they make the 'voice' of conscience speak somehow of 'guilt' ... We define the formally existential idea of the 'Guilty' as 'being-the-basis for a being which has been defined by a 'not' - that is to say, as 'being-the-basis of a nullity'' (Heidegger, 1927/1962: 280,283).

Existential guilt is defined as Dasein lacking something or having failed in some way, as opposed to actively doing something wrong, immoral or unethical. For Heidegger guilt is a primordial mode of the existence of Dasein, in as much as Dasein '*factically*' exists it '*is*' also '*guilty*' (Heidegger, 1927/1962:281). Therefore, '*wanting to have a conscience*' is appealing as '*being-guilty*' is fundamental to Dasein's existence (Heidegger, 1927/1962:296).

As such, Dasein in its authentic mode of existence hears the *call of conscience*. Authentic Dasein has the ability to take a first person standpoint in relation to its existence and in relation to others (Carman, 2007:285). In the authentic mode of existence Dasein cannot only hear but understands the *voice* of conscience (Heidegger, 1927/1962:296). The *call of conscience* is awakened by a mood, an anxious state of mind. From the Heideggerian perspective moods are pre-reflective. They are primordial in that they are always already there. They give us important messages about our way of being-in-the-world and the manner in which we are attuned to things in the world (Dreyfus and Wrathall, 2007:5). In the authentic mode of existence Dasein is an autonomous and resolute entity which embraces the ‘*anxiety of conscience*’ (Heidegger, 1927/1962:289). The ‘*phenomenon of resoluteness*’ (Heidegger, 1927/1962:298) manifests itself when authentic Dasein welcomes the call of conscience. Resolute Dasein is decisive and exists with determination in the way that it directly confronts specific situations that it encounters by being in the world (Heidegger, 1927/1962:298).

This reflection has helped me realise that my ‘*fore-structure of understanding*’ positions me to take a firm stance on ensuring safe and ethical practice, in order to protect clients. When faced with concerns about poor or limited competence, my concern manifests itself as anxiety. In such circumstances, the weight of responsibility for others’ practice will not be abated. I now realise that this is more than the professional responsibility inherent in the role of being a psychotherapeutic supervisor. It is fundamentally about being responsible and ‘*in all conscience*’, being able ‘*to live with myself*’ as a psychotherapeutic supervisor.

From a Heideggerian philosophical stance, it seems that I take a traditional or common sense view of conscience and actively embrace responsibility for others. Heidegger’s philosophy on

conscience and how the call is awakened by an anxious state of mind does resonate with me. My interpretation of Heidegger's conceptualisation of the phenomenon of resoluteness, is such that, I consider that when I respond decisively to the call of conscience, I am able to live with myself, less guiltily and exist more authentically.

2.6. Conclusion

In this pre-understanding chapter, as a hermeneutic phenomenological researcher I have striven to make my implicit beliefs, expert knowledge and everyday experience of psychotherapeutic supervision, more explicit (Van Manen, 1990). Through a process of journaling, undertaking and analysing a pre-understanding interview I have endeavoured to capture aspects of my '*fore-structure of understanding*' (Heidegger, 1927/1962), in order to try to understand those assumptions and prejudices that have not previously been immediately accessible to me (Moran and Mooney, 2007). Through these reflective processes, I realise that I have a number of entrenched pre-understandings about being a psychotherapeutic supervisor and the supervisory process. Among these pre-understandings are firm beliefs and assumptions about the quality of supervisory relationships, supervisees' potential to develop both personally and professionally and how I privilege being a catalytic supervisor over being a guru. I place high value on a dynamic dance between self-awareness and intuition as a means of gaining flashes of deeper understanding and developing supervisee's inner voices. My prejudices negatively affect my judgment of supervisees who struggle with personal and professional insight.

My '*fore structure of understanding*' (Heidegger, 1927/1962) informs me that being a psychotherapeutic supervisor is a demanding and anxiety provoking experience. When faced with concerns about safe and ethical practice, I take on responsibility for the protection of

others. I have come to realise that *leaping-in* and being-responsible, is my response to the call of conscience, so that I am able to live with myself, as a human being and as a psychotherapeutic supervisor. Aspects of Heideggerian philosophy such as living authentically and resolutely have resonated with me in my normal everyday experiences. I have been challenged by and struggled with Heidegger's perspective on intuition and his conceptualisations of the call of conscience and on existential guilt. Yet I willingly acknowledge that being a psychotherapeutic supervisor is a unique phenomenological experience.

In striving to crystallise my '*fore- having, fore-sight and fore-conception*' (Heidegger, 1927/1962) about psychotherapeutic supervision, I am acutely aware that I must carefully monitor my pre-understandings during the hermeneutic phenomenological research process in order to avoid pre-mature understandings or misunderstanding about participants' actual lived experiences.

3. PSYCHOTHERAPEUTIC SUPERVISION -A VARIETY OF PERSPECTIVES

3.1. Introduction

This chapter is designed to provide an in-depth account of differing perspectives about psychotherapeutic supervision, so that readers are better positioned to engage with research participants' experiential stories as they evolve in latter chapters. In tandem, the function of this chapter is to provide a glimpse of the epistemological pre-understandings that potentially influence psychotherapeutic supervisors when being-with their supervisees.

I begin by considering the emergence of supervision around the start of the 20th century and discuss how this has evolved from being an educational and supportive process or activity for novice practitioners, to a position wherein it is mandatory for trainees, pre-accredited, accredited and highly experienced therapists to attend supervision if they wish to be recognised by a professional body. There are many highly influential modes, models, philosophies and psychotherapy bound approaches to psychotherapeutic supervision. There are multiple versions of psychotherapy and among the most influential of these are psychoanalytic, cognitive-behavioural and humanistic schools of thought. The participants in this research have been exposed to these dominant discourses, either, in the purist sense or integratively. Therefore, this chapter critically discusses these theoretical paradigms in order to appreciate the nuances of and highly variable approaches to psychotherapeutic supervision. From these multiple versions of psychotherapy a variety of perspectives on psychotherapy supervision have spawned leading to real challenges in finding a common description or definition of psychotherapeutic supervision. In reviewing these competing positions and

perspectives on psychotherapeutic supervision, careful consideration has been given to illuminating the attention or inattention that these approaches afford to supervisors' day to day lived experiences and to the meaning of being a psychotherapeutic supervisor.

In undertaking this review, a literature search was carried out using electronic data bases including CINAHL, PsycARTICLES, PsycINFO, and Google Scholar. In line with hermeneutic phenomenological inquiry, the literature review was undertaken after the data collection phase of the study in order to minimise my pre-understandings and prejudices about the phenomena under investigation. However, as an educator and practising psychotherapeutic supervisor, it must be acknowledged that I had a fore-structure of understanding prior to reviewing the literature and commencing data collection. It is hoped that the attention given to supervisory methodological frameworks and theory bound approaches to supervision will assist readers to navigate their way through the complexity of competing dominant discourses that postulate about what psychotherapeutic supervision is.

3.2. The Evolution of Psychotherapeutic Supervision

There have been references in the literature to supervision as an activity in the helping professions from the 1920s. With the growing interest in the practice of and training in Freudian psychoanalysis, approaches to supervision evolved over the subsequent forty years. Psychoanalytic supervision was then focussed on the supervision of trainee analysts, the key components of which were teaching, personal analysis and case discussion (Fleming and Benedeck, 1983). Trainee supervision was also advocated by the humanistic psychotherapist Carl Rogers (1951), who developed the Person- Centred approach in the 1950s when he began to mention the relevance of experienced counsellors engaging in a consultative process with more experienced colleagues (Page and Wosket 1994). An influential form of

supervision gained prominence in the 1970s in the field of social work based on Kaduskin's (1976) work and his conceptualisation that there were three main functions to supervision, broadly framed as educative, supportive and managerial. Kaduskin's (1976) conceptualisations of supervision have been widely borrowed by counselling and psychotherapy supervisors. Additionally, Proctor's (1988b) conceptualisation of the process of counselling supervision, described as formative, restorative and normative, has been highly influential in both the Irish and British contexts. Since then supervision for the practices of counselling and psychotherapy has developed quickly (Green et al., 2001). There has been general consensus, over recent decades, that supervision of counselling and psychotherapy is important to the growth and development of effective practitioners (Morgan and Sprenkle, 2007).

This position was endorsed in Britain by the, then British Association of Counselling (BAC), Code of Ethics and Practice (1984) and latterly BAC (1992) made attendance at supervision a requirement for all practitioners, regardless of whether they were trainees or experienced practitioners (Page and Wosket, 1994). In the Irish context, the Irish Association of Counselling and Psychotherapy (IACP) took a similar stance, highlighting in their Code of Ethics and Practice in 1998 that it is an ethical requirement for counsellors and psychotherapists to attend regular supervision. There has, therefore, been a significant shift since the last century about the purpose, philosophy and functions of supervision. There has been an important evolution or move away from supervision primarily being a supportive, educative, reflective space for trainees to a position wherein attendance at supervision is mandatory for all practitioners. In order to be a recognised member of an accrediting body in

Britain and Ireland, and to have standing in the psychotherapeutic community therapists must annually attend a prescribed amount of supervision (BACP, 2013; IACP, 2013).

While I agree that attendance at supervision is generally beneficial to the professional and personal development of practitioners, there are supervisors, counsellors and psychotherapists who strongly resist the imposition of specific guidelines for attendance at supervision as it is considered that these can impact on the dynamics and processes in the supervisory space (Mitchell, 2009). However, the implications of mandated supervision on therapeutic outcomes and the supervisory dyad are under-explored. In my view this shift from voluntary to mandatory attendance has had an impact on the experience of being a psychotherapeutic supervisor and a supervisee.

This research study seeks to illuminate and more fully understand the meaning and experience of being a psychotherapeutic supervisor involved in the delivery of mandatory supervision.

3.3. The Challenge of Defining Psychotherapeutic Supervision

While there has been a growing general consensus about the importance of counsellors and psychotherapists regularly attending psychotherapeutic supervision, since its emergence in the last century (Fleming and Benedeck, 1983), over the last 30 years there have been differences of opinion in terms of defining the nature, objectives, parameters, tasks, roles, responsibilities and meaning of supervision (Carroll, 1988). There are those who view psychotherapeutic supervision as essentially an interpersonal interaction between a supervisory pair, the goal of which is to make the practitioner more effective in her/his interactions with clients (Hess, 1980). The emphasis, here, is on forming supervisory

relationships for the express purpose of developing therapeutic competence (Loganbill et al., 1982). Hewson (2001:65) postulates that supervision is an '*art and a science*' based on being in a relationship in which the supervisor '*creates safe space*' in which the supervisee can be supported and mentored. From this perspective, the art of supervision requires personal and artful qualities in the person of the supervisor such as empathy, sensitivity, awareness, understanding, approachability and wisdom. In contrast, the science of supervision requires structures and frameworks that can be measured for their effectiveness in empowering the practitioner, who can then enable clients (Hewson, 2001).

Professional bodies, such as the British Association for Counselling and Psychotherapy and the Irish Association for Counselling and Psychotherapy have traditionally taken the view that the function of supervision is the protection of the public through ensuring safe and ethical psychotherapeutic practice (BAC, 1992; BACP, 2013; IACP, 1998; IACP, 2013) and in this sense appears to prefer the notion of supervision being a science, with outputs and standards that can be scrutinised and verified.

According to Gilbert and Evans (2000) there is broad agreement that supervision is an opportunity for practitioners to avail of on-going professional development by working with more experienced practitioners in a '*learning process*' and through the implementation of this process clients are '*safeguarded*' (Gilbert and Evans, 2000:1). So, in essence, supervision appears to be defined as educating and developing practitioners in their skills and knowledge bases, while supporting and enabling them in the context of safe, interpersonal supervisory relationships, so that their practice can be monitored in the interests of public protection. However, in striving to clearly define supervision, there is a danger that we lose the essence of it, by mainly focusing on the arts and science of this endeavour. It is difficult to find

specific definitions that address the hidden and less overt influences that impact on the process of supervision such as the training backgrounds of the supervisor and supervisee or how these impact on the meaning that each party attaches to supervising and being supervised.

In quantifying psychotherapeutic supervision in terms of functions and measurable outcomes, there is the danger that the personhood of the human being that is the supervisor and the supervisee become concealed and that it is then difficult to recognise and capture the richness of experience in psychotherapeutic supervision or to uncover the phenomena that may occur therein. Carroll (2001) makes a helpful distinction between functional supervision and the philosophy of supervision in this way;

'In its 'functional' mode supervision is something done, applied techniques, strategies and methods used for some purpose. A 'philosophy of supervision' focuses on the 'being of people' and the meaning supervision has for us, is almost before anything is done.' (Carroll, 2001:77)

Carroll's (2001) discussion on the philosophy of supervision, *'the being of people'* and the *'meaning'* that supervision has for supervisors, takes us closer to the possibility of uncovering and understanding phenomenological experiences within specific psychotherapeutic supervisory situations. As such Carroll's perspective on the philosophy of supervision is of particular interest to this study, as it is hoped that this research inquiry will provide participants with an opportunity to describe, interpret and more deeply understand the experience and meaning of *'being'* a psychotherapeutic supervisor.

3.4. Modes and Methods of Psychotherapeutic Supervision

Since its inception, multiple modes, methods and models of psychotherapy supervision have mushroomed. These frame the manner in which supervision is systemically delivered (Leddick, 1994) There are two main modes of supervision, referred to as '*vertical*' and '*horizontal*' supervision. According to Hawkins and Shohet (2006:61) there are three strands to '*vertical*' supervision, described as training, managerial and consultancy supervision. '*Vertical*' supervision occurs when a novice or less-experienced counsellor or psychotherapist attends a more experienced practitioner for the purposes of enhancing their clinical practice. Training supervision focuses on the developmental function of supervision in the context of training courses or placements and requires the supervisor to take responsibility for the quality of the supervisee's practice. Managerial supervision occurs when the supervisor is also the line-manager of the supervisees and has a quality control role whether they are trainee or experienced practitioners. Consultancy supervision is provided to experienced and accredited counsellors and psychotherapists, wherein there is a more collaborative aspect to the supervisory alliance and the supervisee holds some but not all of the responsibility for their practice (Omand, 2009).

There are a number of formats or methods of delivery for *vertical* psychotherapeutic supervision. Supervisees and supervisors set up contracts for individual supervision, wherein the supervisor gives individual attention to one supervisee on a regular basis. Shared supervision involves two supervisees attending one supervisor and sharing the allocated time to discuss their own cases and to learn from each other's case presentations (Compton, 2005). Group supervision involves a number of supervisees from differing clinical contexts coming together to critically explore their casework. The supervisor has a facilitative role and the

group members mainly supervise each other, while absorbing key learning points through case discussion. Team supervision, is similar to group supervision, except that the members are drawn from a related working environment (Hawkins and Shohet, 2006). There are further permutations, for example, supervisees may well attend both individual and group supervision or any combination of the above methods of supervision, in which case work is explored and evaluated (Compton, 2005).

I offer the view that the meaning of being a supervisor, in these varying contexts, considerably changes. Being in a one to one relationship with a supervisee is quite different from being in a triadic relationship, as in shared supervision. The level of intimacy and connection, evident in individual supervision can be eroded and issues of competition and rivalry can emerge, eliciting good/bad parental responses. Being a group supervisor again has a different meaning for me. In this context, there can be a sense of being apart from the group, as group members grapple among themselves with clinical issues, only becoming part of the group if they meander off track or become stuck. Moving beyond my own perceptions, it is considered that this research has the potential to uncover the unique experiences of research participants who have to juggle different ways of being psychotherapeutic supervisors in diverse situations.

The main benefits of *vertical* supervision are that supervisees can be mentored by experienced and competent practitioners who can pass on their practical wisdom or phronesis (Smythe et al., 2008); they can be enabled to become competent practitioners; and they can learn how to navigate their way through ethical minefields. It is widely acknowledged that there is a need to appropriately support trainee counsellors and psychotherapists in their professional development (Shearer, 2003). However, aspects of '*vertical*' supervision, for

example the managerial and monitoring functions are contrary to the fundamental premises of several psychotherapy traditions, including the humanistic, behavioural, and cognitive schools. While these schools have different underlying philosophies, they place specific emphasis on equitable, collaborative, mutually responsible and respectful relationships (Rogers, 1951; O’Sullivan, 1996; Beck, 1991). There is an unanswered dichotomy in that this mode of supervision is widely utilised within these psychotherapeutic traditions, yet it positions supervisors as gurus in explicitly suggesting that supervisors are theoretically, practically and personally superior to other practitioners.

Alternatively, ‘*horizontal*’ supervision occurs in the form of peer supervision. This is carried out between two practitioners with similar levels of experience and is a widely accepted mode of practice in the private sector (Hawkins and Shohet, 2006: 61). Beneficially, within peer supervision each practitioner has an opportunity to present their casework, to discuss the progress and hindrances that they are encountering and to receive feedback or alternative perspectives on case-management.

Peer supervision is regarded as a supportive and collaborate venture in which the potentially disempowering aspects of *vertical* supervision are minimised (Feltham and Dryden, 1994). Each supervisee is autonomous and holds ultimate responsibility for the quality and effectiveness of their practice. Counsellors and psychotherapists often seek peer supervision with individuals who have been trained in a similar theoretical approach. Peer supervision has been criticised as a convenient and inexpensive form of supervision, in which there is the potential for collusion between the supervisory pair with respect to the quality or effectiveness of therapeutic practices or the management of ethical, moral or legal issues.

According to Feltham and Dryden (1994) there are obvious disadvantages to peer supervision.

- *No one has any final authority or clear mandate, for example to report any unprofessional behaviour*
- *Participants may avoid confronting each other when it is necessary to do so*
- *Participants may either collude with each other or lack the structure and skills to offer emotional containment to each other* (Feltham and Dryden, 1994: 49)

The sustainability of *horizontal* supervision depends on both parties being able to avoid disruption of the supervisory alliance (Hawkins and Shohet, 2006). Peer supervisees need to be vigilant about the potential traps and pitfalls of this type of alliance and discuss or formulate an agreement as to how they will address concerns that may emerge about each other's practice, if they are to ensure that the services that they provide to the public are safe and ethical. Modes of supervision create practices and structures for the manner in which supervision is carried out. They focus on the functional facets of supervision. The '*vertical*' mode places a higher level of responsibility for safe and ethical practice on the psychotherapeutic supervisor. While the '*horizontal*' mode places this responsibility squarely on the shoulders of the supervisee.

This study is based on the argument that an over-reliance on specific or combined modes of supervision creates a climate in which the 'how' of supervision is privileged and that understanding about 'what' the actual experience of being a psychotherapeutic supervisor **is**, gets lost. This research inquiry, therefore, seeks to get underneath the functional aspects of supervision to more fully understand psychotherapeutic supervisors' day to day lived

experiences of being-with novice, pre-accredited and experienced counsellors and psychotherapists. It is anticipated that listening to and interpreting lived experience descriptions of the actuality of being a psychotherapeutic supervisor will begin to address this under-researched domain.

3.5. Conceptual Models of Supervision

Models of supervision can be divided into two broad categories, namely conceptual and theory bound models (Morgan and Sprenkle, 2007). Conceptual models tend to focus on the interaction between supervisor and supervisee (Bernard and Goodyear, 2009). There appears to be two main types of conceptual model, known as developmental and social role models (Morgan and Sprenkle 2007).

An example of an influential developmental conceptual model is Stoltenberg and Delworth's, (1987) conceptualisation, which defines the supervisee's stages of development from being, initially, self-centred and dependent on the supervisor, to slowly moving, if anxiously, towards being client-centred. At the third developmental level there is an increase in professional confidence and the supervisee is more able to adapt theories and strategies to meet the clients' needs. At the fourth and final stage, the process of being a psychotherapeutic practitioner has become more integrated and the supervisee is recognised to have reached *master* level (Stoltenberg and Delworth, 1987:20). This type of model is useful for training organisations and accrediting bodies in categorising practitioners as trainees, pre-accredited and experienced/accredited practitioners. While development models provide support, direction and structure, *they tend to simplify trainee development* (Creaner, 2014:42). They tend to box supervisees and supervisors into predetermined roles.

Supervisees are expected to learn, cognitively and practically at similar rates (Lockner and

Melchert, 1997). Psychotherapeutic supervisors are, initially expected to be nurturing and supportive, assisting supervisees in their professional development. Latterly they are required to determine supervisees' capacity for complex thinking and masterful practice (Stoltenberg and Delworth, 1987). The focus in developmental models is on *how* to supervise novice, apprentice and masterful practitioners. As such, there is the potential for the day to day, lived experience of being a psychotherapeutic supervisor, when being- in these very different pre-determined situations to be concealed.

Social- role conceptual models are *descriptive* and tend to try to define and *organise* the activities that supervisors engage in (Morgan and Sprenkle, 2007:4). For instance, Holloway (1995) outlines the five main functions of supervision as monitoring and evaluating; advising and instructing: modelling; consulting and supporting; and sharing. Similarly, Carroll (1996) identified seven generic tasks of supervision which involve establishing a learning relationship; teaching; evaluating; monitoring professional and ethical issues; counselling; consulting and monitoring administrative or work-related contexts of therapeutic practice. Whatever the number of identified generic tasks, it is postulated that in clearly defining the activities of supervision that a scientific framework is provided through which supervisors and supervisees can clarify the nuances and complexities that emerge in the supervisory relationship (Hewson, 2001).

Hawkins and Shohet's (2012 :86), conceptual model, as previously discussed, suggests a less task-orientate stance by taking a *helicopter view*, of the supervisory process by simultaneously focussing on the double matrix of the client/supervisee and the supervisee/supervisor, while taking into account the potential influences from work and social contexts. Similarly, Page and Wosket (2001) offer a cyclical model of supervision which is also

process-orientated. This model creates a *space* for supervisees to reflect on the chaos in casework and to play with creative ways of working with clients. The *bridge* and *focus* phase of the cyclical module enables supervisees to consider that which they need to bring their attention to and assists them in relevant goal setting and action planning. The *Contracting* and *reviewing* phases are on-going features of this model, designed to ensure clarity for all parties, in the supervisory endeavour.

Conceptual models are widely employed in supervisor training however, according to Bernard and Goodyear (2009) the efficacy of developmental and social-role conceptual models have not been researched sufficiently. While it is helpful to have structured and organised models of supervision for the training and development of psychotherapeutic supervisors, we have been warned that over reliance on modes, methods and models of supervision *obscure* the *meaning* of supervision (Davey 2002:231). In endeavouring to be proficient in the application of conceptual models, there is the danger that the psychotherapeutic supervisor's actual experience of being-with the supervisee could get lost. I would argue that it is as important to understand what it **is** to be a psychotherapeutic supervisor as it is to intellectually and practically know, how to do it.

3.6. Theoretical Bound Models of Psychotherapeutic Supervision

Alongside conceptual models of supervision, Morgan and Sprenkle (2007) suggest that theory bound models have a major influence on approaches to the practice of supervision. Theory bound models draw on specific counselling and psychotherapy approaches and seek to apply these to the supervisory endeavour. According to Creaner (2014),

One advantage of considering supervision within a therapy frame is that there is a body of theory and research to draw upon (Creaner, 2014:41).

The suggestion here is that theory bound models of supervision are perhaps more epistemologically sound than the potentially compartmentalising features of methodical frameworks for undertaking this endeavour. In order to understand theory bound models of supervision, it is however, essential, to have an in-depth understanding of the philosophies, principles and practices that fundamentally inform their dominant and contradictory discourses about the nature of psychotherapeutic supervision.

Counselling and psychotherapy is characterised by many diverse versions drawing on a broad range of differing and oppositional philosophical, theoretical and practical stances. According to Feltham, there are some 400 schools of counselling and psychotherapy which advocate differing and competing approaches to therapy which propose and implement diverse methods of training and supervision of practitioners (Feltham, 1999). However, these multiple schools of therapy have tended to evolve and mushroom from several dominant paradigms and are generally influenced by psychoanalytic, behavioural, cognitive and humanistic approaches to therapy (Corey, 2001).

These approaches are widely utilised with individual clients, couples and groupings who present with transient and entrenched issues as single modalities. Alternatively two or more of these are combined and are practiced by integrative psychotherapists (Gilbert and Schmukler, 2001). Given the multiple perceptions about the nature of therapy, there are varying perspectives on what constitutes counselling or psychotherapy, what the common factors are and how these practices assist clients to overcome personal and relationship

distress. Some authors use the terms counselling and psychotherapy interchangeably while others argue that there are significant differences between these talking therapies (O'Farrell, 1993). In the context of this research project it is considered that psychotherapy tends to involve longer term work with clients who have entrenched emotional and psychological issues, while counselling tends to benefit clients who have transitional issues and attend for time-limited therapy. There are many common factors between these therapeutic stances that appear to lead to effective therapeutic outcomes.

These include the capacity of therapists to form and maintain safe, trusting and confidential relationship with clients. Core characteristics of therapists include warmth, genuineness; the capacity to be non-judgemental and non-reactive (Mearns and Thorne, 2007). Commonly effective therapists are persons of integrity and maturity who comfortably encourage client autonomy and foster personal responsibility for growth and change in helpees (Van Deurzen, 1988).

According to the United Kingdom Council for Psychotherapy (2013);

Psychotherapy is one of the talking therapies. It can help people gain insight into their difficulties or distress, establish a greater understanding of their motivation, enable them to find more appropriate ways of coping and bring about changes in their behaviour (UKCP 2013).

While the United Kingdom Council for Psychotherapy takes a risk in proffering this definition, it does appear to reflect the common view that counselling and psychotherapy is an insight orientated activity, which is designed to reduce emotional and psychological disturbance by supporting and enabling clients to engage in a process of personal change in

order to manage their lives more effectively. However, the main schools of counselling and psychotherapy conceptualise and approach these endeavours in highly variable ways.

According to Storm et al., (2001) the theory based approach significantly inspires the principles of supervision practice. This has resulted in multiple models of supervision including but not exclusively psychoanalytically rooted supervision (Wharton, 2003); behavioural and cognitive structured supervisory positions (Ricketts and Donoghue, 2000); humanistic consultative perspectives (Page and Wosket, 1994); narrative approaches (Speedy, 2001); and integrative relational approaches to psychotherapy supervision (Gilbert and Evans, 2000). Additionally, across many psychotherapeutic modalities the influence of Roger's, Person-Centred theory, which places high value on developing and maintaining empathic and non-judgemental relationships, can be witnessed in the manner in which supervisors invest time and energy in creating safe and trusting relationships with their supervisees (Rogers, 1951).

However, the basis upon which supervision generally occurs is rooted in the diverse and differing training, therapeutic experience and supervision of the supervisors who undertake this endeavour. In doing so, supervision practice which is influenced by theoretical models take, not only, the principles and practices of psychotherapeutic approaches into consideration but also seek to propagate the philosophies of such theories in supervisory practice.

Interestingly, and in contrast to Creaner (2014), Storm et al., (2001) bring to our attention the fact that there is a lack of robust research evidence to demonstrate the effectiveness of any one theoretically influenced model of supervision over other approaches. Yet, purists from

within these psychotherapeutic paradigms seek to privilege their own philosophical and epistemological perspectives on clinical practice and supervision, often dismissing, criticising and rejecting alternative or differing positions.

It is my view that this variety of influential perspectives on supervision leads to markedly different experiences of being a psychotherapeutic supervisor. Having been a supervision consultant for many years, I have observed and noted that the day to day experience of being a supervisor appears to have very different meanings for psychoanalytic, humanistic, behavioural, cognitive and integratively trained supervisors. In order to provide readers with a depth of understanding about the specific epistemological contexts which significantly impact on psychotherapeutic supervisors' existence, the philosophical underpinning and practical applications of these divergent paradigms are extrapolated, here.

3.7. Psychoanalysis-Precepts and Practices

Sigmund Freud (1856-1939) as the founder of psychoanalytic psychotherapy has had a major influence of the development of the talking therapies (Jacobs, 2007). There are many off-shoots of psychoanalysis including the Kleinian, Jungian, Eriksonian and Lacian schools of thought. However, given the deterministic view of human nature purported by Freud, alternative forms of therapy have been developed which sit in direct contrast to his propositions and principles about personality development and human nature (Corey, 2001). Psychoanalysis is based on the assumptions that people's behaviour is governed by unconscious drives and motivations which have an impact on human behaviour. Unconscious drives are fuelled by psychic energy or instincts. These include survival, development, pleasure and death instincts. It is Freud's contention that people have limited control over their unconscious drives and resulting symptoms until aspects of the unconscious are brought

into consciousness through the process of prolonged psychoanalysis. Psychoanalytic theory asserts that the unconscious, while not directly accessible, manifests itself in behaviours and through dreams, slips of the tongue, free association, transference and countertransference and by the identification and examination of projections of unwanted aspects of self on to others (Freud, 1949).

In psychoanalytic theory the structure of personality, while a single entity, has three interrelated aspects, the Id (biological aspect), the Ego (psychological aspect) and the Superego (social aspect). These ego-states compete for dominance over each other (Jacobs, 2007). The Id is governed by the pleasure principle. The Ego is governed by the reality principle and the Superego is governed by the principle of striving to be perfect. As a result of the competition and struggle between these ego states human beings experience anxiety which can be a positive and motivating force or which can be irrational and debilitating (Nelson-Jones, 1992).

When anxiety manifests in debilitating symptoms, people employ defence mechanisms, such as repression, denial, projection, rationalisation, regression, introjection or compensation, to name but a few, in order to try to control anxiety and cope with real or perceived threats.

Defence mechanisms have an impact on daily functioning and behaviour. As such key aims of psychoanalysis are to strengthen the ego and interpret the meaning that patients attach to their symptoms, so that choices and behaviours become more reality based (Freud, 1949).

Freud placed significant emphasis on personality formation during the initial six years of life postulating that this is the stage of life on which a person's future personality is founded.

According to the orthodox psychoanalytic perspective, during this period of life there are three major personal and social personality development tasks to be achieved which are

broadly framed as love and trust, coping with negative emotions and embracing sexuality in an optimistic manner (Jacobs, 2007). It is postulated that the quality of parenting and life experiences in these early years will affect whether or not a person manages these psychosocial tasks (Bowlby, 2005). Freud also purported that psychosexual development begins in infancy and that there are five psychosexual stages, the oral (first year of life), anal (ages 1-3), phallic (ages 3-6), latency (ages 6-12) and genital stages (ages 12 and beyond) (Freud, 1949). Erikson latterly extended the management of these tasks beyond childhood and suggested that psychosocial and psychosexual tasks can be worked and reworked across the life span (Erikson, 1963). While the orthodox psychoanalytic view has been tempered over the years, psychoanalytic and psycho-dynamically orientated therapists utilise these psychosocial and psychosexual frameworks to assist clients to gain understanding about recurring difficult and painful patterns in their lives (Jacobs, 2007). For example, clients present with symptoms such as recurrent anxiety, social phobias, persistent fear of intimacy, inability to form trusting or lasting relationships, ingrained low self-esteem or personal and sexual self-loathing.

The central aim of Freudian psychoanalysis is to render the unconscious conscious (Scaife, 2009). This goal is aided by interpreting symptoms, analysing dominant ego-states, defence mechanisms, transferences (*unconscious emotional material communicated between the patient and the analyst*) or counter-transferences (*unconscious emotional reaction of the analyst to the patient*) and how patients have or have not worked through psychosocial and psychosexual stages of development (Freud, 1949; Wharton, 2003:87).

Critics of psychoanalysis question the existence of the unconscious and the attending drives and motivations (Thornton, 1999). They point out the danger that in viewing clients'

symptoms purely through a psychoanalytic philosophical lens that obvious or consciously known factors that are negatively impacting on clients' well-being could be neglected (Omand, 2009). Critics argue that there are more effective and efficient ways of managing client care (Alperin et al., 1997) and assisting clients or patients to address entrenched emotional and psychological distress. Psychoanalytic opponents raise ethical questions about keeping clients in long-term and costly psychotherapy when they may gain insight and relief through more pragmatic therapeutic approaches.

Psychoanalysts counter these argues by proffering the view that insight-orientated work cannot and should not be forced or rushed and that clients move beyond first order change at emotional, intellectual and behavioural levels, overcome entrenched negative patterns in individual and relational functioning while achieving sustained second order change through psychoanalysis (Jacobs, 2007). These perspectives filter into the supervision of psychoanalysts and psychodynamic therapists.

3.7.1 Psychoanalytic Perspectives on Supervision

Psychoanalysts make the claim that they introduced the idea of supervision into psychological and psychotherapeutic practices. In the early 1920s it was considered that it was necessary for novice psychoanalysts to undergo analysis themselves as part of the training process (Balint, 1948). It was considered that training analysis provided evolving analysts with an opportunity to explore any difficulties they had in working with patients by reflecting on transferences and countertransferences that occurred during the analysis of patients and that it also helped them to identify their own blind spots (Omand, 2009). However, during the mid-1920's Freud was beginning to consider that developing an understanding of psychoanalytic concepts and attending training analysis were insufficient in

the full formation of analysts. This resulted in Freud advocating mandatory attendance at supervision during psychoanalytic training. Over the following decades, complicated versions and revisions of psychoanalytic supervision emerged (Ekstein, 1969). There was much debate about whether or not analysts should provide supervision to students or whether this should be provided by a different entity, a '*control analyst*' so that a clear demarcation could be made between personal analysis and maintaining a focus on the analysis that the trainee was providing to patients (Mattoon, 1995).

The tripartite model of education, personal or training analysis and supervision have become cornerstones in psychoanalytic training and this has carried over into the supervision of psychodynamically trained counsellors and psychotherapists (Scaife, 2009). However, Wharton (2003) argues that contemporarily, personal analysis is the cornerstone stone of the development of analysts.

While there are many shades of psychoanalysis, (Freudian, Jungian, Kleinian, Eriksonian or Lacian) and its successor psychodynamic psychotherapy, it is generally agreed that supervision, in this domain, involves educating the supervisee in terms of theory, principles and practices as well as interpreting unconscious material and parallel processes (Scaife, 2009). Significant focus is placed on identifying and managing transferences and countertransferences, while reflecting on the impact these may be having on the therapeutic process (Wharton, 2003). Searles (1955) placed emphasis on the importance of paying close attention to the supervisor's emotional experiences in the supervisory relationship. He postulated that the supervisor's emotional responses or reactions were a manifestation of the parallel but unconscious dynamics or processes being played out between the patient and the supervisee. Working with transferences/ countertransferences and interpreting parallel

processes are mainstays in psychoanalytically orientated supervisory practice with both novice and experienced analysts (Omand, 2009).

According to Wharton (2003) supervision is an educative, creative, reflective, unpressurised ‘*space to play*’ for trainee analysts. It is a space in which supervisors can pass on psychoanalytic knowledge and experience.

I see the supervisor as modelling a way of listening and thinking which is informed by the analytic attitude, an enquiring, non-judgemental reflectiveness which presupposes the ability to be in a state of not knowing, or not imposing a shape prematurely, of waiting for the unconscious contents to take their own shape. Underlying the waiting is trust that our words and actions have meaning and that their meaning might emerge in time (Wharton, 2003:86).

In psychoanalytic terms, supervision creates a space in which the supervisee is exposed to psychoanalytic practice at play. In modelling the capacity to patiently sit with the unknown, the supervisor is teaching the supervisee that the emergence of unconscious material can be a slow process which cannot be forced. So, the novice analyst initially introjects that which the supervisor models and plays this out in psychotherapy practice (Scaife, 2009). Overtime, through practical experience and self-reflection, the analyst becomes more self-reliant and develops her/his own internal supervisor. With experienced analysts, it is advocated that the psychoanalytic supervisor, supervise the supervisee’s *internal supervisor* (Casement, 1985).

It is openly acknowledged that psychoanalytically orientated perspectives on supervision are strongly influenced by analytical thinking (Ekstein, 1969). When supervision is

operationalised, purely based on this philosophical stance, as a psychotherapy supervisor, I am concerned that over-reliance on the existence of transferences and countertransferences could block supervisory exploration of normal, common, understandable every day reactions and interactions between two people (the patient and the analyst) who are involved in the challenging human endeavour of psychotherapy. Furthermore, placing parallel processing at the heart of the supervisory process (Searles, 1955) has the potential to set up expectations that perceived parallels are purely responsible for the dynamics that emerge in supervisory relationships or are accountable for the inevitable tensions, discomforts and disrupts that happen between the supervisory pair (Frawley-O'Dea and Sarnat, 2001).

While psychoanalysis and psychoanalytic perspectives on supervision have made a significant contribution to the talking therapies, it is evident that these endeavours are significantly informed by philosophical postulations and theory (Ekstein, 1969), the principles of which are privileged over the subjective experience of patients, clients, supervisees and supervisors. It is argued here that psychoanalytic supervisors are constrained by psychoanalytic dogma which impacts on their way of being as supervisors. The heavy emphasis on the power of unconscious drives and the process of waiting for unconscious contents to emerge, in my view, intellectually deflects and gets in the way of illuminating the meaning of being (Heidegger, 1927/1962) for patients, clients, supervisees and supervisors, in the here and now, in the time being. Making meaning, psychoanalytically, is associated with interpreting the meaning that patients' attach to their symptoms (Balint, 1948). In focussing on the interpretation of symptoms, it could be construed that Dasein (*the situated meaning of being*) (Flood, 2010) remains unearthed. Searles (1955) postulations on parallel

processing, suggest that the supervisor is experiencing an experience outside of her/his own experience (a manifestation of something that is occurring in the analytic space).

While this is a widely reported phenomenon by supervisors, there is the danger that understanding of one's own authentic experience of being-with supervisees gets concealed or is accounted for by a dominant psychoanalytic discourse. This research study, therefore, which favours ontology over epistemology, seeks to reflectively listen to stories about specific and unique supervisory moments. It strives to uncover and more fully understand the unique meaning of being a supervisor when this experience is freed from the binds of theoretical dogmas and dominant discourses.

3.8. Behavioural and Cognitive Psychotherapeutic Positions

3.8.1. Behaviour Therapy

Historically, behaviour therapy has tended to take a common sense view to the management and resolution of personal problems such as anxiety and phobias. Across centuries, this common sense approach has evolved into a coherent behavioural theory, underpinned by a set of clearly defined principles, experimental interventions and action-orientated techniques which are designed to pragmatically help clients to get control of and manage dysfunctional reactions and behaviours (O'Sullivan, 1996).

Contemporary approaches to behaviour therapy spawned in the western world during the 1950s. The basic assumptions and underlying principles of behaviour therapy sat in sharp contrast to the dominant discourses which abounded in psychotherapy, at that time. It was a major force in challenging psychoanalytic perspectives and the emphasis it places on the influence of the unconscious on human behaviour. The emergence of and early developments

in behaviour therapy were greeted with scepticism and opposition by the psychoanalytic community. In juxtaposition, early forms of behaviour therapy advocated a scientific approach which focussed on the assessment of concrete and observable aspects of human behaviour which could be changed or modified through guided behavioural tasks and experiments (Corey, 2001).

The early principles underpinning behaviour therapy were strongly influenced by the Russian physiologist Pavlov (1927) whose research and experiments with animals led to the development of his theoretical model of classical conditioning. Classical conditioning postulates that an unconditional stimulus (e.g. food) automatically creates an unconditioned response (salivation). When a manufactured or conditioned stimulus (e.g. a specific noise) is repeatedly added when the unconditional stimulus (food) is presented, then eventually the sound of the noise will be sufficient to create the unconditioned response (salivation) even in the absence of the unconditional stimulus (food) (Pavlov, 1927). During the 1950s Wolpe began to experiment with the application of classical conditioning with human subjects in a clinical setting and this led to the development of systematic desensitisation, a technique which has become a staple in the behavioural therapist's tool box (Wolpe, 1990). Lazarus (1971) who was also influenced by Pavlov's work (1927) successfully began to apply classical conditioning to the treatment and management of panic disorders and phobias, which was highly influential in the popularisation of behavioural therapy in the mid-twentieth century (O'Sullivan, 1996).

Furthermore behavioural therapy was influenced by Thorndike's (1911) experiments with animals that led to the formulation of ideas on operant conditioning. Operant conditioning asserts that human behaviour is mainly governed by its consequences. When an action or

behaviour has a positive consequence or reward, then the behaviour is likely to be reinforced through behavioural repetition. Positive reinforcers often include things like financial or monetary gain, praise and validation or satisfying a basic human need like hunger. If, on the other hand, specific actions or behaviours have an unpleasant, painful or negative consequence then it is anticipated that such behaviour will become extinct (Thorndike, 1911). Negative reinforcers are, for example, over-indulging in the consumption of alcohol and becoming physical sick resulting in a period of abstinence from alcohol. During the 1950s Skinner proposed a radical approach to behavioural psychotherapy which was focussed on creating measurable and observable change in human behaviour. This approach was based on his research and study of the application of operant conditioning to patients presenting with mental health issues. It was Skinner's hypothesis that changes in human behaviour only occur when positive or negative reinforcers are present. Skinner's approach to therapy, which was designed to help patients to cope with and manage the behavioural manifestations of fears, phobias and compulsions, was integrated into main stream clinical practice in the 1960s (Skinner, 1971). In essence radical behavioural theory and practice postulates that peoples' behaviour makes sense and that;

An individual's behaviour is a reflection of his or her overall state of well-being. Human functioning can be enhanced by influencing behaviour. Self-control and mastery of the environment allow people to achieve their goals
(O'Sullivan, 1996:284).

Radical behaviourists then adhere to the notions underpinning learning theory which state that the behaviour of human beings is governed by what they have learned through classical and operant conditioning. As such radical behaviourists have traditionally rejected the

influence of cognitions and subjective experience on positive or maladaptive human functioning. This psychotherapeutic position is firmly rooted in objectivity. It is primarily interested in observing human behaviours and the context in which these occur. From this scientific position, it is asserted that interventions can be employed which lead to measurable behavioural change and the reduction of anxious, phobic or obsessive-compulsive related dysfunctions (O'Sullivan, 1996).

Behaviour therapy focusses on the client's current problem(s) and assumes that these are related to the present environment. Initially, the therapist will undertake a behavioural analysis of the problem(s) and their consequences on human functioning. In collaboration with the client, the therapist will establish several specific, measurable and attainable goals which are directly related to reducing and managing the presenting issues (s). As behavioural therapy is an action orientated approach, the goals of therapy are translated into a tailor-made treatment plan and graduated tasks (Lazarus, 1993). During each therapy session, the therapist and the client work collaboratively in agreeing take-home tasks for the following week. Clients undertake these tasks or employ techniques and strategies in their own environment. There is an expectation that clients will take responsibility for undertaking the tasks and for helping themselves to overcome their difficulties (Spiegler and Guevremont, 1998). At subsequent sessions, clients report back on their progress with agreed tasks and any hindrances or blocks they may have encountered. Behavioural tasks are repeated and/or modified until clients have achieved their goals and dysfunctional behaviours are being controlled, managed or resolved. Behaviour therapy tends to be briefer than other forms of therapy as it has a psycho-educational component which assists clients to learn new skills,

unlearn unhelpful or dysfunctional behaviour and emphasises self-help techniques (Crowe and Ridley, 2000).

Lazarus (1993) advocated that therapists should be '*authentic chameleons*'. He argues that clients' behavioural problems should be approached in a creative, flexible manner and that practitioners should have at their disposal a comprehensive range of techniques that can be tailored directly towards specific client presentations. As such, behavioural therapists draw on a range of interpersonal approaches towards clients and identify techniques which are employed in the best interests of clients. For instance, they are active in providing relaxation training to clients who present with fears, phobias and obsessive-compulsive conditions. Historically, behaviour therapists have been influenced by the exposure principle which advocates that people should be gradually and in a measured way, exposed to the source or object of their fear. When the exposure principle is applied appropriately, the client will be able to gain confidence in confronting the feared situation (O'Sullivan, 1996). Through a process of systematic desensitisation clients learn that they can become desensitised to increasingly anxiety provoking situations by undertaking specific, small steps or actions which directly counter anxiety or compulsiveness (Wolpe, 1990). Behavioural change is elicited and reinforced with active techniques such as, role-play, assertiveness training, note-taking/ recording and self-help strategies designed to support relapse prevention. Radical behavioural therapy has had some, if limited sustained success, with individual clients presenting with phobic and compulsive-obsessive disorders.

It is recognised that behavioural techniques such as systematic desensitisation can be very challenging for clients and as such many are unable to action the take-home tasks or they drop out before achieving their goals (Marks and O'Sullivan, 1988). Behavioural couple

therapy has generated positive outcomes when clients' presenting issues are transitory and lack a depth of entrenchment. However a radical behavioural approach has had less success, in terms of long-term change with dysfunctional or abusive behaviours and entrenched psychosexual dysfunctions (Crowe and Ridley 2000). During the 1970s Lazarus (1971) among others began to illuminate and challenge the limitations of Skinner's radical approach to behaviour therapy. Concurrently, Bandura's (1977) social learning theory was beginning to influence the manner in which behavioural therapists formulated client's problems.

Alongside a shift away from radical behaviour therapy (Lazarus, 1971), the basic premises and validity of behaviour therapy have also been widely challenged by other psychotherapeutic stances. This therapeutic approach has been condemned by humanistic psychotherapists as being mechanistic and placing an over-emphasis on fixing the problem. There is a view that behavioural therapy is overly directive and controlling, resulting in the manipulation of clients (Corey, 2001). Central techniques such as exposure have been deemed to create high levels of discomfort for clients leading to non-compliance and drop out (O'Sullivan, 1996). It has been further suggested by experiential psychotherapists that behavioural therapy has a limited interest in building therapeutic alliances with clients or understanding their subjective experience or feelings. Behavioural therapists refute these claims and state that there is a humanistic and interpersonal aspect to contemporary behavioural therapy practice (Lazarus, 1993). They claim that their work is subject to more evaluation by practitioners and empirical research than other approaches and that the outcomes of these inform and change practice (Spiegler and Guevremont, 1998). While they acknowledge that there is a directive aspect to this approach, they argue that there is the potential for manipulation and control of clients in all therapeutic modalities (Kazdin, 1994).

Psychoanalytic psychotherapists question an absence of emphasis on the client's subjective experience in behavioural therapy and suggest that clients need to have an opportunity to gain personal insight through psychotherapy (Jacobs, 2007). They contend that behavioural therapy treats the overt cues or symptoms and does not deal with or heal the underlying causes of problems. As a result of this clients may well experience first order change but eventually, according to the psychoanalytic tradition symptoms will re-emerge or new symptoms will surface as manifestations of unresolved past issues (Kohut, 1984).

Behaviourists challenge these criticisms and take the position that insight is not essential to resolving personal difficulties. Furthermore, they assert that there is a lack of empirical evidence to suggest that insight-orientated therapeutic practice has better long term, sustained outcomes for clients (Spiegler and Guevremont, 1998).

3.8.2. Cognitive Therapy

While radical behavioural therapy was developing and gaining prominence in the 1950s and 1960s, Beck (1964) was simultaneously formulating his cognitive module which proposed that;

Distorted or dysfunctional thinking (which influences the patient's mood and behavior) is common in all psychological disturbances. Realistic evaluation and modification of thinking produce an improvement in mood and behavior. Enduring improvement results from modification of the patient's underlying dysfunctional beliefs (Beck, 1995:1).

The assumptions underpinning Beck's (1976) cognitive model evolved into a form of brief, time-limited therapy which primarily focusses on patients /client's current thinking processes

and the impact these have on feelings and behaviours. As such contemporary cognitive therapy is primarily concerned with helping people to resolve present-orientated problems by changing maladaptive or distorted thinking (Beck, 1995).

Cognitive therapy is based on the principle that it essential to form and maintain a strong therapeutic alliances with clients and draws on precepts from person-centred therapy such as empathy, warmth and unconditional positive regard in order to achieve this (Rogers, 1980; Beck, 1995). The approach is deemed to be most effective when both therapist and client collaborate and participate in the therapeutic process. This is assisted by a strong emphasis on psycho-education, with therapists openly sharing rationales for specific treatment approaches and cognitive techniques. The central psycho-educational aspect focuses on training clients to identify maladaptive thought processes and dysfunctional core beliefs or schemas (Padesky and Greenberger, 1995). This approach postulates that core beliefs, which manifest in absolutist thinking, such as *I am stupid* lead to intermediate beliefs which influence the rules, attitudes and assumptions which direct people's lives. Intermediate beliefs are best captured in spontaneous or automatic thoughts. Automatic thoughts are usually accompanied by an emotional and behavioural response, for example, a person who has a core belief that he/she is stupid, may think *I can't do that* when faced with a new challenge, so he/she is likely to feel despondent and may well retreat and engage in avoidance type behaviours. So, cognitive therapy starts with the identification of automatic thoughts as these can be most easily accessed.

Once clients have learned to identify these, they are then trained to evaluate the validity or otherwise of these and are taught a range of techniques such as socratic questioning and thought stopping so that they can respond to situations and events in a more realistic, less

distorted fashion (Beck, 1976). Formulation of the client's problem is an on-going and evolving process in which the cognitive therapist considers pre-disposing, precipitating and maintaining factors associated with the clients' presenting issue. When blocks or resistance emerge during the therapeutic process clients are taught to understand and modify dysfunctional intermediate and core beliefs due to the significant impact these have on cognitions, feelings and behaviours (Padesky and Greenberg, 1995).

As cognitive therapy is goal orientated, sessions tend to be structured, with a clear focus on resolving presenting problems. Once the client's problems have been conceptualised, the psycho-educational process begins. Clients are assisted to gain understanding about the nature of their problem or disorder and simultaneously they are educated in the principles of the cognitive model that will assist them to overcome their difficulty (Beck, 1995). So, clients are introduced to the central idea that people's feelings and thoughts are strongly influenced by their perception of events. They are encouraged to consider that it is not the actual event that causes emotional and behavioural responses but the manner in which people interpret and think about these (Beck, 1964).

Thereafter cognitive therapy sessions have a defined format. Generally speaking, sessions begin with clients giving an update about how they have been since the last session and the therapist will do a mood check using a mood rating scale. An agenda for the session is then agreed and previous homework is discussed in terms of progress and hindrances. The therapist works in an empathic manner with clients, exploring intermediate or core beliefs which may be negatively impacting on progress and demonstrates understanding about the challenges of modifying dysfunctional cognitions (Dattilio and Bevilacqua, 2000). Thereafter new homework is set based on assisting clients to meet their goals. Homework tasks often

include cognitive activities such as guided imagery; applying the principles of mind over mood; identifying and reframing distorted or unrealistic thoughts, through rational reflection. Paper exercises assist with understanding and reinforcing these principles (Padesky and Greenberg, 1995). Furthermore, behavioural tasks are also agreed, such as graduated social experiments in which the client is asked to step outside of their comfort zone and monitor their thoughts and emotional responses to the new situation. Sessions end with a summary of the key aspects of the session and the cognitive reinforcement of homework tasks (Beck, 1995).

The goal of cognitive therapy is to collaborate in the management or resolution of problems and eventually to enable the client to become his/her own therapist. The psycho-educational approach inherent in the cognitive-model assists these processes. As clients begin to deal with their problems they are taught cognitive and behavioural relapse prevention techniques. This fosters a sense of self-reliance in clients. Contact with the therapist is then reduced by tapering off sessions from weekly, to fortnightly, to monthly meetings. Clients are then invited to take responsibility for scheduling booster sessions in three, six and twelve months. This weaning off approach is designed to reduce the potential for dependence on the therapist and to enable the client to autonomously deal with future challenging life events (Beck, 1976).

As with behaviour therapy, there have been many criticisms levelled at cognitive therapy. Indeed, Beck (1991) acknowledged that the principles and practices of his cognitive model challenged and were challenged by psychoanalysis and behaviourism which were the dominant therapeutic forces, when he was developing his approach. While, latterly behavioural and cognitive therapies became comfortable bed-fellows, the limitations of Beck's approach to treating patients continue to abound. A common criticism is that this

approach lacks theoretical depth, is unsophisticated and naively places too much importance on reframing negative thinking (Corey, 2001). As such critics, trained in humanistic and experiential schools, suggest that the application of the cognitive model is insufficient to address entrenched or deep seated issues and is more applicable to transient presenting problems because humanistic psychotherapists propose that clients' interests are best served by exploring their feelings (Rogers, 1961) and their subjective experiences of being human (Van Deurzen-Smith, 1988). Experiential therapists question the strong emphasis on the psycho-educational aspects of the cognitive model. They contend that teaching people to, for example, reframe distorted thinking, without engaging in a depth of self-reflection and self-awareness, may lead to short term gain, however such gains will not be sustained (Patterson and Watkins, 1996). Therefore, the cognitive approach is structured in such a way that clients are invited to return for booster sessions (Beck, 1995) to mitigate the time-limited gains and the fundamental short comings in its philosophy. As cognitive therapy is present-orientated and goal focussed, it comes in for particular criticism from the psychoanalytic community. Cognitive therapists are interested in client's core and intermediate beliefs and they actively work with the information that is consciously available to clients (Beck, 1976). Alternatively, psychoanalysts consider that the causes of psychological disturbance are manifestations of unconscious material and in order to overcome psychological and emotional distress unconscious factors must be subjected to interpretation by the analyst (Freud, 1949). Therefore, in failing to consider and therapeutically work with unconscious drives, cognitive therapists are merely treating symptoms and not the underlying causes.

The psychoanalytic position has been strongly rebutted by Ellis (1999) among others, when he argued that focussing on illuminating unconscious material can do more harm than good

to people and that it can make them worse rather than pragmatically helping them to get better.

3.8.3. Integration of Cognitive and Behavioural Therapies

In a move away from a pure reliance on classical and operant conditioning (Lazarus, 1971) and in line with Bandura's (1977) postulations on the relevance of social learning theory, a general acceptance was developing that it was necessary to give weight to the influence of clients' cognitions, beliefs and attitudes and how these impacted on positive and maladaptive behaviours. This move paved the way for the emergence and integration of multiple forms of cognitive-behavioural therapy (Corey, 2001). At this time there are in excess of 20 recognised variations of cognitive-behaviour therapy, for example rational emotive behaviour therapy, multimodal therapy, mindfulness-based cognitive therapy or acceptance and commitment therapy (Smith et al., 2012).

Rational emotive behavioural therapy (initially formulated under the auspices of rational emotive therapy) was one of the first forms of cognitive behavioural therapy (Dryden, 2009).

While Ellis openly acknowledges that rational-emotive behavioural therapy borrows a breadth of cognitive and behavioural techniques, as developed by others, he offers his own unique philosophy on psychological health, well-being and disturbance (Ellis, 1994).

According to Ellis and MacLaren (2005);

Rational emotive behavior therapy is based on the assumption that cognition, emotion and behaviour are not disparate human functions but are instead intrinsically integrated and holistic. When we feel, we think and act; when we

act, we feel and think; and when we think, we feel and act (Ellis and MacLaren, 2005:3).

Rational emotive behaviour therapy, then moves beyond the fragmentation of human functioning and in a dynamic way intertwines thoughts, emotions and behaviours. This think-feel-act triad (Ellis and Dryden, 1997) suggests that a response in anyone of these domains, elicits responses in the other two domains, in as much as, if a person has a negative thought, this will be accompanied by a negative feeling and less than positive behaviours.

Central to this approach is the postulation that rigid and extreme beliefs are at the heart of psychological disturbance. Ellis (1994) proffers that rigid beliefs are translated into absolutist thinking, which in turn makes irrational and debilitating demands on self and others. In contrast, flexible beliefs are central to the promotion and sustenance of psychological health and well-being. When clients present with emotional and psychological distress the rational-emotive behavioural therapist enables them to identify their basic assumptions about life and invites them to consider revising rigid or extreme beliefs that are having a negative impact on their thinking, feelings and actions (Smith et al., 2012).

Psycho-education which is widely associated with behavioural and cognitive therapies is also prevalent in rational emotive behavioural therapy. Therefore clients are taught about the underlying philosophy and principles of the approach. Clients are informed that this form of psychotherapy draws on the thinking of the roman philosopher Epictetus when he stated *'Men are not disturbed by things but by the views they take of them'* (Epictetus, 1899) and clients learn that rational emotive behavioural therapists modify this statement to emphasise the influence of entrenched beliefs, and suggest that *'People are disturbed not by things, but*

by their rigid and extreme views of things' (Dryden, 2009:115). What this means is that people, for the most part, cause their own psychological disturbance by holding on to rigid or extreme beliefs (Ellis, 1994). In order to unhook from damaging beliefs and to identify and develop non-extreme beliefs clients are also taught the ABC (DE) model. Ellis' argument is that it is peoples' attitudes and beliefs about a life event (as opposed to the event itself) that causes negative emotional responses (Ellis 1994). This model graphically outlines how an activating experience (A) is viewed through the lens of irrational beliefs (B) about that experience which in turn causes upsetting emotional consequences (C). However, clients are then taught to dispute (D) irrational ideas by rationally questioning whether or not there is evidence for such rigid or extreme beliefs which results in new or different emotional responses and consequences (E) (Ellis and MacLaren, 2005).

As indicated there are multiple forms of cognitive-behavioural therapy. While Ellis places emphasis on diminishing rigid and extreme beliefs, other forms of cognitive-behavioural therapy offer their own perspective on that which enables psychological health and well-being. So for instance, mindfulness-based cognitive therapy encourages clients to be fully present in the moment and to strive to live in the here and now (Collard and Walsh, 2008). While acceptance and commitment therapy is designed to improve psychological flexibility by utilising cognitive and behavioural techniques and by assisting clients to accept and embrace painful and positive life experiences in a mindful manner (Hayes and Smith, 2005).

These multiple forms or variations of cognitive-behavioural therapy, have been widely used with individual clients; couples experiencing relationship and psychosexual difficulties; and with families in distress and crisis. Furthermore, it has been accepted into mainstream family therapy in the last 30 years (Dattilio, 2010). As the efficacy of cognitive behavioural therapy

has been heavily researched since the 1950s, it has steadily gained recognition as a valid and reliable approach for alleviating emotional and psychological distress. Indeed, it is one of the most highly promoted therapeutic approaches by the National Institute for Health and Clinical Excellence in the United Kingdom (Smith et al., 2012).

However, the popularity of cognitive behavioural therapy has been a mixed blessing as practitioners are being put under increasing pressure by government and institutions to help clients resolve their difficulties within very short timeframes, 2-4 sessions in some cases (Hallet, 2012). In government and institutions privileging cognitive-behavioural therapy over other forms of psychotherapy, a renewed swell of criticism has emerged against this approach. This could be construed as sibling rivalry as the psychoanalytic, humanistic and systemic communities may well consider that their professional and philosophical stances on attending to psychological disturbances are being marginalised, are under-valued and under-utilised. However, alongside their well-rehearsed criticisms of cognitive-behavioural therapy there is a genuine concern that over-reliance on one, integrative therapeutic approach is doing a disservice to patients and clients who cannot or do not respond well to psycho-education, prescribed techniques and challenging homework tasks (Smith et al., 2012). This one size fits all approach, which has been demonised for treating symptoms as opposed to causes, means that clients who are grappling with long-term deep seated problems are less likely to receive on-going, in-depth emotional and psychological support as they struggle towards recovery.

The emphasis on psycho-education and experimentation prevalent in cognitive-behavioural therapy, maintain a focus on how clients can be agents in their own recovery by embracing strategies and changing maladaptive behaviours. As such, this psychotherapeutic position

privileges epistemology over ontology, which potentially conceals the actual experience of being emotionally and psychologically compromised.

3.8.4. Cognitive-Behavioural Conceptualisations of Supervision

The structure and processes associated with cognitive-behavioural supervision are less clearly defined than psychoanalytic supervision as there are numerous shades of this therapeutic approach (Rosenbaum and Ronen, 1988). Within psychotherapeutic supervision which is primarily influenced by the cognitive strand, there is a psycho-educational tendency and focus on developing and educating supervisees. As such novice and experienced therapists are encouraged to study the principles and practices of cognitive therapy and demonstrate their knowledge of this paradigm through in-supervision discussion.

Supervisees are encouraged to understand and accept the philosophy of cognitive therapy and actively apply the underlying tenets in their own lives and to the resolution of personal and professional problems (Liese and Beck 1997). When misconceptions arise about cognitive theory and practice, supervisors challenge these and assist supervisees to gain a depth of knowledge about the layers of complexity of this approach. Similarly cognitively inclined supervisors employ active techniques such as role-play, guided imagery, direct instruction and observation to enhance psychotherapeutic skills and session management (Liese and Beck, 1997).

Cognitive therapy supervision sessions are structured on similar lines to therapy sessions. There is an emphasis on forming a solid supervisory relationship; working collaboratively in setting an agenda for the session; identifying the supervisee's goals for supervision; working with blocks or hindrances; uncovering hot thoughts and core schema; and agreeing

homework tasks (Watkins, 1997). The goal of cognitive therapy supervision is to enable the supervisee to become a competent, capable and independent therapist (Omand, 2009). However, unlike the therapy process, which weans clients off therapy, in order to avoid dependence and to foster self-reliance, the prevailing view among cognitive therapy supervisors is that supervisees of all levels of training and experience should continue to attend both individual and group supervision throughout their professional lives (Liese and Beck, 1997).

While Rosenbaum and Ronen (1988) assert that cognitive-behavioural supervision lacks a defined methodological approach, they go on to state that there are common themes evident in the supervision of the varying forms of this theoretical position. From their research Rosenbaum and Ronen (1988) suggest that cognitive-behavioural supervision is a meaning making process. Meaning making in this context is concerned with creating a supportive space to understand the meaning that clients make of their problems and also, to explore the meanings that supervisees and supervisors make of clients issues. Meaning making in this context is not to be confused with meaning making in the ontological sense, of understanding the meaning of being (Heidegger, 1927/1962). Here, it is concerned with understanding and interpreting clients' rigid or extreme beliefs and the influence that these have on presenting problems.

Psycho-education was also a common theme in cognitive-behavioural therapy supervision. In this context psycho-education is in the thinking, feeling and action domains (Woods and Ellis, 1997). Evidence (or lack of evidence) for cognitive, emotional and behavioural responses towards clients are explored, in a bid to assist therapists to find systematic ways to resolve blocks and hindrances that prevent goals being achieved. Alongside this supervisees

are directed to undertake experiments and behavioural homework tasks. In line with Lazarus' (1993) view that therapists should be '*authentic chameleons*', cognitive-behavioural supervisors encourage creativeness and resourcefulness in their supervisees. Rosenbaum and Ronen (1988) also pointed out that while cognitive-behavioural supervision is rooted in the principle of collaboration this is difficult to maintain as supervisors are required to evaluate supervisees' levels of knowledge and practical competence and as such have significant influence in determining whether or not therapists are fit to practice. This is markedly in contrast with the philosophy of cognitive-behavioural approaches in which clients are encouraged to evaluate negative thoughts, feelings and actions and are empowered to take control of perceptions which create psychological and emotional disturbance (Ellis and MacLaren, 2005).

Allowing for the differences between the various strands of cognitive-behavioural therapy, supervision in this integrative modality is generally speaking structured and goal orientated (Rosenbaum and Ronen, 1988). It is less free floating than humanistic or psychoanalytic approaches to supervision and it is coloured by supervisors' explicit and implicit theories which are rooted in the many versions of cognitive-behavioural therapy that they practice (Omand, 2009). While I, as a therapist and supervisor, value the fundamental principles of cognitive-behavioural therapy and how these are inculcated into psychotherapeutic supervision, I am inquisitive to discover how this pragmatic and logical approach to supervision impacts on actually being a supervisor. From the behavioural perspective, classical and operant conditionings are designed to change and adapt peoples' behaviours and are reward and consequence driven (Pavlov, 1927; Thorndike, 1911). The forming and moulding of behavioural therapists is, then potentially, a very powerful and responsible

position for psychotherapeutic supervisors to be in. In focussing on modifying behaviour, I wonder if the supervisor is able to exist authentically, in the Heideggerian sense, or are they so governed by the '*they*', of epistemological discourse that the true self gets lost (Heidegger 1927/1962).

With respect to the cognitive strand of cognitive-behavioural therapy, psycho-education holds a privileged position within the supervisory process (Dryden, 2009). Supervisees are trained to embrace the philosophy, theories, models and principles of cognitive therapy and are overtly challenged if they misconstrue these perceived truths (Rosenbaum and Ronen, 1988). It is argued here that while the benefits and outcomes of this approach are well documented and researched (Smith et al., 2012) that privileging epistemology over uncovering actual lived experience can conceal the authentic existence of the supervisor. While the authentic existence of cognitively orientated supervisors is masked, I wonder if it is possible to elicit the unique meaning of being a psychotherapeutic supervisor.

This research project does not seek to dismiss the validity of cognitive-behavioural therapy supervision but hopes to widen the space in which it exists and in so doing enable psychotherapeutic supervisors to illuminate and more fully understand the meaning of their existence and how this in turn can impact on who they are; what they think, feel and do, when being in the world of cognitive-behavioural supervision.

3.9. Competing Perspectives in Humanistic Psychotherapy

Humanistic psychotherapy has evolved from philosophical phenomenological and existential thinking. The underlying principles of this approach sit in sharp contrast to the psychoanalytic perspective (Rogers, 1980) with its determinist view of human nature and its emphasis on the influence of the unconscious on people's choices and behaviours (Freud, 1949). Furthermore it offers an alternative therapeutic response to behaviour therapy, which has been criticised for its lack of attention to feelings, personal growth, and the development of insight and has been challenged for merely treating symptoms as opposed to the sources of emotional, behavioural and psychological disturbances (Corey, 2001). As with all of the main traditions of counselling and psychotherapy, there are multiple schools of thought within the broad church of humanistic therapy. Prevalent and influential (although not exclusively) among these are existential therapy (Frankl, 1965; May, 1983; Yalom, 1980), the person-centred approach (Rogers, 1951), gestalt therapy (Perls, 1951) and transactional analysis (Berne, 1961).

The following sections elaborate on the principles and practices of existential therapy and the person-centred therapy and the supervision of these perspectives, as these enduring approaches from the humanistic tradition are heavily influenced by phenomenology and hermeneutic phenomenology which is the philosophical and methodological framework underpinning this research project.

3.9.1. Existential Therapy

The existential approach to therapy is primarily a philosophical one. Existential therapy is not based on a theory but has evolved from centuries of existential thinking and philosophising about the meaning of human existence (Frank and Frank, 1993). The most influential

contemporary existential thinkers include Kierkegaard, Nietzsche, Heidegger and Sartre (Blackham, 1991). In the 1960s, Husserl, a transcendental phenomenologist took up the existential baton (Husserl, 1962). However, it is considered that Martin Heidegger, who was also a hermeneutic phenomenologist, made the most significant contribution to existential inquiry, in the last century and that he has been particularly instrumental in the emergence of existential therapy (Corey, 2001).

Phenomenology is a philosophical tradition which is concerned with illuminating and understanding the experience of being human (Langdridge, 2007). Husserl proposed a scientific approach to examining and understanding everyday lived experience (Husserl, 1970a). The assumptions that underpin his philosophy are that all human experience comes from consciousness and individual awareness. As a transcendental phenomenologist, Husserl postulated that there are universal human experiences.

In order to illuminate the essence of such experiences, he contends that they must be described as purely as possible. His central treatise was that investigators or researchers must *bracket off* prior expert and personal knowledge in order to be able to describe and understand the essence of consciousness without prejudice, analysis or interpretation (Husserl, 1970a). When this is achieved, it is argued in descriptive phenomenology that *unified meanings* in human experiencing will be illuminated (Giorgio, 1992). While transcendental phenomenology is interested in individual human existence, it is primarily concerned with describing the universal essence of human experiencing (Flood, 2010).

As a pupil of Edmund Husserl, Martin Heidegger started out as a pure phenomenologist however overtime he parted company with Husserl's philosophical stance when he proposed

that merely describing phenomena was insufficient when trying to illuminate experiences of being human. It is considered that Heidegger's most significant contribution to existential philosophy is his ontological project. Ontology is the study of human existence and is concerned with what it means to be; what it means to exist (Heidegger, 1927/ 1962).

Heideggerian hermeneutic phenomenological philosophers are less concerned about the structures of consciousness than Husserlians and are keenly interested in unconcealing *actual lived experience* (Schmidt, 2006). Hermeneutic phenomenology, which embraces the art of interpretation, seeks to more fully understand the unique and individual experience of being human, in specific situations and at specific points in time. In contrast to Husserlian philosophy, Heidegger purports that the task of phenomenology is to describe and interpret everyday human activity, in undertaking ontological inquiry and in examining the meaning of being, a more in-depth understanding of human existence will be unconcealed (Cerbbonne, 2006).

Hermeneutic phenomenology has had a direct influence in both medical and psychological worlds. In the mid-1940s Heidegger had a psychological breakdown and entered into therapy in 1946 with Gebattel who was known to be an existential psychiatrist. During the course of therapy, Gebattel and Heidegger discussed and clarified the relevance and application of hermeneutic phenomenology to the treatment of disorders in both the mind and the body; in Heideggerian terms to the therapeutic treatment of *Dasein*, (*being-there* or human existence) (Heidegger, 1927/1962). Von Gebattel went on to publish a series of articles between 1948-1964 on the meaning of medical practice and calling the practitioner to engage as a person with the patient as they experience their existence (Von Gebattel, 1964).

Heidegger was approached by Boss, an existential psychoanalyst who wanted to open up a discourse about the possible role of phenomenological philosophy with respect to psychological problems (Boss, 1994). Extensive communication from the late 1940s to the mid-1960s between Boss and Heidegger resulted in the Zollikon seminar series (Heidegger, 1965). During these seminars Heidegger presented his ideas on *Daseinanalysis* which seeks an in-depth understanding of the meaning of human existence. Daseinanalysis seeks to *liberate* that which is hidden in peoples' experiences of being-in-the world. Daseinanalysis advocates moving beyond scientific knowledge in order to illuminate and understand patients day to day lived experiences of their physical and mental conditions (Heidegger, 1965).

In these seminars Heidegger challenged and dismissed the popular notion of empathy as a *fabricated* way of being in relationship with clients or patients and in turn psychoanalysts criticised Daseinanalysis as lacking scientific rigour, objectivity and as lacking conceptual depth (Heidegger, 1965). Undaunted, in these seminars, he continued to offer an application of the ontological project to the worlds of medicine and psychology and advocated that;

It is being-with that means a way of existing with you in the manner of being in the world, especially a being-with one another in our relatedness to the things encountering us (Heidegger, 1965:112).

During the Zollikon seminars and in conversation with Boss, Heidegger contended that it was inappropriate to separate the mind and body, the psyche and the soma when treating physical or mental illnesses. Collaboratively, Boss and Heidegger contented that in order to truly heal patients, medical and psychological practitioners must relate to the patients entire existence; must encounter Dasein, the totality of human existence (Boss, 1994). We can see the legacy

and influence of hermeneutic phenomenological philosophy in existential therapy today, as existential therapy is anti-conceptual and is primarily interested in helping clients become more aware of and manage the positive and negative aspects of human experiencing (Frankl, 1965).

There are a number of strands of existential therapy and no-one is credited with being the father or founder of this approach. However, several prominent existentialists such as Frankl have been credited with developing existential concepts from the 1940s and latterly Yalom and van Deurzen-Smith have further developed the central human concerns that underpin existential psychotherapy (Corey, 2001). Frankl developed *Logotherapy* which encouraged clients to reflect more deeply on fundamental aspects of human existence including freedom, responsibility, meaning and the search for values (Frankl, 1965).

Frankl suggested that meaningless existence or *the existential vacuum* was the main psychological sickness affecting mankind and he considered that psychotherapists are well placed to invite clients to find meaning and a sense of purpose in their lives through work, love and even through suffering (Frankl, 1965). Yalom was heavily influenced by Frankl's philosophy and went on to argue that existential therapists can best assist clients by inviting them to reflect on significant life themes such as death, freedom, isolation and meaningless (Yalom, 1980). Yalom states that existential therapy is primarily concerned with illuminating and understanding the depth of human experiencing (Yalom, 1989).

According to van Deurzen-Smith existential therapy can help people to find more creative ways to live meaningful lives. She argues that unlike other theoretical approaches existential therapy is not governed by theory designed to label peoples' conditions or by principles

purporting to *cure* them of emotional and psychological disturbance. Neither is existential therapy focussed on relieving clients of anxiety which, existentially, is deemed to be a condition of living but it is designed to assist people to search for value and purpose in their existence (van Deurzen-Smith, 1997). Furthermore, van Deurzen-Smith contends that existential therapy is concerned with helping people to more fully understand their place in an ever changing world and assists them to search for the truth about their experience of being human and to understand the unique meaning of their ever evolving existence (van Deurzen-Smith, 1988).

The philosophy underpinning existential therapy considers that people have the capacity to be self-aware and that they can develop awareness and understanding that human life is finite and that there is limited time to live a purposeful, fulfilling life. Central to this approach is the construction that people have freedom of choice and therefore they have a hand in shaping their own future lives. Alongside having the freedom to make life choices, comes the responsibility for the trajectory of one's life. Existentially freedom and responsibility are bed-fellows (Frankl, 1965). In developing awareness people can choose to free themselves from the legacy of their past experiences, can choose to make informed decisions and take responsibility for the choices they currently make while being responsible for the consequences of their actions (Corey 2001). The avoidance of responsibility is experienced as existential guilt. Accordingly it takes *courage to be* (May, 1983) simultaneously free and responsible. Yet, in order to make changes to meaningless aspects of life, people must be able to embrace these dichotomous positions.

A central aspect of this approach is to help people to realise that while they are alive, they will experience a constant process of change and transformation which only ends when life itself ends.

The person is in a constant process of becoming. I create myself as I exist and have to reinvent myself daily. There is no essential self as I define my personality and abilities in action. This impermanence and uncertainty give rise to a deep sense of anxiety (Angst) in response to one's insignificance and simultaneous responsibility to have to create something in place of that emptiness (van Deurzen-Smith, 1996:169).

This approach helps human beings to deal with the anxiety, the existential angst that results from acknowledging the temporary and insecure nature of daily life, through examining the choices and actions they can take towards creating their own destiny. In facing this void, existential therapists invite people to take personal responsibility for making meaning in their ever changing lives (Corey, 2001). According to van Deurzen-Smith existential therapy calls people to consider the quality of their ever changing human existence by paying attention to the physical, social, psychological and spiritual levels of human experiencing (van Deurzen-Smith, 1988).

While in the physical dimension, people can take responsibility for how they relate to the health and well-being of their bodies, to the inevitability of mortality, to the natural and material worlds. In the physical level of existence many people seek a sense of security and may for periods of their lives experience a sense of permanence, yet the ever changing nature of life means that being secure, in this domain is a short lived experience (van Deurzen-

Smith, 1988). The social domain is focussed on how we exist and interact with other people in the world. Within the global world there are situational worlds such as intimate relationships, families, social classes and cultures. Many people exist with a sense of belonging in these micro and macro communities while others exist in isolation (May, 1983). The social dimension is riddled with such polarities and people find themselves existing somewhere along continuums of love and hate, togetherness and aloneness, co-operate and sabotage, leader and follower. Peoples' attitudes to these polarities inform where they find themselves existing across these polarities. As life and its circumstances are impermanent these modes of existence also change (van Deurzen-Smith, 1996).

The psychological level of existence is fundamentally an inner existence. Existential therapy does not propose a theory of personality but is concerned with how people relate to themselves and the inner personal world that they create (Corey, 2001). In the psychological dimension people are searching to make sense about who they are, to find their identity and to have a meaningful sense of self. Changing and challenging life experiences influence personal perspectives on self. In the face of significant life events some people respond pro-actively endeavouring to maintain a robust sense of self-identity, while others give up and are psychologically overwhelmed.

The spiritual level of existence is fundamentally about seeking meaning in life in that which is outside of the physical, social and psychological levels of being. People search for meaning in religion, humanism, ideologies as well as in philosophy. The spiritual level can create a sense of purpose, can give added value and meaning to life. While existing in the spiritual domain some people believe that they can through religious observance transcend death and attain everlasting life of the soul and spirit, while others seek to overcome the finitude of their

mortality by leaving a valuable legacy to humankind and to their situational worlds (van Deurzen-Smith, 1996).

Existential therapy postulates that anxiety manifests in all of these dimensions as people encounter and acknowledge the insecurity and fragility of life. Across these four levels of existence there is the potential to exist in hope or disintegrate in despair. In order to manage existential angst and to avoid sliding into emotional and psychological disturbance, existential philosophy suggests people have a responsibility to create and recreate something which is personally meaningful in each of these domains. It suggests that meaningful existence is attained by embracing both the negative and positive aspects of human experiencing (Frank and Frank, 1993). In Heideggerian terms, people are called to exist authentically which in this context means living resolutely towards death. For it is only in living towards death that people can be truly alive (Heidegger, 1927/1962). This is a very challenging perspective for many people because to embrace this philosophy means learning how to live with existential angst and to accept one's personal responsibility for being fully alive (van Deurzen-Smith, 1996).

3.9.2 An Evolving Picture of Existential Supervision

The literature on the supervision of existential therapy has been sparse until recent times (Du Plock, 2009). There have been passing references to considering existential issues within the context of an integrative supervisory framework (Kearns, 2005) and within relationship models of supervision (Scaife, 2009). However, the gap in literature on existential supervision has been recently addressed by van Deurzen and Young (2009) with an edited text that is claimed by contributors and editors, to be the first book dedicated to existential therapy supervision. Van Deurzen and Young (2009) offer an evolving and exploratory

picture of existential supervision. They state that at this stage of its evolution, existential supervision primarily creates a space for the supervisory pair to engage in creative exploration, experimentation and mean-making. Van Deurzen and Young (2009) go on to proffer the view, that existential supervision is a collaborative space in which supervisor and supervisee can dialogue about the awareness and assumptions that clients and the supervisory pair have about the existential themes of life, such as death, freedom, isolation and meaninglessness (Yalom, 1980).

As with many approaches to supervision, the philosophy underpinning this therapeutic approach binds the supervision process. The core aspect of existential supervision focusses on establishing a quality supervisory relationship (Carroll, 2010). The supervisor reflects on her/his manner of being-with the supervisee and in turn explores the connectedness of the supervisee when being-with the client in the therapeutic world. Being-connected-with and being-present-with the Other-in-the-world of supervision is an important consideration in existential supervision. In relating in this way, the client's experience of being; the supervisee's experience of being-with the client; and the supervisor's experience of being-with the supervisee are discovered. In uncovering these multiple layers of experience, it is suggested that supervisees are better placed to assist clients to make-meaning of and find purpose in their lives (Du Plock, 2009).

The unhurried nature of existential supervision demonstrates to supervisees that it is possible and desirable to be-with clients in their existential angst and suffering. Such modelling is freeing for supervisees as it removes the burden of responsibility from them for fixing clients problems in living. Existential supervision assists supervisees to learn to tolerate the experience of 'not knowing' (Spinelli, 1997) what choices clients will make or how they will

cope (or not) with the freedom and responsibility for existing meaningfully (Van Deurzen and Young, 2009).

Existential supervision, like the philosophy it rests upon is anti-conceptual and as such critiques supervisory modes or models and is slow to embrace competency based approaches toward supervision (Farber, 2011). In this approach, a sound supervisory relationship, coupled with the capacity to be-with the supervisee is more important than having clearly defined and systematic structures guiding the supervisory process (Du Plock, 2009). Carroll (2010) synthesises existential supervision in this way;

Evocative supervision, patient philosophical reflection, meditation on work, critical contemplation, collaborative exploration, reflective consciousness, reflective discussion, dialogue and imaginative variation (Carroll, 2010:154).

Here, Carroll (2010) is describing an approach to supervision which is essentially philosophical and a-theoretical. Pondering patiently; posing pertinent questions; opening up; turning over; listening and lingering; thinking and re-thinking; sitting-with; existing in the unknown; illuminating and uncovering; are the innate characteristics of the philosophical existential supervisory position.

The evocative, idealistic nature of existential therapy and supervision is deemed to be its strength and its weakness (Carroll, 2010). It has been argued that a key strength of existential therapy is that it enables therapists to more fully empathise with powerful negative emotions such as hopeless, despair, emptiness, meaninglessness and anxiety (Cooper, 2003). It enables clients, practitioners and supervisors to sit-with the unknown aspects of human existence and wait for clients' awareness to emerge (van Deurzen, 1998). However, this perspective has

been critiqued from a rational-emotive perspective, which raises strong concerns that prolonged emphasis on negative and debilitating thoughts and emotions can make clients even more unwell (Ellis, 1994).

The pessimistic premise behind existential therapy has, also, been questioned.

Fundamentally, existentialists suggest that life is tough and that human existence is a continual, persistent struggle, with exceptional glimpses of happiness (van Deurzen, 1998).

This image of the person is not shared in the field of humanistic psychotherapy as, for example, person-centred practitioners take a more optimistic view of human potential, considering that human beings have the capacity to take responsibility for the quality of their lives, self-actualise and over time reach their full potential (Cooper, 2003). The pessimist, existential proposition of human existence results in prolonged periods of therapeutic contemplation and self-reflection. In order to benefit from a circular process of existential reflection and gain self-awareness clients typically remain in therapy for two or more years (Spinelli, 1997).

In doing so, it is claimed that in-depth existential therapy assists human development as it provides an unhurried space for clients to linger at the crossroads of life and make responsible choices about how they want to move forward in their day to day human existence (Cooper, 2003). However, during such an extended period of therapy, critics argue that clients need to be resilient enough to continue to struggle with being human; to be able to cope with their existential suffering and angst. So questions have been asked about the appropriateness of existential therapy for clients who are in crisis, who are suicidal and in need of more immediate therapeutic interventions (Scullion, 2008). As existential therapy does not concern itself with symptom removal (Du Plock, 2009), clients also need to have

supports in life that assist them to manage their own symptoms or circumstances that can accommodate them not being fully functioning in their day to day lives. Clients who undertake existential therapy are likely to be a privileged group as prolonged therapy is increasingly becoming unavailable in government run therapeutic services and in the not-for-profit sector (Omand, 2009). Therefore clients attending for existential therapy need to have significant financial resources and supports to undertake such long-term, contemplative therapeutic work (Scullion, 2008).

Notwithstanding the critiques of this philosophical approach, of all of the counselling and psychotherapy schools discussed in this chapter, the underpinning assumptions of existential therapy are of particular interest to this research inquiry as its philosophical stance resonates most closely with the primary aims of this study which are to understand the meaning of being a psychotherapeutic supervisor. As has been demonstrated, existential therapy has been strongly influenced by Heidegger's phenomenological philosophical position (Heidegger 1927/1962: 1965), which is the philosophical and methodological framework guiding this study. Heidegger's philosophy places the ontic (personal experience) and ontology (existence itself) before epistemology (Cohn, 1997). It is primarily concerned with illuminating the meaning of being. Similarly, existential therapy and supervision focusses on gaining a depth of understanding about the uniqueness of human experiencing and strives to bring into awareness, the meanings which clients, supervisees and supervisors attach to their ever-changing existences (van Deurzen-Smith, 1996).

While Heidegger questioned and disregarded the notion of empathy (which existential therapists embrace) as a manufactured way of being- in- relationship, in line with existential therapists (Du Plock, 2009) he highly valued relatedness and holistic connection among

human beings (Heidegger, 1965). Indeed, it could be argued that existential therapists and supervisors have responded to Heidegger's call in the Zollikon seminars (1965) for psychological (and medical) practitioners to relate in a holistic way to the entire existence (Dasein) of the client or patient.

Similarly, this research study seeks to create a sense of relatedness and connectedness with research participants as they reflect upon specific situations that constitute their day to day lived experiences of being psychotherapeutic supervisors. It strives to apply the philosophical position of 'not knowing' what will emerge from participants' experiential stories and to listen, linger and patiently ponder, until the hidden, unspoken aspects of their experiences show themselves.

3.9.3 The Person-Centred Approach

Carl Rogers developed what he termed a *newer psychotherapy* during the 1940s and the 1950s as an alternative way to work therapeutically with individuals, adults, couples, young people, children, families, groups and organisations. He is credited with the development of the third force in psychotherapy which sat in sharp contrast to the principles and practices of psychoanalysis and behavioural approaches which had dominated this field since the turn of the twentieth century (Mearns and Thorne, 2007). Within the humanistic psychotherapy tradition, the person-centred approach is deemed to be a humanistic-experiential approach (Nelson-Jones, 1992).

Roger's new psychotherapy evolved and was refined over several years of practice and group facilitation. It was initially presented as a *client-centred approach* however through reflective practice Roger's considered that the *broad label of 'a person-centred approach'* more

accurately described the nuances of his way of being with clients (Kirschenbaum and Henderson, 1990). Roger's central proposition of the person-centred approach suggests that;

'It is that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behaviour and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided' (Kirschenbaum and Henderson, 1990: 135).

Rogers clearly states that the person-centred approach is a philosophy, a specific way of being with clients that moves beyond mere theoretical notions and technical competence. His philosophical position presents an image of the person that is fundamentally good and trustworthy. This person-centred philosophy manifests itself when the therapist or group facilitator demonstrates attitudes and values that create a safe and trusting therapeutic space in which personal growth and development can occur. When this person-centred philosophy is actively lived with clients, Rogers argues, that there is sound evidence to suggest that clients engage in personal change and that *social transformation* occurs. Furthermore, Roger's philosophy of person is based on the assumption that human beings have a self-actualising tendency and have the capacity to attain their full potential and to become fully functioning persons (Rogers, 1961).

Roger's person-centred philosophy places a central emphasis on the importance of creating a growth promoting therapeutic relationship (Thorne, 1996). For over four decades he was resolute in his contention that;

If the therapist proves able to offer a relationship where congruence, acceptance and empathy are all present, then therapeutic movement will almost invariably occur (Thorne, 1996: 135).

Roger's philosophy, then, postulates that the quality of the therapeutic relationship has a direct impact on therapeutic outcomes and that if the three core conditions, congruence, acceptance and empathy are absent then there will be insufficient trust and safety within the therapeutic alliance to enable the client to personally develop, gain insight, effect change or reach their full potential. In essence these core conditions are seen to be a way of being with the client (Thorne, 1996).

When the therapist is being congruent, she/he is transparent in interactions and responses to the client. There is a genuine level of openness which moves beyond the fronts and facades that human beings often employ in social discourse and interpersonal interactions. The feelings and responses, along the positive to negative spectrum that the therapist experiences at a *gut level*, with respect to the client's presentation, accurately match that which is reflected back to the client (Kirschenbaum and Henderson, 1990).

The second core condition or attitude is acceptance. In Roger's writings this has variously been called unconditional positive regard, prizing, or caring. The therapeutic position is non-judgemental. Clients are fully accepted as they are at that moment in time. There are no *conditions of worth* placed on clients to be or act in specific ways in order to be accepted by the therapist (Rogers, 1961). It is suggested that through this *non-possessive caring* clients begin to feel safe enough to take the risk of being more open and congruent in the therapeutic relationship. The third significant condition inherent in an effective therapeutic alliance is

empathic understanding. Empathy is a term used to describe the therapist's capacity to accurately understand clients' feelings and the personal meanings that they attach to their life experiences. It is not sufficient for the therapist to have empathy. According to Rogers, empathic understanding must be conveyed to clients through the circular process of actively listening to emotions and meanings and then reflecting or mirroring these back to clients with an accepting attitude (Rogers, 1961). It is argued that collectively, these three core conditions or attitudes create a growth promoting climate within the therapeutic relationship. Indeed Rogers claims that the efficacy of these conditions with respect to positively enabling clients' personal growth; acceptance of self-responsibility; capacity to engage in affirmative change; and empowering them to move towards reaching their full human potential, has been observed and ratified in research studies since the 1940s (Rogers, 1980).

In contrast to other therapeutic approaches such as psychoanalysis or behaviourism, which tend to consider that human beings need assistance in managing their psychological well-being and behaviour, the person-centred approach considers that the client is the expert with respect to their emotional and psychological problems and as such therapists avoid interpreting clients' symptoms and take a non-expert, non-directive and non-judgemental stance in the therapeutic space (Mearns and Thorne, 2007). Rogers contends that human beings are, at their core trustworthy. This is a significant philosophical position and is based on the premise that human nature is basically good, it is not intrinsically bad or evil or even to be feared, as is suggested by theoretical perspectives such as psychoanalysis (Rogers, 1961). In the person-centred therapeutic environment, clients are encouraged to explore their feelings and the meaning behind these.

They are facilitated to explore and reflect upon their subjective experiences and through such self-expression, trustworthy human nature can be liberated (Kirschenbaum and Henderson, 1990). It is Rogers' view that when individuals or groups of individuals are treated and respected as autonomous human being, they have the capacity to act responsibly in the choices that they make, such as building positive relationships with others and can be responsible for the ways that they make and adapt their life goals (Rogers, 1961).

Roger's person-centered philosophy in essence is a non-directive form of therapy. It gradually evolved as an alternative way of working with people in psychological distress which was averse to diagnosing, objectifying and labelling people. Therefore Rogers stopped referring to those who presented for help as patients but considered them to be clients who had the capacity to be self-responsible (Thorne, 1996). This shift in perception towards people with emotional and psychological issues neatly illuminates the flavour of non-directive therapy in which the therapist is someone who walks alongside the client in their journey of discovery. The person-centered therapist is often considered to be a facilitator (O'Leary, 1999), someone who empowers the client to recognise and more fully understand her own emotions and attitudes. The therapist is not deemed to be an expert or to be in anyway superior to the client. When therapists take on a position of superiority, the implicit message is that the client is unable to take responsibility for her own life goals. The Rogerian approach defies this stance and argues strongly that the client is disempowered when the therapist acts in a directive manner, taking responsibility away from the client.

At the other end of the scale is the client-centered, experiential, person-centred approach, consistently stressing the capacity and autonomy of the person, her right to choose the directions she will move in her behaviour, and her responsibility for herself in the therapeutic relationship, with the therapist's person playing a real but primarily catalytic part in the relationship (Kirschenbaum and Henderson, 1990: 386).

This non-directive person-centered approach places high value on the client's right to self-determination. The responsibility, then, of the therapist is to encourage the client to take a pro-active role during therapy sessions. Being a non-directive therapist is challenging because the client will, at times, make decisions and chose goals that the therapist may not agree with. However, the non-directive therapist is called to be responsible for their own reactions and responses and to avoid imposing these on clients (Rogers, 1961).

These principles and practices associated with Rogers' person-centred approach to therapy have enjoyed a sustained period of popularity since the 1940s and are the bedrock of contemporary training for humanistic and integrative counsellors and psychotherapists (Bernard and Goodyear, 2009). The emphasis on the importance of establishing a safe and trusting therapeutic relationship has been borrowed and embraced by other schools of psychotherapy including those who are fundamentally at odds with the philosophy and principles of the person-centred approach (Mearns and Thorne, 2007). Yet, the limitations of the Rogerian approach have been subjected to scrutiny within the humanistic tradition and by those who fundamentally oppose a phenomenological/ experiential approach to psychotherapy (Cooper 2003; Spiegler and Guevremont 1998).

Within the humanistic tradition there are fundamental differences between the existential and person-centred philosophical positions on which clinical practice rests (Langdridge, 2007). Rogers' offers a positive and optimistic image of the person and postulates that individuals have the capacity to self-actualise and to reach their full potential (Rogers, 1951). In contrast van Deurzen (1998) offers a more pessimistic view of human existence suggesting that life is a continual struggle towards death in which people predominantly have to grapple with pain and existential anxiety. The existential view of human existence does not exclude the possibility of moments of happiness but views these as transitory. Existential therapists, therefore, consider that they are better equipped to be-with clients as they wrestle with powerful, disturbing emotions and negative life experiences than Rogerians, as they are less naïvely optimistic about the human condition and are more open to lingering with clients in their existential distress (Cooper, 2003).

The critique and counter critique between the main psychotherapy schools have been well rehearsed earlier in this chapter with evidence of open dissention between the psychoanalytic, cognitive-behavioural and person-centred communities. In addition to previous critiques, it is, however, worth mentioning that psychoanalysts challenge the philosophy behind the person-centred approach as unscientific and naïve, particularly when it offers an image of the person as fundamentally good and trustworthy (Rogers, 1951). In holding a purely positive perception of human beings there is a concern that the shadow side of human nature is therapeutically neglected (Jung, 1991). In offering all clients unconditional positive regard, irrespective of their behaviour, concern is voiced in cognitive-behavioural quarters, that those who perpetrate harm and human suffering, such as child abuse or domestic violence may think that the therapist is colluding with their actions when they demonstrate an accepting,

non-judgemental attitude towards the person who has committed such heinous acts (Cooper and Vetere, 2006).

3.9.4 Person-centred Bound Supervision

In contrast to existential supervision much has been published about the supervision of client-centered and latterly person-centred counsellors and psychotherapists, which reflects the evolving nature of Roger's non-directive approach to psychotherapy (Kirschenbaum and Henderson, 1990). Rogers demonstrated a keen interest in supervision since the 1940s from whence he encouraged client-centered therapists, in training, to tape record sessions and then review these with a supervisor.

He considered this approach to supervision, to be a key resource for trainees' to develop their psychotherapeutic techniques (Rogers, 1942). The Rogerian approach to supervision is heavily influenced by the philosophy and principles underpinning client-centred therapy (Patterson, 1997). Rogers advocated that creating a safe, enabling relationship with supervisees and genuinely demonstrating the core conditions of unconditional positive regard, congruence and empathy are as important in supervision as they are in psychotherapy (Scaife, 2009). According to Bernard and Goodyear (2009) the person-centred supervisor must also have faith in the supervisee's capacity to self-actualise personally and professionally.

The successful person-centered supervisor must have a profound trust that the supervisee has within himself or herself the ability and motivation to grow and explore both the therapy situation and the self (Bernard and Goodyear, 2009:83).

It is clear from this premise that Rogers did not establish a clear boundary between personal therapy and supervision for supervisees. His position was that supervisees need, at times, to engage in a depth of reflection about themselves with respect to their feelings about and responses to clients, resulting in personal therapy within the supervisory encounter (Wosket, 2003). While on other occasions, the quality of the relationship with the client needs to be the focus of the work, which more clearly falls into the realm of supervision (Hackney and Goodyear, 1984).

A pure psychotherapy bound approach to client-centered supervision has been advocated by Patterson (1983), who has been critical of developmental and theoretical models of supervision. He has argued that supervision is more fluid and effective when the supervisor and supervisee are both committed to the same philosophy or approach to psychotherapy (Patterson, 1983). He purports that the client-centered supervisor's role is to help the supervisee to work within Rogers' core conditions and to ensure that they do not stray beyond these. He considers that the supervisor has an overall responsibility for the well-being of the client and as such must ensure that the supervisee does not experiment with techniques or interventions that are outside of the principles and practices of client-centered therapy (Patterson, 1997). The atmosphere in supervision is designed to mirror the safe space and trusting relationship that occurs in psychotherapy. The supervisory relationship creates a productive environment which facilitates learning and growth (Rogers, 1942). While Patterson (1997) does not define a clear process for supervision, he proposes that the supervisee directs the supervision session by choosing the cases to be discussed. He plays down the monitoring and evaluative function of supervision (Kaduskin, 1976) by placing the emphasis on self-evaluation by the supervisee. Patterson (1997) differs from Rogers in as much as he is clear

that personal therapy is not an integral part of supervision. He suggests that supervisees should be directed on for personal therapy and in exceptional circumstances, if it is considered that clients are at risk of harm then the therapist's practice should be ceased (Patterson, 1964).

While Patterson postulates that his approach to supervision espouses Rogers' philosophical stance and therapeutic principles, several anomalies arise (Patterson, 1983). His discourse is riddled with *shoulds* and *oughts*, for example the supervisee should be *directed* to personal therapy or the supervisee's practice should be *discontinued*, in certain circumstances (Patterson, 1997). Rogers was actively non-directive and against imposing *conditions of worth* on clients and supervisees. His view was that if the correct core conditions prevail supervisees will become responsible enough to know that they need to attend for personal therapy or take a break from therapeutic practice (Rogers, 1942). Furthermore, Patterson's perspective perpetuates the *myth of mutuality and horizontality* which is prevalent in humanistic psychotherapy (Kearns, 2005:8). This *myth* conceals the power dynamic that is inherent in a relationship wherein the supervisor takes responsibility for the effectiveness of therapeutic practice and the promotion of strict adherence to prescribed ways of working therapeutically with clients (Patterson, 1997). As with the metamorphosis of client-centered therapy into person-centred therapy, perspectives on supervision have also evolved.

According to Scaife (2009) person-centred supervisors, strongly adhere to Rogers' philosophical stance and set aside their own needs and perspectives with respect to casework and focus exclusively on the needs of the supervisee. She proposes that this position results in a deep connection between supervisor and supervisee in which understanding develops and change occurs. As such, the person-centred supervisor does not *police* the supervisees

practice but trusts that the therapeutic work is being done well (Scaife, 2009). This is a similar position to Patterson's client-centered approach to supervision (Patterson, 1983).

However, contemporary person-centered supervisors tend to be more selective in terms of their adherence to pure Rogerian perspectives. For instance Tudor and Worrall (2004) reviewed the relevance of Rogers' core conditions with respect to the practice of supervision. They contended that congruence in supervisees and supervisors is essential if they are to discuss casework in an honest and transparent manner. Also Tudor and Worrall considered that empathy on the part of the supervisor was necessary so that supervisees can feel supported in their therapeutic work, thus reducing the isolating aspects of being a therapist. However, these reviewers had a mixed view on the appropriateness of unconditional positive regard in supervision. On the one hand, they considered that the demonstration of an on-going prizing and acceptance of supervisees was *crucial* so that supervisees could feel safe enough to disclose worrying or challenging aspects of their practice. However, strict adherence to unconditional positive regard for supervisees leads to a deficit in critique and evaluation of their practice. This is a major criticism of person-centred supervision (Scaife, 2009), as counselling and psychotherapy accrediting bodies expect psychotherapy supervisors to protect the public from harm and uphold standards in the profession through a process of on-going monitoring and evaluation (IACP, 2013; BACP, 2013). The net result of this is that while person-centred supervisors prefer to maintain a, non-judgemental, supportive and empowering relationship with their supervisees, they are now called to be more active and explicit about their ethical, legal and moral responsibilities towards clients and supervisees (Lawton and Feltham, 2000).

The premise upon which person-centred psychotherapy supervision rests has commonalities and divergences with the philosophical and methodological stance which guides this research project. The Rogerian approach has been described as a phenomenological/ experiential or humanistic/ experiential approach, which privileges exploring and reflecting upon people's lived experiences, over formulating their problems in living through psychological paradigms or dominant theoretical discourses (Nelson-Jones, 1992). In order to bring lived experience into awareness, a journey of discovery is facilitated which overtime, it is asserted, uncovers the meanings behind subjective experiences (Rogers, 1961). This philosophical position is of interest in this project which seeks to illuminate the meaning of being a psychotherapeutic supervisor. As a researcher, I am cognisant that if I can establish a good rapport and trusting relationship with research participants then there is a greater likelihood that they will feel safe enough to engage in a depth of exploration and description with me about their specific supervisory experiences.

The underlying thinking behind this research project however diverges from Rogers' philosophy in a number of ways. While person-centred philosophy has its roots firmly in phenomenology and privileging peoples lived experience, aspects of this approach are in contention with Heidegger's hermeneutic phenomenology philosophy. Hermeneutic phenomenologists consider that it is important to not only explore and describe lived experience but also to interpret it, in order to unconceal the truth and meanings associated with being human (Willig, 2008). It is considered that the *horizon of understanding* is expanded through communication, clarification and the art of interpretation (Gadamer, 1975). This is contrary to Rogers' philosophy which waits for clients, supervisees and supervisors to, in their own time, gain insight, awareness and meaning, through a circular process of

listening and reflecting. Rogerians believe that within the context of an empathic relationship, others will be sufficiently *liberated* to engage in a process of self-exploration (Rogers, 1961). However, Heidegger, as has been articulated, dismisses empathic responding as a disingenuous way of being-with people (Heidegger, 1965). Hermeneutic phenomenologists assert that it is more realistic to acknowledge that it is difficult, if not impossible, to separate description and interpretation when reflecting upon lived experiences (Todres and Wheeler, 2001).

While client or person-centred philosophy and practice are considered to be anti-theoretical, it does appear to have gotten caught up in propagating its own ideas and principles through the supervisory process. In essence, it prescribes specific ways for supervisors to be with supervisees that are based on being fully committed to person-centred principles such as being optimistic about human nature and striving to demonstrate the core conditions (Patterson, 1983). However, hermeneutic phenomenology is interested in illuminating the totality of human experiencing whether it is the positive, acceptable side of being human or the negative, shadow side (Cerbonne, 2006).

From the perspective of this research project, I want to be able to capture a breadth of supervisory experiences on the positive to negative continuum. I don't want to preclude illumination of what it is like to be a person-centred supervisor who is committed to this philosophical way of working. However, I want to create an opportunity for supervisors, including those who are person-centred in orientation, to tell stories about their actual day to day lived experiences. So, I am also interested in creating a truly open space to uncover, what it is like to wrestle with being-judgemental or non-accepting of supervisees; to grapple with

experiences of being-mistrusting; being-incongruent; being-watchful; being-critical; being-powerful; being-directive or being-responsible when being-with supervisees.

This research study, therefore, strives to move beyond transcendental or descriptive phenomenological philosophy (Husserl 1970a) which influences the Rogerian phenomenological/experiential approach. While acknowledging the value and positive influence of this approach in the world of psychotherapy supervision, this research seeks to unconceal and interpret the meaning of being a psychotherapeutic supervisor, in an unfettered way.

3.10. Conclusion

This chapter has provided a robust critical discussion of the methodological frameworks and theories that inform and influence psychotherapeutic supervisors thinking and common practices. It has mapped out the evolution of psychotherapeutic supervision since its inception at the beginning of the twentieth century and demonstrated how this has progressed from an educative, supportive and voluntary encounter between therapists and supervisors to a mandatory process for those who seek recognition and credibility within the fields of counselling and psychotherapy (IACP, 2013; BACP, 2013). Contemporarily, there is a diverse range of perspectives about what psychotherapeutic supervision is; what it is for; and what actually occurs in the supervisory space. There is much debate, in the literature about the *art and science* of supervision which has resulted in a mushrooming of modes, methods and models of psychotherapy supervision (Gilbert and Evans, 2000). Preliminary efforts have been made to separate out the functional and methodological aspects of supervision from supervisors' individual philosophies about this endeavour and the meanings that they attach to it (Carroll, 2001).

This chapter has offered the view that psychotherapy bound approaches to supervision have had a significant impact on what actually occurs in supervisory practice. To this end the chapter compares and contrasts three of the main psychotherapeutic forces psychoanalytic, cognitive-behavioural and humanistic approaches and considers the supervisory stance that each of these prescribes. It is hoped that this in-depth, critical discussion of competing paradigms will contextualise, for readers, the field of psychotherapy supervision and alert them to the philosophies, principles and practices that the supervisors who have participated in this research study have been exposed to. It has been demonstrated here that psychotherapy preferences and epistemologies get played out and privileged (with the exception of the existential approach) over ontology, in the world of supervision.

In agreement with Omand (2009) and Creaner (2014), the view has been offered that psychotherapy theories can provide a secure base from which supervisors can conduct their practice. However, from the perspective of this research, I am curious as to whether being tightly bound, to principles and practices associated with specific psychotherapeutic theories circumvents recognition of actual lived experiences while being a psychotherapeutic supervisor.

Having engaged in a circular process of reading, thinking and writing about methodological frameworks and psychotherapy bound approaches to supervision, it has become clear that each of these make assertions about the nature of this endeavour and postulate on what it is to be a psychotherapeutic supervisor. I would argue that many of these differing, diverse prescribed perspectives constrain supervisors from having ready opportunity to reflect on their actual day to day lived experiences. Furthermore, I would suggest that the

epistemological attention given to the entity of supervision, inadvertently conceals, what it actually is, what it actually means, to be a psychotherapy supervisor.

In contrast, this hermeneutic phenomenological inquiry is interested in uncovering the breadth of lived experience. It is hoped that this research study will get underneath theoretical dogmas and dominant discourses, in order to create space for supervisors to reflect in an unfettered way on their hidden, forgotten or lost existence and their exclusive experiences of existing, in the world of psychotherapy supervision.

4. EXAMINING EXISTING RESEARCH

4.1. Introduction

This research study is guided by a hermeneutic phenomenological methodological and philosophical framework. In this type of research study, the participants lived experience is privileged before epistemological paradigms (Heidegger, 1927/1962). This philosophical position causes a dilemma for the hermeneutic phenomenological researcher in terms of reviewing research findings. Ideally, the hermeneutic phenomenological researcher approaches data collection and analysis with openness and curiosity; paying intimate attention to understanding, interpreting and illuminating the unique experiential descriptions offered by participants about the way that they experience the world, in this case, the specific world of supervision (Van Manen, 1990). While the hermeneutic phenomenological researcher acknowledges her/his own pre-understandings of the topic under investigation, a real attempt is made to stay as close as possible to the actual lived experience of participants, in order to unconceal the meaning they make of their life worlds (Heidegger, 1927/1962; Schmidt, 2006).

However, in order to undertake a PhD level study, it is necessary to provide a clear rationale and justification for researching a specific area of interest. In order to do so , a preliminary search of quantitative, qualitative and mixed method research studies was undertaken, using electronic databases, including CINAHL, PsycARTICLES, PsycINFO, Science Direct, Scopus, Google Scholar and Web of Science, the goal of which was to meet academic requirements for justification of this study. During the data collection and data analysis

phases, I kept in mind the potential influence of reviewed research findings when interviewing participants and when subjecting the data to hermeneutic phenomenological analysis. In collaboration with my research supervisors, I have actively striven to privilege and report on the actual lived experience of participants, in this study, over assertions made by other researchers. After the findings from the data collection phase of this study had been crafted, I was then curious to review further research studies in the field of supervision.

Reviewing research over the last 30 years has demonstrated that a diverse range of supervision related topics have been researched over a significant time period during which clinical and psychotherapeutic supervision has evolved and gained recognition within the helping professions. Researchers have cast their nets widely. Research studies have been carried out with supervisees (Frank and Vaitl, 1987; McMahon, 2003; Tromski-Klingshirn and Davis, 2007; Grant and Schofield, 2007; Trepal et al., 2010), the supervisory dyad, (Kennard et al., 1987; Zarbock et al., 2009; Dow et al., 2009), supervisors and supervision groups (Conn et al., 2009; Ogren and Sunden, 2009) and with the triumvirate that interlinks supervisors, supervisees and clients (Freitas, 2002; Bambling et al., 2006; Lambert and Ogles, 1997; Schoenwald et al., 2009). While, there have been a number of studies carried out purely with clinical supervisors (Heru et al., 2006; Nolan, 2007; Nelson et al., 2008; Grant, 2012), there has been a paucity of research undertaken solely with psychotherapeutic supervisors (Clarkson and Aviram, 1995; Du Plock, 2009).

The overall aim of this chapter, then, is to highlight what is known from previous research studies about the psychotherapeutic supervisor and to comment upon what remains unknown or hidden about this key agent in the supervisory process. The content of this chapter provides a critical discussion of quantitative, qualitative and mixed methods research,

focussed on studies involving supervisors and their supervisees and inquiries carried out solely with supervisors.

4.2. Supervisors and Supervisees- Examining Combined Perspectives

A significant amount of research has been conducted jointly with supervisors and supervisees. From the mid-1980s studies have focused on topics pertinent to supervisory dyads and have also involved the collection of data from supervisors and their supervision group members. Recently there has been a surge of quantitative research studies focused on a variety of subject areas such as levels of satisfaction with the supervisory process from the perspectives of supervisors and supervisees (Zarbock et al., 2009); key topics discussed in supervision and supervisory styles (Dow et al., 2009); attitudes and levels of satisfaction towards technology in group supervision (Conn et al., 2009) as well as Ogren and Sunden's, (2009) research study which actively involved both supervisors and supervisees in researching psychotherapy supervision in a group format. The findings from several of these studies are extrapolated to provide a flavour of what is known from the perspectives of supervisors and their supervisees.

One of the first quantitative research studies with supervisory dyads focused on the variables that contribute to positive or negative experiences in psychotherapy supervision was carried out by Kennard et al., (1987). They recruited 68 supervisor/trainee dyads. These pairings were divided into two groups depending on whether the trainees had previously; by a self-report, retrospective measure indicated that they had had very positive or very negative supervision experiences. The researchers found by surveying supervisory pairs that they agreed on either the positive or negative quality of supervision experiences. However, the

focus of the research was on trainees' experiences of supervision, only. The research findings indicated that trainees had positive supervision experiences when the supervisory pair shared theoretical orientations and when they were open to receiving feedback from supervisors. Positive supervision experiences, from the trainees' perspective involved supportive, instructional, and interpretive interactions with supervisors. Kennard et al., (1987) recognised the limitations of their own study in terms of potential trainee bias and called for an extended longitudinal study in order to generalise their findings. However, an important factor, is the absence of psychotherapy supervisors' voices in this study. While trainee therapists had the opportunity to comment on variables that influenced their positive or negative experiences, this is a one-side perspective on an inter-subjective interaction. A more balanced perspective could potentially have been achieved by inviting greater supervisor participation in this study. By providing supervisors with a greater level of involvement in the study, factual information about the variables that impact positively and negatively on supervision experiences may have been found. However, while survey design has merit, it can be a blunt instrument when trying to understand human experiences (Cresswell, 1998). A mixed methods research study which also involved qualitative style interviewing may have been of greater assistance than a longitudinal study. Phenomenological interviews create a space for participants to talk in an unfettered way about a range of experiences that move beyond the answering restrictions which are imposed in surveys. Such interviews carried out with the supervisory dyad, coupled with surveys are, in my view, more likely to provide a more in-depth understanding of a range of human experiencing in psychotherapy supervision.

Expanding on previous research findings, Dow et al., (2009) undertook a quantitative study focused on topics discussed in supervision and on supervisory styles. The respondents in this study were 86 supervisors who worked with 161 trainee therapists over ten supervision sessions each. The researchers wanted to determine if there was agreement between supervisees and supervisors about the top two most important topics that they discussed in supervision and about the style of the supervisor. Supervisors and supervisees were presented with a menu of common supervision topics, from which they could choose (Rabinowitz et al., 1986). They were also provided with four definitions of supervisory styles; directive or expert teacher; supportive teacher; counselor (personal development) role; and consultant as devised by Bernard (1997). Immediately after, supervision sessions both sets of participants were invited to independently complete a survey on the topics discussed in supervision and complete a supervisory styles inventory.

The findings from the study suggest a statistically significant degree of agreement among respondents about the top two topics discussed between the supervisory pair and also there was consensus about the supervisory styles employed. While these findings supported previous literature and research with respect to the focus of supervision sessions and supervisory styles, an anomaly surfaced to which the researchers gave weight. Even though there was statistical agreement from both surveys, the findings showed that the respondents disagreed quite frequently on the important topics discussed and about supervisory styles. In discussing their findings Dow et al., (2009) considered the dichotomy between a statistically significant result and evidence of substantial disagreement between supervisor pairs.

The researchers hypothesised that supervisors and supervisees may have interpreted the menu of supervision topics (Rabinowitz et al., 1986) differently due to their different levels of knowledge, training and experience of supervision. They also hypothesised that supervisors and supervisees may have had differing expectations and presuppositions about supervisor roles which did not fit with the definitions provided on supervisory styles (Bernard, 1997). Dow et al., (2009) ultimately raised a fundamental question about how much agreement on topics and styles was necessary for the supervisory process to be effective in the development of the supervisee and came to the conclusion that *perhaps not as much agreement is needed as one might suppose*.

While a rigorously analysed survey design can provide statistical evidence, in this instance it was inadequate in assisting Dow et al., (2009) to understand why there was frequent disagreements on topics and styles between supervisory pairs, resulting in the development of hypotheses by researchers. While the central question as to whether or not it is necessary to have agreement on these matters in order for the supervisory encounter to be meaningful and productive, could be answered through a straight forward survey, this does raise a query about the validity of applying a purely scientific approach to an interpersonal human endeavour in which unique inter-subjective experiences occur. In trying to test the hypotheses for frequent disagreements between supervisors and supervisees, it may have been more beneficial for the researchers to recommend a mixed methods study as opposed to further quantitative studies. A mixed methods study that would, also, involve phenomenological style interviews with supervisory pairs, would have the advantage of opening up a discourse

about unique understandings and interpretations of supervision topics and supervisory styles and the experience of supervising and being supervised.

More recently, Ogren and Sunden (2009) undertook a study actively involving both supervisors and supervisees in researching the effectiveness of psychotherapy supervision, in a group format. The goal of the research was primarily to ascertain the role of group supervision as an educational tool for therapists in training. Researchers developed questionnaires to collect supervisee and supervisor opinions about group climate; levels of knowledge and skill; psychotherapy orientations; the influence of supervisor style and organisational frameworks on the functioning of psychotherapy supervision in small groups. Data was collected over a 3 year period in an academic setting and involved responses from therapists and supervisors who had participated in 150 supervision groups. Questionnaires were developed in supervisor and supervisee versions and completed at the beginning, middle and end of supervision groups. There was agreement between supervisors and supervisees that participating in supervision in a group format enabled in-depth understanding of clinical work. Both sets of respondents considered that collaborative working improved over the life of the supervision group and reported limited dysfunctional behaviours by individual group members or by sub-groups. A very interesting finding was that supervisees and supervisors who worked and were trained in very different psychotherapy orientations such as humanistic, psychodynamic, and cognitive behavioural therapy reported no differences in terms of the effectiveness of group supervision as an educational tool. This challenges Patterson's (1997) assertions that supervisors and supervisees must be trained in the same theoretical modality in order for supervision to be effective. These research findings suggest

that there is a consensus between supervisors and supervisees that *group supervision has a potential to provide a multiplicity of perspectives and experiences* and it confirms the *assumption that group supervision broadens the frame of clinical reference*.

While the results from this research do not add significantly to what is known about the professional development of therapists and is more confirmatory than ground breaking (Wheeler and Richards, 2007), they do support a rationale for providing regular group supervision in the context of academically based psychotherapy training programmes and beyond training, which involve supervisees and supervisors with diverse philosophical and theoretical orientations. Interestingly, the participants in this research study expressed the view that it was a more difficult and challenging experience to be a group supervisor than it was to be an individual supervisor. However, this aspect of psychotherapeutic supervisors experience was not pursued in this study which was concerned with the functional aspects of supervision as opposed to participants' experiences while in group supervision.

4.3. Supervisors' Perspectives and Experiences

An extensive on line-search has demonstrated that there have been a number of studies carried out solely with supervisors, with more examples of qualitative than quantitative or mixed method research inquiries, in the last few decades. Overall studies with supervisees, supervisory dyads and supervision groups significantly outnumber research inquiries which primarily focus on supervisors' perspectives and experiences. According to Watkins (2012)

Despite a generation of inquiry, the psychotherapy supervisor still remains the largely unknown party in the supervision experience (Watkins, 2012; 45).

In this section an overview of recent quantitative studies is provided which highlight the types of topics that have been researched with supervisors in the helping professions.

Thereafter an in-depth critical discussion of qualitative studies, more relevant to my area of research inquiry, is offered.

Recent quantitative studies include research undertaken by Heru et al., (2006) which used a survey method to examine gender differences in self-disclosure and the management of boundary issues with 43 psychiatry supervisors; Skerjve et al., (2009) investigated, again via a survey design, aspects of nondisclosure in a sample of 30 psychotherapy supervisors, working within a group format of supervision, while Slavin-Milford et al., (2011) used a comparative psychotherapy process scale to research 56 expert cognitive-behavioural and psychodynamic-interpersonal supervisors' views of ideal therapeutic practice. There has also been a recent spate of quantitative and mixed methods studies, involving between 30 and 230 respondents using questionnaires, self-report measures and interviews focused on the development of psychotherapy supervisors (Culbreth et al., 2008) and psychology supervisors (Ybrandt et al., 2009).

These studies have focused on gathering supervisors' perspectives about the interpersonal, theoretical, technical, educative and developmental aspects of 'doing' supervision. They have successfully provided a platform for the emergence of new knowledge based exclusively on the views of novice and experienced clinical supervisors. However, from among these studies, the distinctive voice of the psychotherapeutic supervisor is minimal as there have been a very limited number of quantitative studies undertaken solely with this specialised target group. Studies employing qualitative research approaches have examined trainee and experienced clinical supervisors' perspectives and experiences on highly variable aspects of

the supervisory endeavour. These include research inquiries eliciting reflections on being a supervisor (Clarkson et al., 1995); the inter-subjective dynamics of supervision (Nolan, 2007); reflections on approaches to supervision theory (Henderson, 2007); perspectives on a triadic model of supervision and its impact on the role of the supervisor (Hein et al., 2008); wise supervisors' perspectives on working with conflict in clinical supervision (Nelson et al., 2008); reflections on the influence of supervision on clinical practice (Hallam-Jones et al., 2008); collusion in clinical supervision (Milne, 2009); Korean supervisors' experiences of clinical supervision (Bang et al., 2009); the process of becoming a supervisor (Majcher et al., 2009); the meaning of clinical supervision (Du Plock, 2009); reflections on the journey to becoming a supervisor (Rapisarda et al., 2011) and perspectives on managing difficulties in supervision (Grant et al., 2012).

These studies have involved psychotherapy and psychology supervisors, with the minority focussed purely on the perspectives and experiences of psychotherapy supervisors. A broad range of research methodologies were used to address research topics. Several of the studies utilised grounded theory or consensual qualitative research approaches or a combination of these. Various forms of phenomenology were purportedly employed including interpretive phenomenological analysis, descriptive or transcendental phenomenology and existential-phenomenology. The majority of these studies were discrete, time-bound inquiries involving from 6 to 18 participants. However there were several case studies and Majcher et al., (2009) undertook a longitudinal study with participants who were training to become supervisors. While some of these studies suggested that the research focussed on supervisors' experiences, the notion of experience was at times interpreted as opinions or cognitions (Bang et al., 2009).

From among these recent research studies with clinical supervisors, Clarkson et al's., (1995) inquiry on reflections on being a supervisor; Nelson et al's., (2008) study on conflict in supervision; Du Plock's (2009) inquiry into the meaning of clinical supervision and Grant et al's., (2012) research on managing difficulties in supervision are worth further consideration with respect to my own research project.

A phenomenological research study about '*Supervisors reflections on 'being' a Supervisor*', was carried out by Clarkson et al., (1995) who made the claim that no such research had previously been undertaken. This study was interested '*in revealing the meaning of the concept 'supervision', from the supervisor's perspective*' (Clarkson et al., 1995:1). The study involved eleven humanistic/existential supervisors who were asked to complete a questionnaire focused on the question '*What does being a supervisor mean?*' The participants had been gathered together to learn about phenomenological research and this study was used to demonstrate this approach to research. The researchers performed content analysis and frequency measuring on the written reports which resulted in six broad descriptions of the experience of being a supervisor. The first three descriptions, '*structuring*', '*teaching*' and '*nurturing*' were representative of 75% of the statements made by participants, with '*structuring*' (43%) being privileged over '*teaching*' and '*nurturing*' which were equally important to participants. The remaining 25% of statements referred to the '*supervisor as person*', '*supervisor as colleague*', and the '*triangle, client-therapist-supervisor*'. This research is interesting in that the first three descriptions confirm the functions or activities of supervision as previously identified by Ellis and Dell (1986) and Proctor and Inskipp (1988).

However, the researchers in this study claimed that the uniqueness of this study was that it focused on ‘being’ a supervisor (as opposed to ‘doing’ supervision) and claimed that they achieved this focus through descriptive phenomenological inquiry. Unfortunately, this claim is not well founded from a descriptive phenomenological perspective. Only 25% of an already small pool of participants provided substantial descriptions, in written form, of the experience of being a supervisor. Descriptive phenomenology seeks to uncover the universal essences of a phenomena which are common to all participants (Flood, 2010), however, this research study is basing its claims on a small fraction of the responses (3 of 11 participants) obtained.

The researchers further claim that their phenomenological research study demonstrates that research can be carried out on ‘*process*’ without ‘*betraying*’ the subjective experience (Clarkson and Aviram, 1995). This is a grand claim for a research study which appears to have used a qualitative style questionnaire, with a small number of participants, in an attempt to gain understanding of a *phenomenological* experience. In this case, the chosen methodology may not have appropriately facilitated an in-depth phenomenological study. The qualitative methods used in the study may not have allowed for the generation of significant descriptions of ‘being’ a supervisor and the specific use of a questionnaire may have prevented the researchers from gaining in-depth understanding of the meaning of ‘being’ a supervisor. The findings from this study may have been more meaningful if the researchers had undertaken a mix methods approach, by doing a larger scale survey followed by in-depth interviews with a percentage of respondents. Alternatively a purely qualitative study, based on a descriptive phenomenological approach to research, carrying out in-depth, semi-structured interviews within a group context or with individual supervisors, may have

revealed more in- depth knowledge about the meaning of 'being' a supervisor, for the field of psychotherapeutic supervision.

Latterly, Nelson et al (2008) undertook a study with 12 experienced, eclectic, male and female psychotherapy supervisors. These researchers invited participants to describe their philosophies, theoretical understandings, attitudes and effective strategies about working with conflict in supervision via semi-structured interviews, carried out by telephone. They were also invited to recount specific descriptions of conflict experiences with supervisees. Data was analysed by combining analytic strategies from grounded theory and consensual qualitative research, which formulates conceptual domains in initial stages of data analysis. Nelson et al., suggest that the most significant finding from this research is that supervisors had an *openness to conflict* in the supervisory space. The majority of participants considered that conflict was necessary and beneficial to supervisees' development. They considered that anxiety, opaque expectations and the power associated with evaluating supervisees' performance were all sources of conflict between the supervisory pair.

In a limited manner, this research then describes participant's experiences of being in conflictual situations. Interestingly, participants reported that in- supervision conflict was *distasteful*, leading to experiences of anxiety and self-doubt. However, negative personal experiences of conflict were mitigated by intellectual beliefs that conflict could be *highly productive* and participants were therefore prepared to approach these unpleasant experiences openly, with supervisees. In order to deal with conflict in supervision, participants stated that they engaged in personal and professional reflection and consulted with colleagues. As *wise* psychotherapy supervisors they employed advanced interpersonal skills with supervisees and

openly addressed areas of conflict, even though most participants found this to be *challenging and painful*.

The gathering of descriptions of specific supervisory experiences in Nelson et al's study is of interest to my own study which endeavours to capture a sense of what it is like being a psychotherapy supervisor in specific situations. Participant's descriptions, in this study, capture a disconnection between cognitions and beliefs about professionally acceptable discourses about the management of conflict and the actual *distasteful* experience of being confronted with and approaching conflict.

This research, which had multiple aims, was mainly concerned with identifying *effective strategies* for dealing with conflict between supervisors and supervisees. The results of the research, therefore, focus on implications for the education and training of psychotherapy supervisors in terms of conflict management. With the emphasis on the identification of new strategies and training recommendations, the disconnection between the actual experience of being a supervisor in conflictual situations and the intellectual or practical ways of managing conflict has been, to a degree, diminished in the research findings. Ultimately the research findings emphasise the new knowledge gained from participants' responses of how to 'do' conflict management, over exploring further the challenging and painful experiences of 'being' in conflict with another human being and what this means in the specific context of supervisory relationships.

The third study of interest, described as an existential-phenomenological inquiry into the meaning of clinical supervision was undertaken by Du Plock (2009). The goal of this study was *'to surface the essential structures of the concept 'existential phenomenological clinical*

supervision’, as experienced by a sample of eighteen existential therapists who were also both facilitating and receiving such supervision (Du Plock, 2009:1). In order to achieve this goal Du Plock (2009) sought to obtain a 'snapshot' of existential supervision through a purposive sample. He organised a workshop on the topic and gathered demographic information from consenting participants. Thereafter participants were asked to complete a form in response to two open-ended questions which were focused on surfacing the participants’ descriptions of existential-phenomenological supervision. As part of phase one of this study, Du Plock performed content and frequency analysis, on participants’ written responses, from which four groups of statements describing existential-phenomenological supervision emerged. These were *'attending to the 'Being' of the supervisee'*; *'support and maintenance of a philosophical attitude'*; *'promotion of relational perspective'*, and *'supervisor as colleague/mentor'*. Evidence for these broad groupings was obtained from the experience of supervisors and confirmed by the experience of supervisees. In phase two of the study, Du Plock devised an exhaustive summary statement about the meaning of existential-phenomenological supervision, based on the four identified groupings and circulated it to participants who were asked to provide written feedback as to how well it captured and confirmed their experience of the phenomenon under investigation. There was a limited response (33%) to this call for written feedback and the general consensus among those who did respond was that the exhaustive summary statement did capture their sense of the phenomenon. In phase three of the study, Du Plock asked participants to consider the *'impact of the research on their supervisory activities'*. Only one participant responded to this phase of the inquiry, who commented on having a sense of inclusion in the world of existential phenomenological therapy. This study took an unusual approach to existential-

phenomenological research which usually involves in-depth interviews with participants in an attempt to gain understanding of their day to day existence and illuminate meaning about their lived experiences.

Du Plock's (2009) approach was successful in gaining a descriptive snapshot of existential phenomenological supervision from a fairly cohesive group of supervisors and supervisees which led to the development of the four groups of statements, describing the participants' experiences of existential phenomenological supervision and the formulation of the exhaustive summary statement. However, the research appears to have been less successful in confirming the experience of participants, via the summary statement, in phase two of the study and appears to have gained insufficient evidence from the experience of the participants about the impact of the exhaustive summary statement on their supervisory activities, in phase three of the project. In reflecting on the methodological approach to this study, Du Plock (2009) appears to have carried out qualitative style research which may not achieve the rigour and depth of inquiry required of a pure existential-phenomenological research study. Overall, the aims of this research study may have been more fully achieved, if, for example, phenomenological style interviews had been conducted with a cross section of the participants to capture their ontological responses to phases two and three of the research inquiry.

The final study extrapolated here, was recently carried out by Grant et al., (2012). Their research was designed to examine the *practice wisdom* of 16 expert clinical psychology and psychotherapy supervisors in order to ascertain how they managed difficulties within supervisory relationships. The methodological approach underpinning this research is influenced by social constructivism, phenomenology and the reflective practitioner model

(Schön, 1991). Two interviews were carried out with each participant. The first semi-structured interview invited reflections on theory, practice and experiences of supervision. The second interview was more phenomenological in nature and was undertaken while observing a recording of a supervision session in order to capture real time thinking and experiences of interacting with supervisees. Data was analysed using a form of consensual qualitative research and resulted in the identification of an extensive range of difficulties that emerged between supervisors and supervisees including incompetence, unethical behaviour, transferences and challenging personal characteristics. The supervisors in this study described a plethora of interventions to manage such difficulties as they arose. Grant et al., synthesised these interventions into 4 overarching themes which are defined as relational, reflective, confrontative and avoidant.

Relational interventions were predominantly used by participants who directly named their difficulties with supervisees while also balancing this up with genuine validation and supportive feedback. In terms of reflective interventions, supervisors engaged in personal and professional reflection and encouraged reflexivity in their supervisees regarding their clinical practice and personal behaviour and characteristics. This intervention was only successful when the supervisory pair were operating in a safe and trusting psychological space. When relational and reflective interventions failed, participants reported that they began to tentatively challenge supervisees, becoming more directly confrontative and instructive if difficulties prevailed. Avoidant interventions were only used in a limited fashion, mainly when participants considered that supervisees' behaviours, attitudes or characteristics were too entrenched to ever change. However difficulties with clinical practice were infrequently avoided.

Grant et al. also presented two case studies which added rich, context specific descriptions about the internal challenges and complexity of working with difficulties within supervisory relationships. The case studies also concretised the relational, reflective, confrontative and avoidant journey that supervisors went through in order to manage difficulties with supervisees. From a phenomenological perspective, participants' descriptions illuminated the *very human struggle* to remain professional and engage in reflexivity rather than respond reactively. Grant et al. offered the view that it was the expertise and practice wisdom of their participants that enabled them to handle this human struggle.

This research study is of interest to my research project as it confirms that rich and evocative descriptions of supervisors' day to day lived experiences can be elicited through a phenomenological methodological research study. While the study was also interested in knowledge based outcomes, it does clearly describe and hold up to the light the lived experience descriptions (Van Manen 1990) of being a clinical supervisor struggling with the professional management of difficulties in supervisory relationships.

4.4. Conclusion

This chapter has provided a comprehensive critical discussion on national and international research studies which have examined combined supervisor/supervisee perspectives and inquiries which have focused solely on supervisors' views and experiences. The review clearly shows that there has been a steady interest in recent years in researching the field of supervision from widely different standpoints. Several of the studies reviewed, were small scale qualitative inquiries, while others utilised quantitative or mixed methods and involved large numbers of respondents.

Collectively and with varying degrees of authority, the reviewed studies paint a picture about what is currently known about the functional, educational, interpersonal, relational and experiential aspects of the supervisory endeavour as it has developed over the last 30 years. Much of the research carried out to date is focussed on efficacy and satisfaction type studies or they have been designed to help us understand what is happening between the supervisory pair and what supervisors 'do'. Many of these studies make assertions about new found knowledge regarding clinical supervision in the talking therapies in the contexts of clinical psychology, psychiatry and psychotherapy, while the results from other studies are confirmatory, reinforcing dominant discourses. The review of research carried out in the last three decades has, however, demonstrated that there is a paucity of quantitative, qualitative and mixed methods research focused purely on psychotherapeutic supervisors.

It is acknowledged that there have been several descriptive phenomenological research studies which purport to examine the experiences of psychotherapeutic supervisors in the last 30 years (Clarkson et al., 1995; Nelson et al., 2008; Du Plock, 2009; Grant et al., 2012). Of these, Grant et al.'s recent study, with clinical psychology and psychotherapy supervisors, elicits a resonance with lived experience, a phenomenological nod with its engaging accounts of the human struggles that supervisors experience when managing difficulties with supervisees.

When reviewing the research, I was, however, unable to locate any hermeneutic phenomenological studies undertaking in-depth examination of the experience and meaning of being a psychotherapeutic supervisor. Researching the experience of being a psychotherapeutic supervisor is markedly different from researching what psychotherapeutic supervisors consciously 'do' in their practice or inquiring about their cognitive and intellectual perspectives

about their practice. This hermeneutic phenomenological research study will move beyond the functional, technical, educational, interpersonal and relational aspects of supervision in an attempt to provide a reflective space for participants to consider the meaning of their existence when being a psychotherapeutic supervisor.

Furthermore, the approach to descriptive or transcendental phenomenological studies is markedly different from the methodological and philosophical stance embraced by hermeneutic phenomenological researchers (Flood, 2010). Hermeneutic phenomenological studies move beyond describing lived experience descriptions (Van Manen, 1990) and seeking essences in human experiencing (Husserl, 1970a). Hermeneutics is the art of interpretation (Willig, 2008). Heideggerian hermeneutic phenomenological research is concerned with describing, unconcealing, understanding and interpreting human existence and the unique meanings that human beings attribute to their day to day lived experiences. Through cycles of thinking and interpretation this research approach considers how meaning-making is influenced by existing in specific life-worlds (Heidegger, 1927/1962).

Finally, notwithstanding the steady interest in researching the broad field of clinical supervision, calls continue to be made for further research on this topic by Rose (2003), Pretorius (2006) and Slavin- Milford et al., (2011) who strongly suggest that good quality research evidence focused on supervision and in particular on the psychotherapeutic supervisor is limited (Watkins 2012). Furthermore, the authors of the vast majority of the research studies cited in this chapter made recommendations about furthering their research on supervision (Kennard et al., 1987; Clarkson et al., 1995; Bambling et al., 2006; Nelson et al., 2008; Dow et al., 2009; Majcher et al., 2009; Du Plock, 2009; Grant et al., 2012).

With these recommendations for further research studies and given the paucity of research solely focussed on the psychotherapeutic supervisor, the limited number of phenomenological studies and absence of in-depth hermeneutic phenomenological studies examining the meaning of being a psychotherapeutic supervisor, it appears to be timely to undertake this research study.

It is anticipated that this study, when completed, will bring to the attention of the psychotherapeutic community, an under researched, yet crucial existential component of the supervisory endeavour.

5. PHILOSOPHY AND METHODOLOGICAL POSITION

5.1. Focusing on the phenomenon

This research study came about because of my passion for psychotherapeutic supervision and the desire to gain a greater depth of understanding about the experience of being a psychotherapeutic supervisor. There are multiple references in the literature to research studies which focus on theories, models and techniques associated with psychotherapeutic supervision. However, I was interested in exploring the meaning of being a psychotherapeutic supervisor as opposed to the intellectual and practical aspects of this endeavour. The natural home for this type of study is phenomenology (Schmidt, 2006) as this strand of qualitative research seeks to uncover the meaning of being human in a specific context or life world (Van Manen, 1990).

‘From a phenomenological point of view to do research is always to question the way we experience the world, to want to know the world in which we live as human beings.’ (Van Manen 1990: 5)

This research seeks to question the way in which human beings experience their existence in the world or specific context of psychotherapeutic supervision. It strives to understand participant’s unique everyday experiences while also being interested in opening up a discourse on how people interpret and make meaning of such experiences.

The question guiding this research is *‘What is the meaning of being a psychotherapeutic supervisor?’* It is suggested by Van Manen (1990) that the phenomenological research question focusses on what something is *‘really’* like and it seeks to get at the core of human existence (Van Manen, 1990: 42). The research question is therefore discovery orientated

(Van Manen, 1990) and opens up the possibilities of understanding hidden aspects or taken-for-granted realms of human experiencing (Vandermause, 2011). Smythe (2011) concurs with Van Manen when she argues that the hermeneutic (interpretive) phenomenological question seeks to uncover aspects of human existence. She categorically states that hermeneutic phenomenological research is not concerned with solving problems but is fundamentally concerned with uncovering the meaning of being, concerned with uncovering *‘how it is in the living of it* (Smythe, 2011:29).

Maintaining a focus on the phenomena is crucial to uncovering what a human experience is *‘really’* like (Van Manen, 1990). Holding this focus assists the researcher to move beyond the everyday awareness and knowledge of the phenomenon in order to more fully understand and interpret the meaning of existing in a specific context (Smythe, 2011). The research question has been teased out into a number of discrete aims which are to;

- Engage in an in-depth examination of the experience of being a psychotherapeutic supervisor
- Develop an in-depth description and analysis of what it means to be a psychotherapeutic supervisor

And the objective of the research inquiry is to:

- Uncover and render intelligible, what it is really like being a psychotherapeutic supervisor

Having critically reviewed several philosophical positions and related research methodologies, I ultimately decided that hermeneutic phenomenology as purported by Martin Heidegger (1889-1976) provides the best philosophical and methodological fit to enable me

to focus on and strive to uncover the phenomenological experience and meaning of being a psychotherapeutic supervisor.

To this end, this chapter provides an overview of the philosophy and methodological position which guides this research. It critically discusses the relevance of hermeneutic phenomenology, which resides within the broad church of qualitative research design and will outline the hermeneutic phenomenological philosophical principles that have influenced the study. The associated research methods utilised in this Ph.D. inquiry will be considered. The procedures for data collection and data analysis will be outlined, alongside, the steps taken to establish the trustworthiness of the research. There will also be a discussion on being-ethical as a hermeneutic phenomenological researcher.

5.2. Hermeneutic Phenomenological Philosophical and Methodological Positioning

In this research inquiry I am concerned with gaining an in-depth understanding of the experience of being a psychotherapeutic supervisor and developing an in-depth description and analysis of the meaning of being a psychotherapeutic supervisor. In doing so, I privilege the lived experience of participants in order to uncover the nuances and complexities of their actual lived experience. This is an under researched aspect of psychotherapeutic supervision which I consider influences the functions and processes of supervisory practice. Therefore, I ultimately hope to be able to offer an accurate and insightful account of the experience of being a psychotherapeutic supervisor which will inform understandings of psychotherapeutic supervision.

Trying to find a philosophical stance and associated methodological position that would address these aspirations has taken me on a phenomenological journey. From the outset, I

was clear that an inquiry rooted in the principles of qualitative research design would be most appropriate to the aims and objective of this study. A significant cycle of reading, thinking, reflecting and critical examination of qualitative strategies of inquiry ensued. As the goal of this research study is to examine, describe, analyse and uncover the day to day lived experience of research participants, I realised that a phenomenological study would provide the best philosophical and methodological fit.

Phenomenological research identifies the 'essence' of human experiences concerning a phenomenon as described by participants in a study.

Understanding the 'lived experiences' marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning (Cresswell, 2003:15).

Having decided that I wanted to undertake a phenomenological inquiry, I critically examined two main phenomenological positions, transcendental or descriptive phenomenology as formulated by Edmund Husserl (1859-1938) and hermeneutic phenomenology as developed by Martin Heidegger (1889-1976).

5.2.1. Descriptive Phenomenology

According to Giorgi and Giorgi (2008) it is a challenging task to define phenomenology as there are many divergent perceptions of this amongst phenomenologists. Langdridge (2007) attempts to define pure phenomenology in this way;

Phenomenology is the study of human experience and the way in which things are perceived as they appear in consciousness (Langdridge, 2007: 10).

This definition is consistent with transcendental or descriptive phenomenology, as developed by Edmund Husserl (1859-1938) and focuses on the nature of human experience which is linked to the manner in which people perceive the appearance of ‘*things*’ in the world (Langdridge, 2007). From this philosophical perspective, the underlying assumption is that all human experience comes from consciousness. Consciousness or individual awareness is directed onto ‘*things*’ in the world which suggests that there is a relationship between human consciousness, perception of ‘*things*’ in the world and meaningful experience (Moustakas, 1994). The Husserlian, transcendental phenomenological perspective is concerned with understanding and describing lived experience through the illumination of the essences of consciousness. Husserlian phenomenology postulates that there are common universal essences of experience leading to a ‘*correct interpretation of experience*’ (Flood, 2010: 9). Similarly Giorgi (1992), states that a descriptive approach to phenomenology is essential as this will ensure that an accurate and ‘*unified meaning*’ of the lived experience of the phenomena will emerge.

5.2.2. Hermeneutic Phenomenology

In contrast to transcendental or descriptive phenomenology, Heidegger, in his early writings, proposed that the task of phenomenology was to interpret everyday activity (Cerbonne, 2006) and that;

The meaning of phenomenological description as a method lies in interpretation. Phenomenology.....is a hermeneutic in the primordial signification of this word, where it designates this business of interpreting (Heidegger, 1962: 37).

Thus, Heidegger's philosophical position (1927/1962), postulates that pure description of phenomena is insufficient when striving to illuminate and understand human existence as it emerges, phenomenologically through every day activity. This is a markedly different stance from Husserl's (1970) view of phenomenology which advocates describing the phenomena, under investigation as scientifically as possible. More recently Willig (2008) defines hermeneutic or interpretive phenomenology is this way:

Interpretive phenomenology also aims to gain a better understanding of the nature and quality of phenomena as they present themselves. However, this version of phenomenology does not separate description and interpretation; instead, it draws on the insights of the hermeneutic tradition and argues that all description constitutes a form of interpretation (Willig, 2008:56).

As such hermeneutic phenomenology from the Heideggerian (1962) tradition purports that it is not feasible to describe a phenomena without engaging in some level of interpretation. In support of Heidegger's position subsequent hermeneutic philosophers have argued that the interpretive method is the primary approach in phenomenological inquiry, postulating that it is essential to move beyond describing and reporting on the understandings emerging from the data in order to gain a fuller understanding of phenomena (Todres and Wheeler, 2001).

As a researcher who also works as a psychotherapist and psychotherapeutic supervisor, I am unable to reconcile the Husserlian (1970) position with my own lived experience. I am not convinced that it is feasible to describe participants' experience of phenomena, without making some level of interpretation of such experience but concur with Willig (2008) that description and interpretation are intertwined.

In contrast, hermeneutic phenomenology acknowledges that researchers make preliminary assumptions about the phenomena being examined. As opposed to transcendental phenomenology, this approach to phenomenology, does not strive to ‘*bracket*’ assumptions or prior knowledge but encourages the researcher to use these in order to enhance understanding about the phenomena (Schmidt, 2006). From my own perspective and experience historical, intellectual, emotional, psychological, contextual and relational factors are influential in human encounters and activities. I am aware that these may have an effect on how I, as researcher, will describe, analyse, interpret and report on the phenomena under investigation. However, the hermeneutic phenomenological approach ensures that the researcher monitors the influence of pre-suppositions so that the participants’ experiences and interpretations are not lost or misinterpreted (Todres and Wheeler, 2001). The relevance or interference of pre-suppositions is deliberately considered in the formation of research questions, interviewing, analysis and discussion of research findings. As previously indicated, in order to identify and begin to understand the potential influence of my own pre-suppositions I engaged in a pre-understanding interview with one of my supervisors. This illuminated aspects of my ‘*fore-structure of understanding*’ (Heidegger, 1927/1962) which were monitored by me and my research supervisors during the data collection and analysis processes.

Having engaged in cycles of thinking about transcendental and hermeneutic phenomenology, I believe that the latter philosophy and methodological position provides greater assistance to this research study as it is primarily concerned with studying and illuminating the nature of human existence (Schmidt, 2006). Heidegger’s unique contribution to philosophy is the ontological project (Flood, 2010) upon which he embarked, as he diverged from the descriptive phenomenological path;

Hermeneutics goes beyond description of core concepts or essences to look for meanings embedded in common practices, what people experience rather than what they consciously know. Heidegger used the term 'life-world' to express the idea that individuals realities are invariably influenced by the world in which they live. This represents a move from an epistemological to an ontological project, focussing on how interpretation is intrinsic to human existence' (Flood, 2010:9).

Heidegger's philosophical position on hermeneutic phenomenology is a good fit with the focus of this research inquiry, which is primarily concerned with understanding the meaning of being a psychotherapeutic supervisor. It seeks to provide descriptive and interpretive stories from the specific *life-world* of psychotherapeutic supervision. It does not seek to find a *unified meaning* (Giorgi, 1992) of the experience of being a psychotherapeutic supervisor but endeavours to draw out and understand hidden aspects of human experiencing (Vandermause, 2011). Much has been written about what psychotherapeutic supervisors *consciously know* and about epistemological paradigms which make assertions about what supervision is and how to 'do' it. However, this research inquiry seeks to place ontology before epistemology and structures of consciousness, in a bid to uncover what it is *really* like living, existing as a psychotherapeutic supervisor (Van Manen, 1990:42).

5.3. The Meaning of Being

From Heideggerian philosophical perspective, ontology is the study of the nature of being. Ontological inquiry is concerned with what it means to be. Heidegger (1927/1962) states that we must consider not only the being of objects but also the being of human beings. His ontological project (Flood, 2010) shifted phenomenology from pure description, from a focus

and reliance on human consciousness towards ontological inquiry; the examination of human existence (Moran and Mooney, 2007). Heidegger reformed philosophical thinking by arguing that a phenomenological description and interpretation ‘*of our actual experience*’ is necessary (Schmidt, 2006:58). He postulates that greater understanding of human life will be gained through ontological inquiry, by ‘*unconcealing*’ lived experience and common practices as they occur in everyday activities (Cerbonne, 2006), than can be obtained through epistemological study (Heidegger, 1927/1962). Heidegger created the notion of ‘*Dasein*’ in order to extrapolate his ontological position (Heidegger, 1927/1962). This term is extensively drawn upon when Heidegger is commenting upon the human mode of existence (Dreyfus and Wrathall, 2007) and is the cornerstone from which he developed his philosophical thinking (McConnell-Henry et al., 2009). For Heidegger;

Dasein is an entity whose being has the determinate character of existence
(Heidegger, 1927/1962:34).

This German term has been maintained throughout English translations of Heidegger’s seminal text, *Being and Time* (1927/1962). The reason for this appears to be that it is problematic to secure an accurate translation (McConnell-Henry et al., 2009). According to Schmidt (2006) ‘*Da*’ means ‘*there*’ and ‘*Sein*’ means ‘*to be*’ and he suggests that *Dasein*, at a purely literal level means ‘*there-being*’ while Van Deurzen and Young (2009) say it means *being-there*. Expanding this notion further Flood (2010:7) offers a construction of *Dasein* as ‘*the situated meaning of a human in the world*’. While, Moran states that *Dasein* is, *the temporally situated human being who is constituted by his/her past, present and future* (Moran, 2008: 289). From an ontological stance, then, the term *Dasein* encapsulates the idea of human existence having meaning in a specific *life-world*. Therefore, Heideggerian

hermeneutic phenomenology researchers strive to uncover phenomena by examining everyday lived experience or Dasein (Flood, 2010). In this study, participants' are invited to reflect upon their everyday lived experiences in the specific life-world of psychotherapeutic supervision, in which they temporally exist.

In contrast to other philosophers, such as Husserl (1970), Heidegger postulates that *the "essence" of Dasein lies in its existence* (Heidegger, 1927/1962:42). He considers that Dasein has modes of being and that existence *is* Dasein's essential mode of being.

Dasein is an entity which in its very being, comports itself understandingly towards that being. In saying this, we are calling attention to the formal concept of existence. Dasein exists (Heidegger, 1927/1962:53).

Heidegger proposes that *only* Dasein exists. He goes on to postulate that humans are intrinsically link to the world. He states that it is not possible to separate one's being from the world in which one exists (McConnell-Henry et al., 2009). He defines this entwinement as 'being-in-the-world' to highlight that *'being is intimately and inextricably bound up with the world that we find ourselves in* (Dreyfus and Wrathall, 2007:4). This means that we, as human beings dwell in specific worlds, in an absorbed manner which affects how we act and how we exist. So, for example, the supervisor exists and is *submerged* within the life-world of psychotherapeutic supervision. This structured world influences how supervisors are *attuned* or disposed to being in this specific world (Dreyfus and Wrathall, 2007).

Heidegger describes this fundamental structure of Dasein being-in-the-world as *existentials* in order to clearly distinguish them from the being-in-the-world of other entities (Heidegger, 1927/1962:44) such as stones and tools (Inwood, 1999:61). Heidegger describes another

strand of existence which he termed *existentiell*, to denote the breadth of existential possibilities open to Dasein, how it understands these and the choices that it makes or avoids, in relation to them (Inwood, 1999). That is to say, it is an *existentiell* matter when Dasein understands the existential possibilities open to it and it can, for example, decide to become, a therapist or a psychotherapeutic supervisor. In choosing such existential possibilities Dasein is declaring that which is important to it, in its unique human existence (Heidegger, 1927/1962).

5.4. Authentic Existence

It is Heidegger's view that Dasein exists *authentically*, *inauthentically* or in a mode of *undifferentiatedness* (Heidegger, 1927/1962). The meanings of authenticity and inauthenticity from this philosophical perspective are not to be confused with the common understanding of these terms such as being real or being false. Nor are they to be confused with humanistic views on authenticity as demonstrated by being genuine (Rogers, 1951). Initially Heidegger suggests that he places no evaluative content on being either authentic or inauthentic, outlining that they are simply different modes of existence (Carman, 2007).

The authentic mode of existence is one in which Dasein is an autonomous entity. Authentic Dasein has the ability-to-be-oneself and to take a first person standpoint in relation to its existence.

Authentic modes of existence, in the strictly formal sense, are those in which Dasein stands in a directly first-person relation to itself, in contrast to the second and third person relations in which it stands to others, and which it can adopt with respect to itself, at least up to a point.

This sense of authenticity says nothing about what is better or worse for Dasein, but merely marks a distinction between one's immediate relation to oneself and one's immediate relations to others or to oneself as another (Carman, 2007:285).

The mode of authentic existence, taking a first person stand point on one's own life is constituted by "mineness" or "ownness" (Heidegger, 1927/1962), when Dasein owns up to itself in its existence then it exists authentically. Understanding of Dasein's existence and the manner in which it comports itself is authentic when it takes a first person perspective on itself. Authentic Dasein has a unique relation to itself and when it listens to its own inner voice it can experience self-fulfilment (Carman, 2007).

Having suggested that he places no evaluation on being authentic or inauthentic, Heidegger appears to contradict himself, later, when he postulates that it is good or better to be in the authentic mode of existence. From this revised perspective Heidegger suggests that it is a desirable and worthy choice to be in the authentic mode of existence because, when Dasein exists authentically, it is "forerunning" into death as it embraces the 'fragile' possibilities of life (Carmen, 2007:291).

Furthermore authentic Dasein has "resoluteness". It is resolute when it is decisive and lives with resolve in the manner in which it directly confronts each particular situation that it encounters in the world.

Resoluteness, as authentic being-one's self, does not detach Dasein from its world, nor does it isolate it so that it becomes a free-floating "I". And how should it, when resoluteness as authentic disclosedness, is authentically

nothing else than being-in-the-world? Resoluteness brings the self, right into its current concerned being-alongside what is ready-to-hand, and pushes it into solicitous being with others (Heidegger, 1927/1962:298).

For Heidegger, then the full conceptualisation of authenticity is “*forerunning resoluteness*” as both forerunning and resoluteness focus on finitude and the particular (Carman, 2007). So, authentic Dasein constantly faces up to its mortality, in the resolute manner, in which it confronts the specific situations that it encounters throughout its limited existence of being-in-the-world.

5.4.1. Inauthentic Existence

According to Heidegger (1927/1962) the second mode of being in which Dasein exists is inauthenticity. In this mode of being, its comportment and understanding is influenced by the third person perspective, by the “*They*”. In this mode Dasein does what “*They*” prescribe. Dasein becomes lost in the everydayness of existing among Others and things in the world (Carman, 2007).

While Heidegger initially suggests that inauthenticity is not a negative mode of existence and indeed, initially, indicates that it is something positive that belongs to Dasein, he goes on to describe inauthenticity as existential *disorientation or estrangement* (Heidegger, 1927/1962). This shift in perspective suggests that inauthenticity is a worse or less desirable mode of being than being authentic. Latterly Heidegger postulates that inauthentic Dasein is *alienated* from itself when its existence is pervaded by the third person point of view. In the inauthentic mode Dasein has mainly lost its “*ownness*” its “*mineness*”. In inauthenticity Dasein is not itself, it is “*non-whole*” (Heidegger, 1927/1962). As such, Dasein in inauthentic

existence avoids, forgets or disregards the reality of its own mortality (Hoffman, 2007). It gets absorbed and lost in *everydayness* (Heidegger, 1927/1962). It loses the sense of finitude, of fore-running into death. The being-with Others is privileged at the expense of the loss of self. However this later perspective of Heidegger on inauthenticity contradicts his notion of “being-with” which is constitutive of the social aspect of existence (Carman, 2007).

5.4.2. Undifferentiatedness

Heidegger then postulates that there is a third mode of being known as “*undifferentiatedness*” This is an indifferent mode of being, a neutral form of existence, which Heidegger suggests is neither good nor bad. It is not particularly authentic or inauthentic but constitutes Dasein in its *average everydayness*. In this mode of existence Dasein’s self-concept is “*modally undifferentiated*” which is to say that it is a combination of first, second and third person points of view. It is considered to be a positive condition which provides Dasein with the coping skills to manage social existence. Again, Heidegger refines this notion of everyday, *undifferentiated* existence, as a mode of being in which Dasein is not itself, it is not its authentic self. In this mode Dasein is referred to as “*oneself*” (Heidegger, 1927/1962).

The modal indifference of the one must instead be understood as an undifferentiated conglomeration of first, second and third person points of view, which are in fact distinct, but which are ordinarily fused together in an unprincipled and even partly incoherent way as if constituting a single unified concept of the self (Carman, 2007:295).

Everyday Dasein, then, is influenced by the predominant norms of the social world in which it lives. As there is a loss of “*mineness*” or “*ownness*”, Dasein has a perfunctory

understanding of self in this indifferent mode of being. Critics of Heidegger's demarcations of authenticity suggest that there is some blurring of distinction between the undifferentiated mode of being and the inauthentic mode of being. They suggest that this was not fully cleared up by the time that Heidegger (1927/1962) finished writing *Being and Time* (Carman, 2007). However, Heidegger places emphasis on the mode of *undifferentiatedness*, in which Dasein exists in its *average everydayness*, as he states that it is the starting point for the analytic of human existence. He suggests that all of human existence flows back and forth from this mode of being (Heidegger, 1927/1962). The hermeneutic phenomenological researcher begins by exploring this *average everydayness* and that which is taken for granted in the everyday experience of 'being' (Smythe, 2011). This study sought to uncover glimpses of the undifferentiated, inauthentic and authentic modes of being; to understand what it is actually like to exist in the world of psychotherapeutic supervision; to uncover the meaning of being a psychotherapeutic supervisor.

5.5. Uncovering the Meaning of Being

From the Heideggerian perspective, uncovering the meaning of being is bound up with the phenomenon of truth (Heidegger, 1927/1962). According to Dreyfus and Wrathall (2007), Heidegger had an enduring preoccupation with truth, throughout his philosophical writings and lectures. They are of the view that Heidegger builds on and expands the epistemological position or the traditional conception of truth on what constitutes truth as he formulates and articulates his ontological position. In the traditional conception of truth it is postulated that the locus of truth is assertion. In this conceptualisation, when a judgement is made about something and there is agreement about the assertion, then the essence of truth has been found (Dreyfus and Wrathall, 2007). However, the cornerstone of Heidegger's treatise on

truth is his argument that truth has not been examined from an ontological position in over 2000 years of philosophical thinking. Dreyfus and Wrathall (2007) suggest that Heidegger's philosophy about truth has evolved and changed overtime. They state that Heidegger, initially, acknowledged the tenets of the traditional conception of truth but, latterly, emerged with an ontological position on '*being-true*' wherein he ultimately determined truth as *uncovering* (Heidegger, 1927/1962:221). He contends that:

'Being-true' (truth) means being-uncovering. Taking entities out of their hiddenness and letting them be seen in their unhiddenness (uncoveredness). The phenomenon of truth, in the sense of uncoveredness (unhiddenness)
(Heidegger, 1927/1962: 219).

So, for Heidegger, '*being-true*' is phenomenological and truth is only possible from the ontological philosophical stance of Dasein being-in-the-world. Heidegger postulates that '*being-true*' is a fundamental aspect of Dasein and as such '*being-true*' as uncovering is a way of being for Dasein (Heidegger, 1927/1960; 220). In essence '*being-true*' is uncovering that which has been concealed from Dasein (Schmidt, 2006:78). Yet, Dasein is equally in truth and in untruth (Heidegger, 1927/1960; 222).

Heidegger does not make an evaluation of '*being-true*' or '*being-untrue*' as being either positive or negative modes of being. However, '*being-true*' is a facet of being-authentic while '*being-untrue*' is associated with the notion of '*falling*' or living inauthentically. As such making a decision to live authentically enables Dasein to '*wrestle*' the truth from entities (Heidegger, 1927/1960:220). Dasein's '*falling*' has prevented it from understanding entities in the world, authentically (Heidegger, 1927/1960; 200). According to Heidegger,

when understanding is based on realism, there is a lack of understanding of the meaning of being which will not be answered by epistemology. Therefore, an existential analytic is necessary in order to authentically understand the meaning of being of entities- in- the- world (Heidegger, 1927/1960).

Heidegger's hermeneutic phenomenological philosophical position, therefore, is concerned with uncovering how people make sense of their average everyday lived experiences of being in the world, their place in that world and the intelligibility required to self-interpret, one's place in the world (Heidegger, 1927/ 1962). This study aspires to uncover, what is the meaning of being a psychotherapeutic supervisor and draws on Heidegger's ontological position of *being-true as being-uncovering* (Heidegger, 1927/1960:220) in order to achieve this aspiration.

5.6. Techne – The 'know how' of hermeneutic phenomenological research

According to Conroy (2003) there has been confusion in many research studies as to whether they have been guided by transcendental or hermeneutic phenomenological positions. In order to remain true to the hermeneutic phenomenological position in this study, I have critically reviewed the literature on approaches that have guided hermeneutic phenomenological research inquiries. There are mixed views about how to carry out such a study. For example, Conroy (2003) states, that there is limited guidance in the literature on implementing a hermeneutically focussed study. In contrast Smythe et al., (2008) state that;

Many authors have written about the epistemology of Heideggerian hermeneutic research. Early researchers revealed the 'how' of methodology and method and others eagerly engaged in such research. Techne (know

how) from the wider qualitative domain informed questions of rigour, which was later renamed trustworthiness. There was a sense that there was a method to follow (Smythe et al., 2008: 1390).

The approach that I have taken to this research has been influenced by the work of van Manen (1990), Schmidt (2006), Smythe et al., (2008) and also by Vandermause (2011). These hermeneutic phenomenologists draw on the work of Heidegger (1889-1976) and to an extent on Gadamer (1900-2002) in the approaches that they take to hermeneutic research. The *techne* or ‘*know how*’ of hermeneutic phenomenological research does not follow a fixed set of guidelines but is ‘*always in motion, never linear and always going back and forth*’ (Smythe, 2011:52).

In the case of this research the circular process or method of hermeneutic phenomenological research started with identifying the phenomenological experience that I wanted to investigate and formulating the research question and aims of the study. This led me on a circular journey of reviewing literature and research on the subject of psychotherapeutic supervision. Smythe (2011) advocates that it is essential to stay focussed on the phenomena. So I became absorbed in the literature which was an invigorating experience but it was also somewhat overwhelming to be faced with a plethora of competing descriptions and arguments about the topic.

I regularly had to pull myself back to reflect on and re-focus on the experience and meaning of being a psychotherapeutic supervisor. At the same time, it is vital that the researcher get to grips with Heideggerian philosophy with respect to hermeneutic phenomenology (Conroy 2003). This proved to be a frustrating and challenging encounter. As I grappled with

commentaries and articles which were designed to illuminate Heidegger's '*Being and Time*' (1927/1962) and delved directly into the dark corners of this seminal text, I came to realise that Heidegger's way of communicating his philosophy is convoluted yet elegant, dense with glimpses of illumination, contradictory yet penetrating. From this experience I realised that I needed to be able to tolerate not knowing, to exist in the absence of techne and to tolerate being confused for significant periods of time. I had to wait for understanding and insight to slowly emerge. '*Being and Time*' (1927/1962) has been a constant companion throughout the research process. As phenomenological experiences, interpretations and patterns of meaning have emerged from the data I read and re-read aspects of Heidegger's treatise so that philosophical notions that resonate (Smythe, 2011) could be integrated into findings and discussion chapters. However, committing to the Heideggerian approach to hermeneutic phenomenology caused me to go through a period of soul searching as I was very troubled by his connection to Nazism. I have endeavoured to stand back and review his major contributions to hermeneutic phenomenological philosophy in a bid to detect fascist influences in his writings which, to date, I have not observed.

Smythe et al., suggest that in hermeneutic style research there is a balance to be achieved between '*structure and freedom*'. When this positive tension is maintained there is sufficient '*space*' to '*play, respond and think*' (Smythe et al., 2008: 1391). The approach that I have adopted to this research study enables a sense of 'freedom' while being a researcher, such as freedom to spend time in multiple cycles of reading, thinking and writing; freedom to be immersed in the participants' lived experience of the phenomena; freedom to be curious and/or confused about emerging understandings; freedom to reside in the unknown territory of phenomena; freedom to think and rethink interpretations of participant's unique lived

experiences; freedom to wait for patterns of meaning to emerge (Vandermause, 2011) and freedom to articulate the meaning of the phenomena (Smythe, 2011). In turn, these freedoms are balanced out with the academic structure required to complete PhD level study and being able to craft the findings and discussions into a coherent whole, which reflects the sum of the parts of the study.

5.7. Borrowing Participants' Experience

Hermeneutic phenomenology as a research method is rooted in the need to;

'Borrow people's lived experiences so that the researcher can better understand the meaning or the significance of the event' (McConnell-Henry et al., 2009).

This requires a reasonably homogenous group of respondents, in order to capture the nuances of the experience being researched (Langdridge, 2007). In order for a research study to be evocative and provide a rich source of data, the selected participants must have 'stories' to tell, about the phenomenological experiences that they have in common (Smythe, 2008). According to Smith (2007) the size of the sample depends on a number of issues, including the quality or thickness of the data collected, the depth of analysis and the boundaries or limitations of the study. It should also allow for the emergence of convergences and divergences between the experiences of the participants in the study. In order to find a homogenous group, the following inclusion criteria for participants were developed:

- Female and male psychotherapeutic supervisors
- A minimum of 3 years of experience as a psychotherapeutic supervisor
- Trained as a psychotherapeutic supervisor in Ireland or the United Kingdom

- Currently providing individual, shared or group psychotherapeutic supervision to pre-accredited and accredited counsellors or psychotherapists

These inclusion criteria were designed to ensure that the selected participants, in this study were experienced psychotherapy supervisors who worked with a broad spectrum of supervisees, from trainee practitioners to highly experienced counsellors/ psychotherapists and were trained in broadly similar cultural and statutory contexts. These inclusion criteria were designed to provide a homogenous group of participants whose lived experience stories would assist in illuminating stories, distinctive accounts of the meaning of being a psychotherapeutic supervisor.

Participants were identified and purposefully selected and recruited through a range of sources in Ireland and the United Kingdom, including the Health Service Executive, statutory agencies, and non-governmental organisations as well as counselling and psychotherapy training organisations. Purposive sampling is a strategy used in qualitative and hermeneutic phenomenological research and the rationale behind this strategy is to;

Purposefully select participants or sites that will best help the researcher understand the problem and the research question (Cresswell, 2003: 185).

These types of organisations were selected for participation in this research as they met key aspects of purposive sampling in that they provided the appropriate setting for the research; they employed the target group of participants; they had experienced psychotherapeutic supervisors who met the criteria to be interviewed and who would share a ‘common

language’ and be ‘*skilled in capturing the description and mood*’ of their experiences (Miles and Huberman, 1994; Smythe, 2011:41).

I contacted, in writing, chief executives, clinical managers and project leaders in the above organisations, for the purpose of seeking permission to circulate research information sheets to psychotherapeutic supervisors. Once permission had been received I sent out an information sheet with the inclusion criteria, to psychotherapeutic supervisors inviting them to participate in the study. When they registered interest in taking part in the study, I forwarded a confirmation letter, a plain language statement and an informed consent form. Thereafter I contacted the participants by telephone to arrange a mutually suitable time and confidential venue to carryout individual interviews. As advocated by Conroy (2003) I ensured that the aims, objectives and hermeneutic phenomenological nature of the research project were made explicit to participants.

A total of 14 participants were interviewed during the first round of interviews in the period September 2008 and April 2009. An overview of the participants’ psychotherapeutic supervision profiles is presented in the Table 1, below. Table 1 includes the participant identification number, allotted pseudonym, age at the time of the interview plus information on their experience as supervisors and the contexts for their practice.

Table 1 is arranged in chronological order in terms of when the participants were interviewed across the island of Ireland. At the time of the interviews all of the participants provided psychotherapeutic supervision in an organisational context or contexts. Also, all of the participants had private supervision practices.

TABLE (1)

Participant Number	Pseudonym (Age)	Participants' Psychotherapeutic Supervision Profiles
1	Anne (49)	Anne had 4 years supervision experience in Northern Ireland. She primarily provided individual and group supervision in the not-for-profit sector and had a small private supervision practice.
2	Lily (60)	Lily had 10 years supervision experience in Northern Ireland. She provided individual and shared supervision in the not-for profit, statutory and education sectors. She also had a private practice.
3	Liz (59)	Liz had 7 years supervision experience in Northern Ireland. She provided individual, shared and group supervision in the not-for profit and education sectors. She also had a private practice.
4	Pat (49)	Pat had 5years supervision experience in Northern Ireland. She provided individual, and group supervision in the not-for-profit and statutory sectors. She also had a private practice.

5	Mary (53)	Mary had 3 years supervision experience in the Republic of Ireland. She provided individual, shared and group supervision in the not-for profit sector and had a private practice.
6	Claire (63)	Claire had 7years supervision experience in the Republic of Ireland. She provided individual, shared and group supervision in the not-for profit sector and had a private practice.
7	Dorothy (67)	Dorothy had 10years supervision experience in Northern Ireland. She provided individual supervision in the not-for profit sector and had a private practice.
8	Jane (67)	Jane had 19years supervision experience in Northern Ireland. She provided individual and group supervision in the not-for-profit and statutory sectors. She also had a private practice.
9	Alice (59)	Alice had 11years supervision experience in the Republic of Ireland. She provided individual, shared and group supervision in the not-for profit and statutory sectors. She also had a private practice.
10	Nora (57)	Nora had 3years supervision experience in the Republic of Ireland. She provided individual and group supervision in the not-for profit and statutory sectors. She also had a private practice.

11	Eilish (47)	Eilish had 6years supervision experience in the Republic of Ireland. She provided individual and group supervision in the statutory sector and had a private practice.
12	Sharon (50)	Sharon had 20years supervision experience in the Republic of Ireland. She provided individual, shared and group supervision in the statutory and education sectors. She also had a private practice.
13	Sheila (50)	Sheila had 10years supervision experience in the Republic of Ireland. She provided individual and group supervision in the education sector and had a private practice.
14	Sinead (42)	Sinead had 8years supervision experience in the Republic of Ireland. She provided individual, shared and group supervision in the statutory and education sectors. She also had a private practice.

In summary, the profile of the participants included supervisors with an age range of between 42years and 67years. Participants had been practicing as psychotherapeutic supervisors between 3years and 20 years. All of the participants were female. Six of the participants practiced in Northern Ireland while 8 of the participants practiced in the Republic of Ireland.

Subsequently a further round of interviews, were carried out with eight of the participants.

Anne, Pat, Dorothy and Jane from Northern Ireland agreed to participate in second interviews. A further 2 participants from Northern Ireland declined the offer to participate in subsequent interviews. Additionally Claire, Sinead, Alice and Eilish from the Republic of

Ireland were willing to undertake second interviews. An even spread of participants in terms of age, psychotherapeutic supervision experience, work contexts and geographical contexts were included in the second round of interviews. All of the participants met the inclusion criteria, at the time of the first and second round of interviews and provided psychotherapeutic supervision in one or more of the targeted organisational contexts. Also, all of the participants had private supervision practices. As such, the participants represent a wide age spectrum and an extensive breadth of experience. While the participants are fairly evenly balanced in terms of working in either Northern Ireland or the Republic of Ireland, all of the participants who offered to take part in the research were female. Despite efforts to recruit male participants, by re-contacting organisations, with a welcome message for male participants, there was no interest registered by men to take part in this study. The lack of male participants is not all together surprising, as all of the organisations who responded to the invitation to participate in this study, have a workforce of psychotherapeutic supervisors who are predominantly female. Interestingly, in common with the participating organisations, the recent report (2010) from the Central Statistics Office highlights that the majority of workers in the health and education services in Ireland are female.

The method used for identifying and borrowing participants average everyday experiences of being a psychotherapeutic supervisor was individual semi-structured interviews (McConnell-Henry, 2009). Semi-structured interviews are commonly used in qualitative and hermeneutic phenomenological research studies (Kvale and Brinkmann, 2008). After preliminary social interactions, the aims and objectives of the study as well as the nature of hermeneutic phenomenological research were discussed (Conroy, 2003). Participants had the opportunity to ask questions about any aspect of taking part in this study. Thereafter consent forms were

signed and returned to me and these indicated agreement to participate in the research study and for the interview to be audio taped. Participants' confidentiality and anonymity were ensured by carrying out interviews in a mutually agreed suitable environment.

A flexible and open approach was taken towards the collection of data. A series of open-ended questions were arranged into an interview guide however these did not dictate the entire progress of the interviews (Appendix 1). The interview guide was formulated after I had reviewed the literature on semi-structured interviews in qualitative research design (Kvale and Brinkmann, 2008; Cresswell 2003). The specific questions were developed to meet the aim and objectives of the research and to focus on uncovering the day to day lived experience of being a psychotherapeutic supervisor. For example I initially asked the participants to describe their experience of being a supervisor and what it meant both professionally and personally to be a supervisor. I enquired if they had similar or different experiences in individual, shared or group supervision and if their experience had changed over time. According to Kvale and Brinkmann (2008);

The very production of data in qualitative interview goes beyond a mechanical following of rules and rests upon the skills and situated personal judgement in the posing of questions...The quality of the data produced in a qualitative interview depends on the quality of the interview skills and subject matter knowledge (Kvale and Brinkmann, 2008:82).

While I had prior training in interviewing techniques and a sound knowledge base on the topic, I decided to invite the first three participants to give feedback on the types of questions asked, the interview style and the process of the interview, after their interviews were completed. This feedback was discussed with research supervisors and appropriate adjustments were made to the interview guide, so that the questions helped to keep the participants and I focussed on the lived experience of being a psychotherapeutic supervisor. This was important as some of the participants drifted into talking about how they practiced and wanted to describe supervision theory or practical strategies and at times, I got caught up in this level of discussion. In line with Plager (1994) I strove to encourage the active participation of research participants in interpreting their experiences of being psychotherapeutic supervisors during the interview process. This was achieved by clarifying participant's responses and by actively inviting them to consider the meaning of their experiences, both professionally and personally. While the feedback from the pilot interviews was generally very positive, there were some comments about the timing and pacing of interviews and suggestions were made about allowing the participants more time to reflect on questions, as they were not used to having in-depth discussions about their lived experience. Some of the interviewees suggested that it took them some time to understand that I wanted them to describe their day to day lived experience and to try to interpret the personal and professional meaning of such experience. This was very useful feedback, as it helped to ground me and later participants in the hermeneutic phenomenological focus of the research.

Through further reading (Smythe et al., 2008) on approaches to hermeneutic phenomenological research and by subjecting my interviewing style and transcripts to

critique by experts in the field and my research supervisors, further adjustments were made to the approach to interviewing (Appendix 2) so that more explicit ‘*stories*’ of the experience of being a psychotherapeutic supervisor would emerge.

‘To draw a participant into conversation is to encourage them to bring words to shape, colour and texture the account of what happened. To stay close to the experience itself, is to recount the story itself. Questions therefore need to prompt such telling. Useful prompts are: Tell me about the last time? Tell me about a time that went well? Tell me about a challenging time?’ (Smythe, 2011:42).

Shifting the emphasis of interviews to inviting participants to talk about their experiences in specific and recent psychotherapeutic supervision sessions resulted in participants vividly recounting many evocative stories. Many of these stories demonstrated affirming, positive experiences, while a significant number of stories reflected on anxiety provoking and negative experiences. This focus on uncovering, specific actual lived experiences of being in the life-world of psychotherapeutic supervision, is an important aspect of hermeneutic phenomenological researching, as in doing so, the phenomenon ‘*shows itself from within itself*’ (Heidegger, 1927/1962).

According to Conroy (2003) it is important to respect the value of each participant’s experience during the hermeneutic phenomenological interview. This stance stood me in good stead as participant’s generally responded well to my respectful approach and curious

questioning. At times, my own pre-suppositions and assumptions did interfere with uncovering and initially understanding participants experiences. For instance, when a participant talked about how she handled a very challenging situation with a supervisee, I found myself thinking about how I might have dealt with this based on my own supervision training and experience. During the interview, I realised that this was distracting me from listening to and appreciating the participant's actual experience and we revisited this during the interview.

By bringing my attention and focus back to the participant's story and by engaging in a circular process of listening, clarifying, and interpreting, a shared understanding or a '*fusion of horizons*' (Gadamer 1975) slowly emerged about the meaning that she attached to this troubling experience. In this circumstance, the benefits of having undertaken a pre-understanding interview became apparent as this helped to check my own '*fore-structure of understanding*' during interviews and latterly to be aware of these, when I was soaking, *dwelling* in the data (Heidegger 1927/1962).

All of the interviews were audio-taped. The data was transcribed within 2 weeks of the interviews taking place. The transcribed data was stored on the researcher's computer, which was password protected. Audio tapes have been locked in a confidential filing cabinet. The raw transcribed data has been made available to the principle and co-supervisors.

It has been advocated by (Smythe, 2011) that doctoral level research could include between 12-20 participants for a hermeneutic phenomenological study. However, the overall number of interviews is also determined by the quality of the data in terms of how much of the participants lived experience it uncovers, the patterns, interpretations and meanings

emerging from the data and the common human experiences illuminated in participants stories (Vandermause, 2011; Smythe, 2011). Overall, 22 interviews have been undertaken over the 2 rounds of interviewing. Individual interviews lasted between 40 and 75 minutes with the majority of interviews taking approximately one hour. According to Smythe (2011)

'One reaches a state of 'knowing' that one more interview will be too many. Already the insights are emerging like a river of thought. To keep pouring in more runs the risk of overflowing the banks which somehow hold the thoughts in a coherent whole' (Smythe, 2011:41).

This certainly resonates with my own experience. By the time I had completed the second round of interviews there was a wealth of evocative stories and a real sense of emerging phenomenological patterns (Vandermause, 2011) of the experience and meaning of being a psychotherapeutic supervisor and that this phenomenological experience manifested itself in similar yet different ways for participants.

5.8. Being Immersed in the Data

From a Heideggerian hermeneutic phenomenological perspective the researcher engages in data analysis in order to '*uncover*' truth (Heidegger, 1927/1962). Heidegger considers truth to be a phenomenon. In seeking truth the research strives to move beyond the taken-for-granted aspects of lived experiences. Hermeneutic phenomenological research seeks to illuminate or disclose hidden and unknown aspects of being human (Dreyfus and Wrathall, 2007). In accordance, Vandermause (2011) states;

This approach is valuable when the intention is to see deeply into a phenomenon that is complex and puzzling and when questions of meaning are entertained. (Vandermause, 2011:8)

In order to gain an in-depth understanding of the meaning of phenomenological experiences, when seeking to uncover truth, the hermeneutic phenomenological researcher becomes ‘*immersed*’ in the data (Benner, 1994). Being immersed in the data has previously been referred to as ‘*dwelling*’ in the data (Heidegger, 1927/1962; Smythe et al., 2008).

Collectively, these metaphors amount to being absorbed in the data, existing in the world of the data for significant periods of time, while the researcher lingers with and ponders emerging phenomena. Data analysis from the hermeneutic phenomenological perspective is a measured and slow process. As insights and understandings emerge about the participant’s lived experience the hermeneutics of this phenomenological research perspective, come into to play. This approach to data analysis moves beyond pure description of phenomena (Todres & Wheeler: 2001). The researcher engages in multiple cycles of thinking and interpretation in order to uncover hidden aspects of the phenomena and draws upon hermeneutic phenomenological philosophical ideas that ‘*resonate*’ with those understandings that emerge from the data (Smythe, 2011). Such data analysis is discovery orientated (Van Manen, 1990). The hermeneutic phenomenological researcher is curiously open to uncovering, interpreting and making sense of complex phenomena (Vandermause, 2011:8).

Making sense of the data is an intricate process. Phenomenologically, there are differing positions on the techne of data analysis. According to Langdridge (2007) data analysis from a phenomenological perspective involves carrying out a rigorous in-depth thematic analysis. This approach to data analysis tends to result in descriptive accounts of participant’s

experience. Indeed, my preliminary attempts to analyse data had the flavour of rich descriptive representations of day to day lived experience. Significant themes emerged and these were supported with appropriate excerpts from transcripts. However, from a hermeneutic phenomenological perspective developing themes from the data does not amount to simply reducing the participants' narratives into tidy categories or providing repetitive evidence to justify specific themes (Smythe et al., 2008).

In our experience, the theme itself is not the 'finding' stripped out of the data, but a way to show what we 'see' or 'hear' in a text (from a participant) signalling the reader of the region in which further discussion and thinking will occur. The ah-ha of our research is not the theme in and of itself but the understanding that is evoked by the thinking and re-thinking the experiences participants share always keeping new understanding in play and offering them to readers to further explore (Smythe et al., 2008; 1392).

From the perspective of hermeneutic phenomenological analysis the goal is to privilege the participants' lived experience and to maintain a constantly questioning and curious stance in order to identify misunderstandings or partial understandings and ultimately to gain deeper understandings of the phenomena (Benner, 1994). In this way the hermeneutic phenomenological researcher strives to move beyond describing the phenomenon in order to disclose the meaning that participants make of their unique experiences (Heidegger, 1927/1962).

There came a point in the process of analysing data when I realised that my initial findings lacked a hermeneutic phenomenological quality, as they were rich, descriptive thematic

accounts, of participants lived experiences. So I took a step back from analysing data and immersed myself in reading Heideggerian philosophical texts, original sources and commentaries. I attended hermeneutic phenomenological workshops to develop my understanding about interpreting lived experiences.

This was beneficial in my journey to becoming a hermeneutic phenomenological researcher. It became clearer that the hermeneutic phenomenological researcher strives to recognise her/his pre-suppositions and assumptions about the phenomenon and the potential influence these have on the identification and interpretation of human experiencing (Todres and Wheeler, 2001). My pre-understandings about qualitative research and my previous experience of phenomenological methodologies and thematic analysis methods were influencing my engagement with and presentation of the data.

It has been postulated by hermeneutic phenomenologists that the researcher's pre-suppositions, assumptions, expert knowledge, interpretations and re-interpretations create a dynamic rigorous phenomenological analytical process (Packer and Addison, 1989b).

Therefore I decided it would be appropriate to undertake a pre-understanding interview in the hermeneutic phenomenological style with one of my supervisors before continuing with data analysis. As previously indicated this was an illuminating experience. The combination of developing understanding about hermeneutic phenomenology, subjecting my data analysis to critique by hermeneutic phenomenologists and the experience and insights gained through the pre-understanding interview resulted in a shift in the manner in which I carried out data analysis.

The first set of interviews was revisited. Smythe (2011) advocates '*plucking*' aspects of text across a transcript in order to craft coherent and evocative stories. This led to another round of immersion in the voice recording and transcript of each individual interview. Standout stories presented themselves over several pages of text as I followed the thread of participants' experiences of being with their supervisees. Vandermause (2011) suggests that preliminary '*patterns of ideas*' should be created and that all transcripts should be reviewed while considering these patterns. In my study this led to the identification of several significant patterns including the experience of being responsible and the experience of being anxious.

The second round of interviews built on the common human experiences that had emerged from the first round of interviews. In this subsequent round of interviews I enabled participants to tell stories about their experiences in specific supervisory contexts by asking them to reflect on, for example, the last supervision session they had or a positive supervision session or a challenging supervision session (Smythe, 2011). I was trying to elicit '*situations that stand out*' (Vandermause, 2011), experiences that were meaningful for participants. This involved listening, reflecting and regularly clarifying with the participants the meaning they attributed to the phenomena and the interpretations they made of them. At times, I offered my understandings or interpretations back to the participants and encouraged them to contradict or confirm these. In this way I was seeking '*a fusion of horizons*' (Gadamer, 1975), uncovering the sense that participants make of their experiences and wondering what sense these make in the context of my own fore-structure of understanding.

The horizon is the background of various assumptions, ideas, meanings and experiences which are fluid and open to change. Understanding and getting

*to know others is based on a personal horizon of experience and meanings;
thus the art of interpretation is always bounded by the separate intersecting
horizons of researchers and participants (Geanellos, 2000:114).*

The data analysis phase proceeded by listening to the audio-taped sessions of each interview on several occasions in order to get a deeper understanding of the participants' stories, the context for their narratives, the manner in which they expressed their experiences and the sense that they made of these. Subsequent interview questions were influenced by emerging common human experiences such as being responsible or being anxious. In a bid to understand the big picture, I read the transcripts of each interview many times and further notes were made on emerging and evolving understandings. Detailed comments were made on transcripts highlighting key sections which appeared to be representative of standout experiences. These were then '*plucked*' and crafted into stories which strove to be true to the story teller's experience (Smythe, 2011). In this way participant's day to day lived experiences came alive.

The data was reviewed, interpreted, re-thought and re-written on several occasions, keeping in mind the meanings that participants were attributing to being psychotherapeutic supervisors, while also striving to be cognisant of my own pre-suppositions, experience and knowledge about being a psychotherapeutic supervisor. I have endeavoured to be aware of my own perspectives through reflective journaling, active use of research supervision as well as carrying out a rigorous pre-understanding interview. Additionally, I have opened up the interpretation of the data beyond the co-constituted meanings that emerged between the participants and myself, into a hermeneutic spiral (Conroy, 2003) by discussing my

preliminary meaning-making and interpretations with informed others, which have included hermeneutic phenomenologists and my research supervisors.

The hermeneutic spiral represents the spiralling process of interpretation where the interpretations of a group of people build on each other's understandings over a period of time. ...this allows the research process to grow and include interpretation by others rather than just the researcher and study participants (Conroy, 2003:39).

In accordance with Conroy (2003), it is also advocated by Vandermause (2011) that the 'emerging pattern of ideas' and interpretations are, *when possible*, discussed with a research team. The oral and written feedbacks received through this process challenged me to avoid developing premature understandings or perpetuating misunderstandings and have encouraged me to reconsider initial interpretations that have not resonated with the meaning they have made of the textual data. These invitations and challenges led to further rounds of listening, reading, thinking, dialoguing, interpreting and writing in a bid to remain open to the possibility of new and deeper levels of understanding. However these thinking and interpretive processes are only a part of the data analysis process as the researcher is also encouraged to draw upon hermeneutic phenomenological philosophical texts to stretch and inform interpretations, to open up further avenues of understanding and to uncover unforeseen meanings. So immersion in the data goes hand in hand with reading and reflection as the researcher waits for emerging patterns from the data to resonate with Heideggerian and other philosophical notions (Smythe, 2011; Vandermause, 2011). In this study I have gathered together stories which represent similar yet different common human experiences. Stories have been interpreted in a bid to uncover new understandings and unspoken meanings

about the experience of being a psychotherapeutic supervisor. The interpretations have been considered in the light of Heideggerian philosophical perspectives which make sense in the context of these human experiences. This circular, revolving hermeneutic phenomenological research process has enabled a reformed understanding of the meaning of being a psychotherapeutic supervisor.

5.9. Being-Ethical

Being-ethical was at the fore-front of my mind in embarking on this research project. The main priorities were the maintenance of confidentiality and anticipating the potential consequences or impact of the research on participants (Kvale and Brinkmann 2008). Before commencing this research endeavour, the research proposal was submitted to the Research Ethics Committee at Dublin City University for ethical approval. It was anticipated that there was limited potential risk within this research project, as supervisors were being invited to voluntarily discuss the experience of being a psychotherapeutic supervisor, in a confidential fashion. However, there is an ethical dilemma about promising absolute confidentiality (Kvale and Brinkmann 2008). For example, a potential risk was that participants might disclose or allege unethical practice.

To manage this potential risk, I applied the guidance of my professional accrediting body, the United Kingdom Council for Psychotherapy (2008) regarding the limits of confidentiality, which defines the ethical duty of practitioners to protect clients from poor clinical practice. In order to ensure transparency, I outlined the limits of confidentiality in the Plain Language Statement, in the supervisors' information sheet and the consent form, in relation to any allegations or disclosures that might put clients at risk of unethical practice. When it became apparent that there was a need to undertake a second round of interviews, further ethical

approval was sought and granted from the Research Ethics Committee at Dublin City University.

Regarding potential consequences of the research on participants, there was the possibility that supervisors might feel their practice was being exposed in this research and this might cause some feelings of discomfort or anxiety. Phenomenological research has the potential to open up previously undisclosed aspects of life (Smythe, 2011). The hermeneutic phenomenological research process which involves uncovering and interpreting that which is taken for granted or hidden, had the potential to be both positive and disturbing for participants. To address this, firstly, I was mindful of the ethical principles of beneficence and non-malevolence as defined by the United Kingdom Council for Psychotherapy 2008. I sought to ensure that potential risk of harm to participants was minimised by the sensitive style and manner in which interviews were carried out. I was very careful not to push or coerce participants into disclosures. The information sheet highlighted that participants could terminate their participation in the research at any time and this option to withdraw from the research was reiterated at the beginning of interviews. Secondly, I am an accredited psychotherapist and an accredited psychotherapeutic supervisor and would, if necessary, provide immediate interpersonal support.

Thirdly, in the event of participants being left with discomfort or anxiety, they would be encouraged to contact their supervision consultants. Finally, psychotherapeutic supervisors were reassured that it would not be possible to identify any particular participants' experience or opinions in the research, as pseudonyms would be used. As it has transpired, all of the participants' actively engaged in the interview process. There was no evidence of emotional or psychological distress in any interview. The majority of participants appeared open and

honest in the stories that they related about their lived experiences. Although, one participant was very clear about her need to control and limit the duration of the interview which may have been due to some uncertainty about what she was prepared to discuss. There were no disclosures or allegations of unethical practice. In fact, many of the participants reported that their experience of being involved in the research was stimulating and thought-provoking. Striving to be ethical as a hermeneutic phenomenological researcher was fundamental to the trustworthiness of the project.

5.10. Being-Trustworthy

Being-trustworthy is a central aspect of being a hermeneutic phenomenological researcher as participants may disclose aspects of their practice and experience, that they did not anticipate (Smythe, 2011). Being-trustworthy means being-respectful of participants' unique experiences inside and outside of the interview room.

It means honouring and privileging their unique experiences while, as faithfully as possible, representing their stories in the hermeneutic process. Being-trustworthy is about acting with integrity at each stage of the research process.

From the perspective of descriptive phenomenology trustworthiness occurs when the researcher pays close attention to the phenomena, gains an accurate understanding of it and describes it in a manner that is self-evident and recognisable to others (Langdrige 2007).

However, the matter is more complicated with respect to hermeneutic phenomenological research, as this philosophical and methodological approach suggests that researchers move beyond pure descriptions of data and engage in a process of interpretation and re-

interpretation through the hermeneutic circle (Heidegger, 1962) and the hermeneutic spiral (Conroy, 2003). Gray (2009), suggests that trustworthiness is rooted in

...authenticity which relates analysis and interpretation to the meanings and experiences that are lived and perceived by subjects of the research. This means the researcher being aware of the multiple voices contained within the data and the subtle sometimes conflicting realities within it (Gray, 2009:194).

From a Heideggerian philosophical stance, the trustworthy researcher is ‘*being-true*’ as ‘*being-uncovering*’ of the hidden phenomenon (Heidegger 1927/1962). In this vein, Ironside (2005) suggests that trustworthiness is evident in hermeneutic phenomenological research when the ideas that emerge from the data resonate with informed others, when they catch the attention and ‘*hook*’ the reader. Similarly, Vandermause (2011) suggests that trustworthiness is evident when the interpretations and outcomes of the study ‘*ring true*’. This suggests that the reader is taken on a journey. They move through the description and interpretation of participants stories and arrive in a place wherein the findings resonate or make sense for them. In essence a phenomenological nod occurs (Smythe, 2011).

In striving to be-true, the trustworthy researcher bears in mind her/his ‘*fore-structure of understanding*’ (Heidegger, 1927/1962) and is prepared to open up pre-suppositions to the scrutiny of others. Keeping a reflective journal has assisted with this. My journal has been updated after semi-structured interviews have been completed and has been utilised to capture reactions to particular participants as well as intellectual and emotional responses to evolving understandings and potential patterns emerging in the data. Writing a reflective journal has illuminated many of my assumptions about being a psychotherapeutic supervisor

and challenged my expectations of participants as psychotherapeutic supervisors. So for example when I was analysing some data in which a participant told a story about her concerns regarding a trainee counsellor's fitness to practice, I remember thinking that her response was a bit over the top. That she was over-reacting. In judging this participant, I was not attending to her actual lived experience when being-with this supervisee. Nor was I being-uncovering of the hidden meanings that she attributed to being a psychotherapeutic supervisor. Having confronted my negative judgments, I latterly re-immersed myself in this story and really listened for her unique lived experience.

As indicated in chapter 2, a significant step in striving to be-true was undertaking a pre-understanding interview with one of my research supervisors. According to Smythe;

The purpose of this is to draw forth their own stories so they may be mindful of the assumptions and prejudices they carry with them into the study
(Smythe, 2011:40).

This interview raised awareness of my subtlety hidden attitudes and firmly held prejudices about the nature and techne of psychotherapeutic supervision which could have clouded the hearing, description and interpretation of participants' stories. On an on-going basis, recordings and transcripts of interviews have been shared with my research supervisors. This has provided an opportunity for research supervisors to provide feedback on the flow of interviews and to offer advice on improving interview technique. Data analysis has been critiqued by several research supervisors and adjustments have been made to more accurately reflect the participants' experiences of the phenomena. Emerging understandings have been presented to research supervisors and hermeneutic phenomenologists, who have both

questioned and affirmed various interpretations. During the second round of interviews, participants were asked to consider if common human experiences that emerged from the first round of interviews resonated with their own experience. In this way they were able to articulate and clarify their own experiences by telling standout stories.

While these measures have been helpful with regards to the trustworthiness of the research project, they have also been beneficial in encouraging me to think more deeply about my own thinking and to realise that there is no one truth but multiple truths about the lived experience of being a psychotherapeutic supervisor.

5.11. Concluding Remarks

This chapter has described the philosophical and methodological positioning of this research study. Hermeneutic or interpretive phenomenology as proposed by Heidegger (1927/1962) underpinned the ontological approach to the study. This research was concerned with uncovering the meaning of being a psychotherapeutic supervisor. A total of 22 interviews were carried out via first and second interviews with 14 experienced psychotherapy supervisors from Northern Ireland and the Republic of Ireland. The data collection and analysis phases of the study were enabled and enhanced by the work and writings of Van Manen (1990), Schmidt (2006), Smythe (2008, 2011) and Vandermause (2011).

6. RESPONSIBILITY AS BEING-TRUE AND BEING-UNTRUE

6.1. Introduction

In this chapter and in subsequent chapters, I borrow the experiences of psychotherapeutic supervisors and subject these to a hermeneutic phenomenological data analysis (McConnell and Henry, 2009). According to Heidegger (1927/1962) hermeneutic phenomenological research seeks to unconceal hidden or previously unknown aspects of being human. While Vandermause (2011) further suggests that hermeneutic phenomenological analysis is worthwhile when questions associated with the meaning of being are central to the research project. These perspectives have informed and influenced the ontological analytic of data and the manner in which findings are presented in this thesis.

In accordance with Smythe (2011) I have '*plucked*' stories from individual transcripts and formulated them into comprehensible, thought provoking stories, which remain true to the participants' experiences. In this chapter, four standout stories have been gathered together which are representations of common human experiences for these participants. These narratives articulate distinctive meanings associated with being a psychotherapeutic supervisor, in specific contexts wherein each participant experienced a heightened sense of responsibility when being-with supervisees.

Pseudonyms have been assigned to ensure anonymity and protect the identity of psychotherapeutic supervisors and supervisees. While these experiential stories reflect upon common human experiences, they have similar and yet differing characteristics. Collectively, they begin to uncover a phenomenological aspect of being-responsible as a psychotherapeutic supervisor while also being a unique account of participants' lived experiences (Van Manen,

1990). The emerging patterns in these stories have been considered with respect to Heideggerian philosophical perspectives and where these have resonated with these participants common human experiences, they have been drawn upon, in a bid to enhance understanding of the phenomenon and uncover hidden meanings (Smythe, 2011).

These stories emerged in the context of individual psychotherapeutic supervision. This is deemed to be an interpersonal interaction in which there is an expectation that the supervisor regularly engages with the supervisee in a bid to improve clinical performance and to assist with the maintenance of high standards of safe and ethical practice (Hess, 1980). Through the process of psychotherapeutic supervision, it is anticipated that the supervisee will be able to reduce their blind spots, increase awareness and competence, in order to ensure that the best interest of clients are held as paramount (Page and Wosket, 2001). In order for it to be possible for the psychotherapeutic supervisor to carry out these inter-mingling functions, there is an expectation that supervisees will be prepared to openly discuss aspects of their therapeutic casework.

6.2. An Experience of Mistrust

Pat is a psychotherapeutic supervisor with 5 years practice experience who provides supervision in a diverse range of sectors. This specific story, which had happened some time ago, stood out for her when she reflected on her experience of being a psychotherapeutic supervisor working in the not-for-profit sector, with John, a male supervisee. She was quite animated and energised in her storytelling (Pat, 2: 6-14). While she told this compelling story with a level of jocularity, her demeanour and tone suggested that she was quite shocked, a bit stunned, even traumatised by this experience.

I had been supervising, the supervisee, for two years and this supervisee was never out of my own supervision. He was always brought to my own supervisor because he was a source of worry and I'd check the boundaries, check the practice and try to put safety in place, to try to develop the supervisee, try to get him to check himself, to save me having to do it all the time and try to assess the supervisee's capability and confidence which, is always a worry. The supervisions were generally strained, I was aware that I was working far too hard. I felt an enormous sense of responsibility and I was left lingering afterwards. I was always left feeling unsure about the work. Supervision starts with him presenting the clients and then I try to get to the specifics. The information is too vague, is too wafflely. It was the intentionality behind the waffle that I was mistrusting. He was vague in order to not give me the information, rather than being vague because he was just struggling to describe the case. There was withholding of stuff that probably he knew I wouldn't want to hear. So he was trying to keep me away from what wasn't going well. I knew then I was chasing and probably I wasn't going to be given it. He would answer the questions but they were half answered. But that wasn't always obvious to me, it was later but not at the time. I was always left doubting as to whether I had heard it all.

The strained supervisory environment with John elicited a heightened experience of responsibility in Pat. A lingering sense of doubt, a sense of being-excluded from the actuality of the supervisees practice pervaded the *mood* (Heidegger, 1927/1962) of the supervisory encounter. This lingering disquiet manifested as Pat being-mistrusting of her supervisee. She

did not believe John's case presentations, she was experiencing untruth in the supervisory space.

I then started to make some judgments. I said quite clearly I had doubts about his competence and we did have a conversation over several supervisions about competence. I was worried about his judgment. He would always prove that his judgment was correct. It didn't get into an argument but part of the difficulty was he was quite good at proving he was correct and also would've said that he had the backing of his line manager. I would doubt myself that I had misread him or I had not given him the benefit of the doubt or actually he was better than I thought. But then I would swing the other way and say no I am right to doubt. By then it was too late, a complaint had been made.

Carrying such a high level of distrust was an anxiety provoking experience, which fuelled Pat's sense of responsibility. This experience appears to have prevented Pat from being able to *comport* (Heidegger, 1927/1962) herself as a psychotherapeutic supervisor and she began comporting herself as an investigator. In the melodramatic telling of the story, it almost sounded as if a game of cat and mouse was being played out. Pat, as the cat, was chasing the truth, poised to pounce on John, in order to catch him out as being-untrue. While, as the mouse, the supervisee was scurrying into hidden corners, trying to save his own skin and escape the dangerous supervisory encounter.

What happened was that several supervisions previous to that, I had actually warned him that this client could make a complaint. His grandioso idea was that he could deal with anything and he was competent for anything. It made

me very nervous, as this is a woman presenting with very complex issues. So, there was a complaint, so the client called him incompetent. Oh he was panicky, nervous, frightened, possibly in a state of shock. I thought, this was waiting to happen, this was probably inevitable. It was stressful for me too. I was angry but my first thought was, what needs to be done in order to manage it? It was very difficult. I had a lot of sleepless nights. It was impacting on my own level of confidence. I was anxious. It ruined my weekends. It made me jumpy in other supervisions, I over reacted sometimes in other supervisions. I then had to pull back from it and try and settle myself.

The cat and mouse game ceased with the client's allegation of incompetence. While Pat's concerns about John's competence were vindicated, dealing with the complaint proved to be an extremely disturbing experience for her. Her experiential response to dealing with the complaint was very powerful. She was stressed, anxious, jittery and it impacted negatively on her thoughts and supervisory behaviour, over a significant period of time. In the telling of the story, it almost sounded, as if Pat had made some terrible mistake herself, that she had done something wrong. As she animatedly articulated this aspect of the story there was a sense of how difficult it was for Pat to be faced with an experience of failure. There was a primitive depth of reaction that seems to have undermined her very existence as a supervisor.

I still tried to work with him. I didn't get into any kind of authoritarian position, there was no point and that was not going to help. I tried to stay with him and get him to think through where he was and what he was going to do. He was very appreciative, felt supported although he was very worried. When and if it got dealt with I was going to withdraw my supervision. I was

withdrawing my supervision essentially because his work wasn't safe. I think I stayed with him too long and I left it too late. That was a hard lesson for me. And then the organisation sacked me. I can laugh about it now but I couldn't then. I was completely shocked. (Pat, 2: 6-14)

Pat began to comport herself as a psychotherapeutic supervisor again. She strove to be supportive and enabling towards John as he struggled with the complaint. However, it seems that the supervisory relationship was beyond repair. The hidden agendas in the supervisory space, the perceived being-untrue of the supervisee, appear to have left Pat with an overriding experience of mistrust about this supervisee. At this stage of the supervisory journey, she was living with regret, being-self-critical. In the event, she did not get the chance to end the supervisory relationship as the agency sacked her. This was a totally unexpected outcome, shocking Pat to the core. As this outstanding story drew to a close, Pat's tone and demeanour suggested that her unsettling, negative experience of being-with John lingered and festered.

Pat's story is peppered with evolving layers of her human experience of being-with John in the world of psychotherapeutic supervision. From the outset, Pat experienced heightened responsibility, very possibly because she had been trained and indeed is required by her professional body to ensure safe and ethical practice (BACP, 2013; IACP, 2013). As Pat was unconvinced by John's accounts of his clinical practice, an atmosphere of perpetual mistrust pervaded supervisory encounters. Pat appeared to be existentially shocked by the agency's indifference to seeking the truth about the client complaint and that it was prepared to allow John to continue in counselling practice. In peeling back and interpreting Pat's experience ontologically, it could be construed that *being-true as being-uncovering* was a manifestation of primordial responsibility (Heidegger 1927/1962; 220).

However, it sounded as if epistemological influences such as fulfilling the demands of the monitoring and evaluating functions of psychotherapeutic supervision (Holloway, 1995), fuelled Pat's investigative stance with John. Despite Pat's persistent attempts to act responsibly and fulfil the requirements of her professional body, she was unable to uncover that which was hidden and the human to human interaction with her supervisee, John, broke down.

6.3. An Experience of Being-Critical

At the time of this hermeneutic phenomenological interview, Eilish had been practicing as a psychotherapeutic supervisor for approximately 6 years. When Eilish was asked to talk about a specific supervisory encounter, she pondered for some time before sharing her experience of being-with a trainee therapist, whom she supervised in an educational setting. As she told this story (Eilish, 2:5-11) about Margaret her tone and demeanour changed from concern to incredulity.

Yeah, I am thinking of one young lady (trainee therapist) and if I say something to her, I think it is received as criticism. They are very diligent, very academic, very theoretically grounded (trainee therapists). Yeah, I suppose with this student there is a bit of a pattern, it waxes and wanes, where I wouldn't necessarily see it as critical of this person's work but it would probably be mostly constructively critical. Well this is somebody were I have examined my own counter transference, have I something against this poor unfortunate as opposed to the others.

Eilish described how an *atmosphere* of criticism affected the *mood* in the supervisory space. There as a sense that it was difficult to give feedback to Margaret, as there was an inference that she was overly- sensitive to criticism. Eilish was juxtaposed in her reflection about being-with Margaret. On the one hand she recognised and affirmed Margaret's theoretical ability but then she swung to being '*mostly*' constructively critical. This seems to suggest that whatever Margaret was demonstrating in the supervisory space, it was not good enough for Eilish. However, there appeared to be an important difference for Eilish, in being critical and being constructively critical, the latter seemed to imply that Eilish was trying to be helpful to Margaret as opposed to putting her down for the sake of not liking this *poor unfortunate*.

I experience her outwardly as being very dedicated, committed, all correct, all the ticked boxes, I experience a people pleaser but I am not quite one hundred per cent sure, am I getting the goods, as it were, or the honesty or the truth, the authentic piece. So I think at times that part of my frustration is that you needn't gloss it up to me that it has been absolutely fantastic. I would be much happier that you would tell me the bits that are going belly up or pear shaped or that you are not sure of the truth.

Again Eilish reflected on her conflicted experience of being-with Margaret. On the face of it, Margaret was a hard working diligent trainee therapist but Eilish experienced her as not being credible. In the telling of this story it became evident that Eilish did not trust Margaret. At this stage of the narrative her language was quite powerful as she experienced a level of dishonesty and untruth in the supervisory encounter. The façade of the '*people pleaser*' left Eilish with a sense of vexation that she was not hearing what was really happening with

clients. She seemed to want to uncover the ‘truth’ about the difficult aspects of the work because she did not believe the spin that Margaret gave to her work.

So for example in one supervision session I had the notes and it was session one and the notes were all about ‘I Thou’ moments. And I questioned the ‘I Thou’ moment. Explain it to me? Describe it to me or what happened? It was all beautiful clanging symbols. I would try not to be critical per se. But I would be going, in session one, it is rare that you would have that much ‘I Thou’. Even being quite skilled, I think that is quite a leap. Almost trying to discern well what was it really, ‘I Thou’ or what was their experience? Yes and in reality not wanting to knock the student, if that was a very definite ‘I Thou’ moment, fair play to you, but having a question mark. So to me there would absolutely be a mistrust issue. I would be trying to say would there be almost too much ‘I Thou’ in the first session and I am not criticising her, maybe she needs to take a step back in the intensity or something.

At this stage of the story telling, Eilish became quite animated. The incredulity she experienced about Margaret’s description of her early relationship with the client was evident in her tone of voice. Having an ‘I-Thou’ experience with a client appeared to mean that there was a significant and meaningful connection made between the client and Margaret, after one therapeutic session. Eilish was highly sceptical about this as it did not match her experience of being-with clients. Eilish was not able to accept Margaret’s description of having a ‘beautiful’ experience with the client. She was preoccupied with trying to understand what actually happened in the therapeutic space; what was the real experience of being with the

client? It seemed as if she was unable to get a satisfactory understanding of or even a glimpse of the real therapeutic experience between Margaret and the client.

The mood of the supervisory encounter was now pervaded by ‘*mistrust*’. Indeed Eilish was emphatic about her experience of being- mistrusting when being-with Margaret. She did not believe that her supervisee’s intense experience with the client was possible or indeed healthy, at that stage of the therapeutic work. However, she appeared to be having difficulty bringing this to Margaret’s attention as the supervisory relationship appeared to be a tentative one, in which supervisor and supervisee were skirting around the thorny issue of giving and receiving constructive criticism. Interestingly while Margaret was describing ‘*I Thou*’ moments in the therapeutic relationship, there appeared to be a real absence of ‘*I Thou*’ experiences, a lack of connection, in the sense of *being-with* another, in the supervisory space. Eilish was unable to shake off the sense of scepticism that engulfed her experience of being-with Margaret.

So it is something that I have brought to my own supervision that I am struggling a bit with this student in kind of trying to put it that, I am not judging the person here but I am trying to look at what might be happening in the room between the two of you. So I struggle, a little bit with the student. So it (the student) is not being authentic, is not seeing the whole picture.

Eilish’s dual concerns about not being able to give Margaret feedback in a non-critical way and the difficulty in uncovering the actuality of her practice did not appear to be relieved by attending supervision consultation as she seemed to remain disturbed by her supervisee’s lack of insight.

I mean it is hard because there is a part of me thinking she is not getting it. I will try a different way and she is still not getting it. So I think it has been a difficult experience in some ways. I don't not trust her. I think she is a very kind lady she is very compassionate and knowledgeable. I think her motivation is very good so I don't feel that she is going to do anything wrong per se but I think she is a bit misguided at the moment in her enthusiasm for clients. Maybe she gets pulled into the client's world a bit too much.

Being-with Margaret was a difficult experience for Eilish. There was almost a sense of failure that Eilish has not been able to develop her trainee's depth of insight or level of understanding, about effective therapeutic practice. As she reflected on being-with Margaret, as she noted her strengths and attributes, as she endeavoured to understand the supervisee's experience, she swithered in her level of mistrust.

I have worked on it but for some reason she is not able to reflect enough, to give me an answer and I think that maybe frustrates me slightly at times. Part of me is dying for her to get it because it would make the work so much easier for her. I think she is making this work very hard for herself at times and I don't think the clients are getting the benefit of her and her potential. Yes, so I think that is a gap for me at the moment and I have not quite kinda got her to go there.

In Eilish's story, I wondered why she had not mentioned or taken into consideration, Margaret's stage of development as a trainee therapist, which might have accounted for her overly-enthusiastic engagement with clients and her limited professional understandings. In

Heideggerian terms I was interested in her *situated meaning of being* (Dasein) as a psychotherapeutic supervisor in an educational setting (Flood 2010). Eilish's last words in this standout story are poignant, as ultimately, she seemed to be taking responsibility for Margaret's lack of ability. She was unable to get Margaret 'to go there', as in getting her to uncover the truth about the actuality of her practice. There seemed to be a correlation between being-responsible as an educator and the amount of focus that Eilish gave to trying to uncover what was happening in the *then and there* world, that the trainee therapist shared with her client. As such, it seemed to be difficult for Eilish, as being-responsible as being-an-educator to exist in the *here and now* world of psychotherapeutic supervision and be-with Margaret in *her situated meaning of being* (Dasein) as a novice therapist.

While this psychotherapeutic supervisory relationship continued, it was evident that the mood of criticism that pervaded it, continued to create an atmosphere of mistrust. That which was hidden at the outset, was not uncovered through the application of theoretical pre-understandings or educational techniques. Indeed, as the story came to an end, it sounded as if Eilish realised that something was missing, that a *gap* needed to be filled. Indeed, I was left wondering about the influence of being-bound by educational paradigms and if these prevented Eilish from existing authentically in the *here and now* world that she shared with Margaret. From a Heideggerian philosophical perspective, authentic existence occurs when Dasein takes a first-person position with respect to itself, as opposed to taking a stance that is prescribed by Others (Carman, 2007). In other words authentic existence occurs when Dasein is being-true to itself (Schmidt 2006). I am left wondering, if Eilish and Margaret were able to be- true, to be liberated from the theoretical discourse that defined their experience of

psychotherapeutic supervision, would the mistrust and criticism have dissolved and would the actuality of the supervisees practice been unconcealed.

6.4. Grappling with Powerlessness

At the time of this interview Claire had been practicing as a psychotherapeutic supervisor for about 7 years. She provided individual, shared and group supervision in the not-for profit sector and also had a private practice. This story was related during a second interview (Claire, 2:7-11). The story unfolded in a measured and thoughtful manner. Claire's tone was reflective throughout the narration as she spoke about her experience of being-with Michelle, whom she supervised in a not-for-profit organisation.

I had one supervisee who was also a supervisor. Her attendance at supervision was mandatory. I don't know (pause) I was not sure of the value that she placed on supervision. She comes to me because she has to.

As Claire opened up this story, there was almost a sense of disappointment that the supervisee was only coming to supervision because she was required to do so. This seemed unusual, somehow different for Claire as she would regularly have had supervisees assigned to her. These assigned supervisees, generally, engaged willingly in psychotherapeutic supervision. Claire marked up, at the outset, Michelle's status, as a supervisor. Being-with Michelle appeared to be an uncomfortable experience for Claire as she perceived Michelle as a reluctant supervisee. Claire's tone was hesitant as if she was pondering the reason that Michelle, as a supervisor herself, would under value the supervision process.

She talked a lot. A bit like she keeps talking and I don't get in and even if I try to say something, very often she will keep talking. And when I do say something she then repeats it as if she is saying it. I find that curious.

There was a sense that Claire was being kept out, being excluded and that her attempts to engage with Michelle were thwarted by this constant talking. Heidegger raises the notion of 'idle talk' which he associates with an inauthentic mode of being. He does not use this term in a denigrating way but suggests that in idle talk something is being hidden, in a non-deceitful way. 'Idle talk is the possibility of understanding everything without previously making the thing one's own'. Idle talk is an average everyday human activity. There is a superficial quality to idle talk which closes off authentic existence (Heidegger 1927/1962; 168-170).

There seemed to be a flavour of this in the way that Claire portrayed Michelle's comportment in psychotherapeutic supervision. The supervisee appeared to be idly talking over Claire, almost taking on the role of supervisor, in some way rendering Claire redundant. Michelle's controlling way of being seemed to have elicited a quietly wondering mode of being in Claire.

Well the details of the case kind of goes off onto an academic conversation because she would be an academic and it is a much more out there conversation, than being here between us, techniques and theory and the details of the case. Sometimes I kind of give up a little bit. I just let her talk. Sometimes I do battle with her and try to get my spoke in. I haven't ever said to her 'well I just said that'. I don't know why, you know thinking about it.

Claire observed that Michelle's discourse was epistemologically orientated. She was telling Claire what she knew rather than what was actually happening with her clients or disclosing who she was as a therapist. The 'out there' quality to the supervision suggests that the interaction between Michelle and Claire lacked a sense of connection; an absence of being-with one another. Trying to have a meaningful case discussion with Michelle was a wearying experience for Claire. It was a struggle for her to be listened to; to be heard over Michelle's chatter; to be acknowledged as having anything valuable to offer as a supervisor. Claire vacillated between being defeated by Michelle's dominant chatter and going into 'battle' against her in order to have her voice heard. This was a confusing experience for Claire as she appeared to realise that Michelle did not recognise or value her existence as a psychotherapeutic supervisor and that the idle talk was excluding her from the actuality of her supervisee's practice.

I get on reasonably well with her. I find her an interesting character, so I can't say that I get angry or even impatient with her but I am getting a bit bored sometimes and I have made use of that but it is a bit like she has batted me off. I'm not sure, how much she has taken on board. I say to her 'I wonder what is going on now. I have given you the time and I have lost interest in this' and she doesn't really take on those hints and she will just keep talking about the case.

As Michelle continued to disregard Claire and hide behind her talk-talk-talk barrier, Claire did not experience an aggressive response but seemed to succumb to existential boredom. In a bid to connect with Michelle she shared this boredom but this appeared to have had no significant impact on creating more openness in the supervisory encounter. Claire was unable

to pierce her supervisee's defensive battlements. When she took a charge at these battlements through self-disclosure or by encouraging Michelle to illuminate her practice, she seemed to be aware that her efforts were not penetrating the battlements and that her advances were not welcome or acknowledged.

I suppose I give up a little bit of my own power because I think it is another bit of a power struggle, counter transference, and I think my ethos is to give up and give in rather than do battle.

Claire revealed that she preferred to avoid going into battle. There was a hint that being-powerless was not a new experience for her, that she was familiar with the experience of powerlessness when being-with powerful people. From the tone of her voice it sounded as if withdrawing from the battle was somehow more acceptable; more dignified than fighting for power.

I think there is a bit of her that tells me what she thinks I want to hear and I can ask or dig or hint but I don't really get anywhere. I don't know, she is quite inscrutable in a way. I don't really get anywhere. So I don't think she would be that worried about my opinion to be honest. It's like she knows what's best for her. It's frustrating sometimes. Then I am conscious of sitting back and it is not worth the struggle.

When Claire tried to uncover the hidden aspects of Michelle's practice she came away with a sense of being placated; a sense that the supervisee was controlling her by keeping her in the dark with her idle talk; a sense that she was powerless to illuminate or influence Michelle's practice. Despite Claire's attempts at probing for the truth and trying to get behind

Michelle's academic discourse, the defensive battlements remained intact. In this standout story, it is almost as if she accepted that she was powerless, that she was almost invisible as a psychotherapeutic supervisor. Conversely, on other occasions, she stood her ground and confronted her experience of being-powerless.

There has been a domestic abuse situation where I did insist and we did work through it and I insisted she followed the policy on domestic abuse and we worked through that and it worked out ok. There were a couple of situations where domestic abuse came to light. I was concerned to the extent that I know she wouldn't have implemented the policy if I hadn't of insisted and in her private practice that she wouldn't have implemented that policy, she would have worked in a different way. So we have had that discussion about working in an organisation and safety of clients, where these things are coming to light! So it makes me think that we can make it and with that incident we worked through that.

When it came to matters of client safety, Claire was not prepared to retreat or tolerate being kept in the dark. It seemed that when she chose to grapple with being-powerless, she was more able to comport herself resolutely. Heideggerian philosophy suggests that '*resoluteness*' is a characteristic of Dasein as being-authentic. So, on those occasions when the actuality of Michelle's practice did *come into the light*, the experience of being-bored appeared to dissipate in Claire. She became visible in the supervisory space. She was undaunted by Michelle's idle talk.

As the story came to a close, it seemed that Claire was aware that being-true as being-uncovering when being-with Michelle would continue to be a battle. However, in order to exist responsibly as a psychotherapeutic supervisor she was prepared to grapple with her sense of powerlessness. Indeed, there was a sense of quiet optimism, that overtime she could get beneath Michelle's idle talk and form a real connection with her, in their shared world of psychotherapeutic supervision.

6.5. The Never-Never Knowing Experience

Jane, as a highly experienced psychotherapeutic supervisor, told me a story about her experience of working with a supervisee in the not-for-profit sector (Jane, 2:8-12). The story stood out for her because her experience of being-with this supervisee was quite unusual, out of the ordinary realm of her experience. The supervisee, Ruth was deemed to be an experienced counsellor but was relatively new to the organisation wherein Jane worked as a psychotherapeutic supervisor. Jane narrated the story of her experience with Ruth with calm conviction.

This is actually someone who made the decision to leave the organisation.

Now, I had only been seeing her over a period of six months but I guess I sussed out quite early on that she had nothing to learn, the way she did it, was the way she would do it. If I had been happy to talk to her about her travels and her time abroad and all the rest of it, actually that would have been fine and her boundaries weren't great.

Jane related the ending of the story, at the outset. This aroused my curiosity and I wondered why she would need to tell me, at the beginning, that Ruth was responsible for her own

departure from the organisation. This supervisory contract was short lived. Indeed, from the defeatist tone of Jane's narrative it would appear that she was unable to form a working supervisory alliance with Ruth. It sounded as if Jane thought that this supervisee was entrenched in her own way of working and implied that Ruth gave the impression that she did not need psychotherapeutic supervision; that Jane had nothing to offer her with respect to the development of her practice.

Jane sounded as if she was quietly annoyed about the fact that Ruth would only engage in social chit-chat and was inappropriately using up supervisory time and space. This aspect of the story, again, made me think about Heidegger's notion of '*idle talk*' which manifests in *fleeing...in the face of its authenticity* (Heidegger, 1927/1962:185).

When I actually met her at a training course, she didn't actually recognise who I was. Now she had maybe only met me once before, spoken to her on the phone a couple of times but it was just a totally unsatisfactory situation. It felt like we never really made a connection at all. She found it very difficult to get a date to come to supervision. I never got any sense of how she really worked and she never really held onto clients very well either. It was really terrible, I have an expectation that I will make a connection with most people because that is actually what happens. I was quite alarmed and surprised when it didn't happen.

As the story unfolded there followed a flurry of complaints about Ruth's level of engagement with Jane. She suggested that there was both physical and psychological avoidance, by Ruth, of being-involved in the situational world of psychotherapeutic supervision. She was absolute

in her conviction that she knew nothing about Ruth's practice yet conversely knew enough to be concerned about client welfare. The flurry of complaints culminated in Jane disclosing that being-with Ruth was a dreadful experience. This was outside of Jane's normal experience of being-with supervisees. She sounded most confident that she had a well-developed capacity to connect with and make meaningful relationships with supervisees. It was most '*alarming*' and quite extraordinary that she was unable to achieve this with Ruth.

Basically in this particularly case, it was like, she doesn't have a clue. So I am left wondering what on earth is it all about, and probably dreading the next supervision. Well I mean what tended to happen was that she just talked about what she did and it was all going brilliantly and the clients were really happy and she had done the genogram and then she had done a whole lot of other bits that were maybe some other way of working but 'just tell me about what you are doing'? Well, I never, never knew anything. I never just got beyond the scope of it, a lot of content only and there would not have been a lot of content only I pushed her. We could have done an hour and half supervision in about twenty minutes if she had of got her way.

In Heideggerian terms, it could be considered that Ruth was existing inauthentically when being-with Jane. Ruth's '*idle talk*' seemed to consume the supervisory space. The impact of the constant '*idle talk*' seemed to fuel Jane's sense of distrust. She appeared to hold the firm conviction that Ruth was not competent and that she was glossing over the truth about her practice with her '*idle talk*', concealing her incompetence with inflated descriptions of her practice. In *pushing her*, it sounded as if Jane was experiencing a heightened sense of

responsibility to expose what was actually happening in the *then and there* of Ruth's engagement with clients.

When being-with Jane, time hung heavily. It sounded as if Ruth was trying to escape from the supervisory encounter while Jane was determinedly trying to hold her in it for the allotted time. '*Never, never*' knowing as an experience seemed to be difficult for Jane. As the disconnected psychotherapeutic supervision progressed, it seemed as if Jane was increasingly comporting herself as a truth-seeker, in order to overcome the disconcerting, perpetual never-knowing experience.

I think she was keeping me out. I didn't get an awful lot of information about the cases that were difficult and in fact they tended to finish after two sessions and then I'd try and talk about why that didn't work at the next session. It wasn't ever anything that she had done. It was obviously that the couple were in a different place and that it wasn't what they needed. So really trying to unpack it and it just wasn't going to happen. I mean it is really frustrating getting nowhere and you do tend to think, is it something to do with me? Surely there is something else I could be doing here and taking it to my own supervisor and talking to whoever will listen to me.

Jane had the firm belief that she was being-excluded from the actuality of Ruth's practice. Meaningful talk between the supervisory pair seemed to be impossible. Jane's attempts to get beyond the *idle talk* and to understand what was happening in therapeutic sessions were thwarted. She seemed to experience her supervisee as being-untrue. Jane as being a frustrated truth seeker did not trust Ruth's excuses or rationale for the pattern of ruptures with

clients. Being a truth-seeker appeared to have been an exasperating, unproductive experience for her. It almost sounded as if her very existence as a psychotherapeutic supervisor was threatened by never-never uncovering the truth.

As I listened to this part of the story, I found it interesting that there were ruptures in Ruth's therapeutic relationships with clients and that the situated meaning of being-with the other was ruptured in the *here and now* supervisory relationship. It seemed to be difficult for Ruth to move beyond *idle talk* and for Jane to move back from truth seeking. She appeared to have the firm conviction that it was her responsibility, as a psychotherapeutic supervisor, to expose the actuality of Ruth's practice; to get actual evidence of poor practice.

In the end, I couldn't get her to make another appointment. She couldn't come in June. She couldn't come in July or in August. I think eventually the manager had to call her and she was not returning the paperwork so there were all sorts of clues bubbling up and an ultimatum was laid down. She never contacted me to say that she wasn't coming back or that she had resigned or anything, I never heard another word from her. I suppose it felt like I had no other choices here. I had gone as far as I could go. I suppose, I highlighted to management that I think this person is completely unsuitable for the organisation. So I felt, I had a responsibility to the clients and also to the organisation and that if you take a placement from an organisation you are buying into the way that they work and you keep the rules and I guess, she was breaking the rules so blatantly. That would just offend me anyway.

Jane's emphatic language about *breaking the rules*, reminded me of the manner in which Dasein equips itself with a fore-structure of understanding in order to make sense of the world. Jane's *prior view of the past* (Heidegger, 1927/1962: 150), the combination of her previous knowledge and expertise, appeared to inform her assumptions that supervisees must be prepared to engage in open dialogue about their practice, take and implement feedback while adhering to organisational policies and procedures. It was an intolerable experience for Jane, when Ruth's fore-structure of understanding did not match her own fore-structure of understanding, resulting in a complete breakdown in the supervisor relationship.

At the outset of this standout story, Jane seemed to be suggesting that Ruth left the organisation of her own freewill. However, epistemologically speaking, one of the key functions of supervision is monitoring and evaluating the quality of supervisees practice. It appears as if this function of supervision got played out in Jane, predominantly, being a truth seeker when being-with Ruth. From this perspective, when the truth could not be uncovered Jane, as being-responsible, seemed to be obliged to assist Ruth's departure from the organisation. From Jane's fore-structure of understanding, it is conceivable that being-responsible meant that Jane felt obliged to bring her mistrust about Ruth's incompetence to management; being-responsible meant that she had a responsibility to protect clients; being-responsible meant that she had a responsibility to work in the best interests of the organisation; being-responsible meant excluding Ruth from practicing in the organisation. This heightened experience of being-responsible seemed to have been closely aligned to the monitoring and evaluation function of psychotherapeutic supervision in which Jane is called to be accountable for ever-ever knowing, what is actually occurring in the *then and there* of therapeutic practice.

6.6. Fore-structures of Understanding and Responsibility

The situational meaning of being a psychotherapeutic supervisor has been evocatively told by each of these participants. Each narrative demonstrated a set of unique experiences while uncovering a common human experience of heightened responsibility. From a Heideggerian perspective, it is suggested that each of these experienced psychotherapeutic supervisors brought their fore-structures of understanding into their encounters with supervisees. These fore-structures of understanding influenced how they coped with perceived untruth about their supervisees' day to day therapeutic practice.

From this perspective, illuminating fore-structures of understanding can assist with understanding the meanings attached to lived experiences. Pre-understandings are influenced by expert knowledge as well as personal and professional experiences. From analysing the stories in this chapter, the participants appear to have pre-understandings and well embedded assumptions that strongly influence them to believe that supervisees must be open, honest and transparent within the supervisory relationship, about their therapeutic practices. This is consistent with the dominant psychotherapeutic discourses which influence the manner in which psychotherapeutic supervisors expect supervisees to engage with them in the supervisory encounter (Rogers, 1951: Compton, 2005: Creaner, 2014).

Psychotherapeutic supervision is deemed to be an endeavour in which two people come together to discuss the psychotherapeutic casework of one of the parties (Hess, 1980). As previously indicated, there are primarily three core functions of psychotherapeutic supervision which are to support the supervisee to manage the psychological and emotional impact of the content of their client casework, to educate and develop supervisees in their theoretical knowledge and psychotherapeutic skills and thirdly to monitor the quality of their

work to ensure safe and ethical practice, to ensure the protection of the public (Kaduskin, 1976; Carroll, 1988; Hewson, 2001). In these stories the emphasis resided on the monitoring function and manifested as investigating and truth-seeking.

Much has been written about the importance of the supervisory relationship and how the quality of this relationship impacts on the manner in which the key functions or tasks of supervision are achieved. A supervisory relationship is deemed to be effective when there is mutual respect and trust between the supervisor and the supervisee. It is considered that this facilitates an open and honest dialogue about what is occurring in the therapeutic space between the supervisee and the client. When this occurs, the supervisor is in a position to provide support, develop the supervisee and monitor the quality of therapeutic practice (Hawkins and Shohet, 2006; Omand, 2009). So the traditional dynamic in psychotherapeutic supervision is to talk about what is happening between the therapist and the client (Feltham and Dryden, 1994). The focus of supervision is overseeing therapeutic practice by exploring what is happening in an external environment. So the psychotherapeutic supervisor is interested to know what is happening *out there* in the therapeutic space. In essence the supervisor wants the supervisee to paint a true or real picture of the actuality of their experience of being-with the client. Psychotherapeutic supervisors are then in a position to be-with their supervisees in the therapeutic endeavour.

However, from a Heideggerian hermeneutic philosophical perspective, it is considered that drawing on knowledge or realist based constructions that prescribe what should occur between psychotherapeutic supervisors and their supervisees, could in these scenarios, result in pre-reflective judgements about untruth. Within these stories, participants were mistrusting, critical and indignant about supervisees who they perceived to be excluding them

or keeping them in the dark about the actuality of their practice. These participants seem to have experienced high levels of responsibility, based on their fore-structures of understanding about psychotherapeutic supervision. Without uncovering the actuality of therapeutic practice they could not be satisfied that client safety was being monitored.

While I can fully appreciate the concerns raised by these participants and understand their real experiences of being-responsible, I was left wondering about the influence of these fore-structures of understanding on the lack of interconnectedness and meaningful experiences in these specific supervisory encounters.

6.7. The Phenomenon of Truth

While the participants in this chapter found themselves battling with supervisees to uncover the truth about their therapeutic practice, eminent thinkers such as Aristotle, Socrates and Plato have been philosophising about what constitutes ‘truth’ for centuries. Indeed philosophy has been referred to as the science of truth (Dreyfus and Wrathall, 2007). There are, however, differing and competing philosophical structures which endeavour to answer the age-old question about that which constitutes truth.

Analytic language philosophers, such as Bertrand Russell (1946), proposed the Correspondence Theory of Truth. This theory of truth postulates that;

True beliefs and true statements correspond to the actual state of affairs.

This type of theory posits a relationship between thoughts and statements on the one hand and things and objects on the other (Prior, 2012).

The Correspondence Theory of Truth states that there is common agreement with assertions about everyday objects. So it is possible to identify an object like a table and say that this is a

table and there would be a general consensus that this is a table. The truth or untruth about an object is determined by its correspondence to external reality. Famously, Moore (1962) looked at his hands and stated categorically that these are hands. His statement was accepted as true because it corresponds to common beliefs. In this conceptualisation, when a judgment is made about something and there is agreement about the assertion, then the essence of truth has been found. The Correspondence Theory of Truth goes on to suggest that there is a true-false continuum when making statements about the actuality of entities. In essence, the more concrete the object the more agreement there is about what it actually is (Russell, 1946). However this becomes more opaque when subjective things are being scrutinised (Cerbonne, 2006).

According to Dreyfus (2010) there are '*common practices*' that can assist with determining the truth about a factual statement when subjective things are being considered. He gives the example of an assertion being made that a wall is white. There might be some disagreement between observers about this assertion, however, according to Dreyfus, there are '*common practices*' to determine whether the wall is white or not. So, Dreyfus suggests that a painting expert could be called in, who would produce a colour chart and determine the whiteness of the wall. Having made his assertion on the whiteness of the wall, the original judgment is then deemed to be true. This is an epistemological or knowledge based structure of 'truth', which assumes that understanding is based on realism (Heidegger, 1927/1962).

From a Heideggerian philosophical perspective, the conceptualisation of truth as assertion and purely knowledge based structures of truth are '*empty constructions*' (Heidegger, 1927/1962:215). There are differing voices in the literature on Heidegger's relationship with the Correspondence Theory of Truth. According to Inwood (1999:228) Heidegger rejects and

attacks this philosophical position. While Schmidt (2006) considers that he problematises epistemological based structures of truth. However, Dreyfus and Wrathall (2007) state that Heidegger has had an enduring preoccupation with truth throughout his philosophical writings and lectures. These authors are of the view that Heidegger builds on and expands the epistemological position on what constitutes truth as he formulates and articulates his ontological position. The cornerstone of Heidegger's treatise on truth is his argument that truth has not been examined from an ontological position in over 2000 years of philosophical thinking. Dreyfus and Wrathall (2007) suggest that Heidegger's philosophy about truth has evolved and changed overtime. They have tracked his evolving philosophy of truth which initially acknowledges the Correspondence Theory of Truth but latterly emerges as an ontological position on '*being-true*' wherein he ultimately determines truth as '*unconcealment*' (Heidegger, 1927/1962:221). As such, Heidegger has written a treatise on that which he deems to be the phenomenon of truth and he contends that:

'Truth is something that shows itself' and 'Being-true' (truth) means being-uncovering. Taking entities out of their hiddenness and letting them be seen in their unhiddenness (uncoveredness). The phenomenon of truth in the sense of uncoveredness (unhiddenness) (Heidegger, 1927/1962:213,219).

This ontological position on what constitutes truth appears to suggest that something must occur before an assertion and a judgment on an entity can be agreed. In order for an assertion to be made, the entity must firstly be brought into the light. Going back to Dreyfus' example (2010) of the whiteness of the wall, it is argued that until the wall is unconcealed as being-in-the-world, then it does not exist. Therefore, until this occurs, an assertion about the wall cannot be made and the truth about the whiteness of the wall cannot be made. The '*being-*

true’ of the assertion is only possible in the entity being-uncovered, that is to say ‘*unconcealed*’ (Heidegger, 1927/1960). This suggests that the entity is made visible or available by being-uncovered. Such ‘*unconcealment*’ then renders it possible to consider whether or not the assertion can be confirmed. So, for Heidegger, ‘*being-true*’ is phenomenological and truth is only possible from the ontological philosophical stance of Dasein being-in-the-world. He argues that; ‘*Being-true as being- uncovering is a way of being for Dasein*’ (Heidegger, 1927/1960: 220). So, ‘*being-true*’ is a fundamental aspect of Dasein’s existence. Heidegger takes this proposition further and states that:

There is truth only in so far as Dasein is and so long as Dasein is. Entities are uncovered only when Dasein is and only as long as Dasein is, are they disclosed. Before there was Dasein there was no truth, nor will there be any after Dasein is no more (Heidegger, 1927/1960: 226).

Therefore, it is Heidegger’s proposition that the Correspondence Theory of Truth is only feasible, once the entity has been ‘*unconcealed*’ and that this is only possible because uncovering is a primordial mode of being of Dasein. Therefore, ‘*being-true*’ is uncovering that which has been concealed from Dasein (Schmidt, 2006:78). Furthermore, Dasein is equally in the truth and in untruth (Heidegger, 1927/1960: 222). Heidegger does not make an evaluation of ‘*being-true*’ or ‘*being-untrue*’ as being either positive or negative modes of being. ‘*Being-true*’ is a facet of being-authentic while ‘*being-untrue*’ is associated with the notion of ‘*falling*’ or living inauthentically, as if death does not exist. As such making a decision to live authentically enables Dasein to ‘*wrestle*’ the truth from entities (Heidegger, 1927/1960: 220). However, in privileging realism a ‘*genuine existential analytic of Dasein gets diverted*’ (Heidegger, 1927/1960; 200). Dasein’s ‘*falling*’ has prevented it from

understanding entities in the world, authentically. When understanding is based on realism, there is a lack of understanding of the meaning of being which will not be answered by epistemology. According to Heidegger, an existential analytic is necessary in order to authentically understand the meaning of being of entities-in-the-world (Heidegger, 1927/1960).

6.8. Responsibility as Being-true and Being-Untrue

The evocative stories from the participants in this chapter demonstrate that they became preoccupied with seeking the truth about the reality of their supervisees' therapeutic practice. They had the common human experience of being-responsible when being-with supervisees whom they perceived to be less than truthful about their practices. It is suggested that their constructions of truthfulness are rooted in their fore-structures of understanding about how supervisees should behave in psychotherapeutic supervision. They appeared to hold firm to assumptions that assert that supervisees must be open and transparent about positive aspects of their casework and about the therapeutic challenges that they grapple with. When supervisees' fore-structures of understanding were oppositional to those of their supervisors a mood of distrust pervaded the atmosphere.

The epistemological or knowledge based structures associated with the psychotherapeutic supervisory process assert that supervisors are responsible for monitoring safe and ethical practice (Kaduskin, 1976; Carroll, 1988; Hewson, 2001). Such structures give psychotherapeutic supervisors the authority and justification to examine and probe into the actuality of therapeutic practice. They reinforce the assumption that practitioners are in some way deficit if they are unable or unwilling to be honest and open about their casework and their perceived shortcoming therein.

When supervisees did not conform to theoretically informed fore-structures of understanding, supervisors had varying and unique responses which appear to have influenced their experiences of responsibility when being-in-the-world of psychotherapy supervision. For instance Eilish and Claire seemed to persevere in trying to uncover the perceived truth and were prepared to invest time and energy in this activity. While Pat and Jane were convinced that their supervisees were not fit to practice and the supervisory relationship ruptured. Whatever, the response, these participants were unwavering in their responsibility for monitoring safe and ethical practice.

The monitoring function places the focus on the *then and there* occurrences of psychotherapeutic practice. However, I would suggest that this locus of attention on the psychotherapeutic work, especially when the supervisor is concerned about the quality of clinical practice, can become a barrier to noticing what is happening in the *here and now* or immediate experience of being-in-the-world of psychotherapeutic supervision. From a hermeneutic phenomenological philosophical stance, understanding the meaning of *here and now* experiences comes before examining *then and there* happenings. So for instance, there was a significant amount of idle talk in the *here and now* of supervisory human interactions. On first encounters with the data, it could be construed that supervisees were engaging in idle talk and as such were being-inauthentic when being-in-the-world of psychotherapeutic supervision. However, I am also wondering, if the focus on the *then and there* occurrences, prevented meaningful talk about *here and now* experiences for supervisors and were they, also, existing-inauthentically in these specific situations.

Heidegger suggests that idle talk negatively affects the authentic social aspect of human existence that is being-with another (Heidegger, 1927/1962:211). From this perspective it is

offered that the supervisory pair was unable to be-with one another in the world of psychotherapeutic supervision as they were both, at times, existing-inauthentically, were being-untrue. An existential analytic of *here and now* experiences, from the Heideggerian hermeneutic philosophical perspective, has the potential to uncover the truth about what is actually happening in the world of psychotherapeutic supervision. Dasein's basic mode of being-true and being-uncovering is freed through authentic existence.

No judgement is being made about psychotherapeutic supervisors or supervisees in this interpretation as it is considered that Dasein exists equally in truth and untruth (Dreyfus and Wrathall, 2007). The push-pull of being-untrue and being-true in the circumstances described is understandable. However, it is suggested here, that being-untrue as being a psychotherapeutic supervisor contributes to heightened experiences of responsibility.

So privileging the existential analysis of the '*here and now*' experience over seeking the truth about the '*then and there*' experience may assist psychotherapeutic supervisors to exist-authentically, and give rise to meaningful talk about their experiences of being-responsible.

7. RESPONSIBILITY AS LEAPING-IN AND LEAPING-AHEAD

7.1. Introduction

This chapter gathers together and interprets several stories from psychotherapeutic supervisors in which participants reflected on their experiences of being-with supervisees in which the *mood* (Heidegger, 1927/1962: 134) of the supervisory encounter was pervaded with anxiety. Indeed, the findings from these stories strongly suggest that participants experienced multiple layers of anxiety as psychotherapeutic supervisors. In the following narratives they described their supervisory experiences as anxiety provoking, nerve-wrecking, worrying, concerning, frightening and they even described being-panic stricken. The layers of anxiety, as experienced, are related to specific supervision sessions in which participants experienced varying degrees of responsibility when faced with perceived incompetence, concerns about supervisees' lack of insight and reactive responses to clients as well as practice and ethical dilemmas. Each story has its own unique quality and the nuances in the participants' stories point to differing personal and professional experiences.

This chapter seeks to illuminate the way that psychotherapeutic supervisors *cope* (Heidegger, 1927/1962) with the experience of being-responsible. The interpreted findings are reflected upon through a Heideggerian lens in an attempt to uncover the phenomenon inherent in these unique yet common human experiences.

7.2. A Worrying Experience

Pat had been working for approximately 5 years supervising experienced and novice couple counsellors in the not-for-profit and private sectors, at the time of the first research interview with her. During the early stages of this interview, she recounted how she had had a rigorous training in couples counselling and had a strong allegiance to excellence in therapeutic practice with married and cohabiting couples. As she settled into the interview process, she also told me that she believed that it was her role, as a psychotherapeutic supervisor, to provide supervisees with support around the emotional, intellectual and practical challenges of the work, to develop their psychotherapeutic skills and knowledge and to ensure that her supervisees were working in a safe and ethical manner with clients. This latter aspect of being a psychotherapeutic supervisor had been troubling for her over the years.

I was very much trying to see where I was around holding my position of accountability and responsibility because as a supervisee I don't like being told. So I was trying to find a balance of holding accountability but not coming across as telling or an expert or authoritarian or falling into the trap of trying to do the counselling bit and trying to leave that to the counsellor. So, I was very much trying to find my balance in being responsible to the supervisee, accountable to the agency, but also trying to be holding, actually to support development and be responsible, all of that. So I was trying to hold onto not panicking and not jumping in too quick but at the same time if I felt I needed to step in and do something then I was going to do it and I think that's probably one of the hardest jobs as a supervisor.

So, it seemed to be a real struggle for Pat to find her equilibrium when faced with issues of accountability and responsibility. She seemed to take the experience of being responsible as a psychotherapeutic supervisor, seriously, at a professional and maybe more meaningfully as a personal standard. She, also, had to deal with a second layer of responsibility which was being accountable to her employing organisation for the well-being of clients. This pull and tug between competing responsibilities appears to have made Pat's existence as a psychotherapeutic supervisor somewhat insecure. She seemed to fluctuate between being highly anxious, while trying to hold herself back from prematurely *leaping-in* (Heidegger, 1927/1962:122) and taking charge over her supervisees' therapeutic work. She seemed to find it difficult to cope with allowing her supervisees to have autonomy in their clinical practice as she seemed to watch over them closely, in case she needed to jump in. So, on the one hand it sounded as if she did not want to disempower her supervisees, while on the other hand, it was clear from the tone of this discourse that if she was worried about a supervisee she would, as a responsible psychotherapeutic supervisor step in and take action on behalf of the supervisee.

From a Heideggerian perspective, it could be construed that Pat was struggling to cope with the troublesome experience of being responsible which elicited anxiety provoking experiences, while being with some of her supervisees. Heidegger describes two modes of solicitude or caring, *leaping-in and leaping-ahead* (Heidegger, 1927/1962:122) which have the impact of either disabling or enabling the other person.

It was clear from Pat's discourse that she aspired to support and to empower her supervisees. However, when support was deemed to be insufficient she became anxious because she believed that she was, ultimately, responsible for ensuring safe and ethical practice. As if to

emphasise her struggle with responsibility, Pat told me the story (1: 4-6) of her experience with a novice practitioner, Barbara, whom she came to believe, was incompetent as a couple counsellor.

I had a trainee counsellor that just seemed to be constantly out of her depth and was struggling in the work, struggling to engage the clients. The supervisee's ability to be reflexive in supervision wasn't coming and I persevered and persevered and persevered and probably ended up taking on too much responsibility for the work myself.

Being-with Barbara was an anxiety provoking experience for Pat. As she recounted this story her demeanour became fretful and she sounded very worried that Barbara was unable to demonstrate the most basic tenets of couple counselling. There was a sense of Pat being concerned that Barbara was floundering as a practitioner and that her attempts to help her supervisee stay afloat were also floundering. However, Pat emphasised that she had been tenacious in her perseverance with Barbara. It seemed as if she had tried and tried and tried to fix Barbara, to turn her into a good enough couple counsellor before she finally realised that she had gone too far, intervened too much and had taken over responsibility for Barbara's clinical practice.

But then I had to come to a decision, to say that I couldn't continue to supervise her and I didn't think that she would make a couple's practitioner. But I found that very stressful and I, constantly was saying, is it me? Would she be better off with another supervisor? Could she have gone further?

Could she have done better? Would somebody else have understood her better?

Making the decision to stop supervising Barbara was a most stressful experience for Pat. Having *leapt-in* and taken on too much responsibility, it seemed that Pat considered that her only choice was to jump out of the supervisory alliance, once she was convinced that Barbara was incapable of being a couple counsellor. However, she did not do this lightly. She appeared to have agonised over the decision to end the supervisory relationship.

The mood of the supervision was angst ridden as Pat struggled to cope with being responsible for Barbara's perceived incompetence, while Barbara was struggling and failing to be a good enough couple counsellor. Pat went through a difficult period during which she wrestled with self-doubt. She questioned her own ability as a supervisor, she fretted over the quality of the relationship with Barbara. She compared herself to other supervisors and wondered if they could have offered a more understanding style of supervision, could they have helped Barbara to be a competent couple counsellor.

But I got a lot of supervision and consultation around that myself and kept coming back to 'NO', she's just not able, she just doesn't have the competency to be a couple counsellor. But it was evidence based she wasn't getting past holding clients by about 3 weeks. Sometimes clients rung in after 2 weeks and said they wanted somebody else. We taped a number of sessions over a period of time and I'd asked her to sort of critique 5 or 10 minutes and even in that she told me a lot, but I actually had to trawl through those sessions myself and what I ended up doing was actually, I documented her

interventions with the clients. It was clear that she couldn't track and follow and open up conversations, she couldn't work with the issues.

Having grappled with her self-doubt, she repeatedly presented her worries to her own supervision consultant. Then she seemed to cope with her self-doubt by comporting (Heidegger, 1927/1962) herself as a logical investigator. The experience of self-doubt ebbed and flowed as she struggled with her responsibility to Barbara, as her supervisee and with her responsibility to ensure that clients got a good couple counselling service. It seemed as if Pat felt compelled to have hard evidence of Barbara's incompetence, in order to be able to cope (Heidegger, 1927/1962) with the dreadful experience of being-rejecting of her supervisee.

So whenever I had that more or less in black and white, it was at that point that I said "No, I can't stand over your practice". In the end I had to say it to her, which was very difficult because she felt that she did have the competency, she wanted to continue and she was very cross. So that was just horrible for us both.

It was an awful experience getting out of the supervisory relationship which was compounded by the fact that Barbara was angry and challenged her judgment. By this stage of the story telling there was a real sense of Pat being-keen to get the supervisory alliance ended. Having *leapt-in* so far and intervened so much, it was difficult for Pat to extricate herself from her way of being-with Barbara. There seemed to be a pre-reflective, primordial sense of being-responsible, absolutely, for the protection and well-being of clients in their vulnerability that overrode her conscience desire to be-supportive to another human being who was floundering in her presence. The need to escape from this primordial sense of being-

solely-responsible was so powerful that it appears that once Pat had made her decision to end the supervisory alliance, there was no room for discussion or compromise with Barbara on this matter, in case she got pulled back into an over-responsible position. It had been a tremendous struggle for her to let go of her responsibility, as a psychotherapeutic supervisor, to support and develop Barbara but once she had managed her worry, confirmed her concerns and overcame self-doubt, then her decision was rigidly absolute.

7.3. An Anxiously Responsible Experience

Anne had been working as a psychotherapeutic supervisor for approximately 6 years when she agreed to undertake a second interview for this research project. Her primary experience was in providing individual and group supervision in the not-for-profit sector and she also had a small private, supervision practice. The following story emerged when Anne was reflecting on working with a supervisee Denise, in a not-for-profit organisation. Anne deliberated for some time before this story slowly unfolded (Anne 2:15-20).

There is one that I am thinking about.....I am trying to think..... The client really needs to be the paramount bit here. There is a case where we had to actually take action for the client which was about responsibility..... for the client, in terms of what happened with the counsellor.

Anne seemed to be hesitant to disclose this story and had a number of false starts before she got into her flow. Initially she was very measured as she clarified her thoughts and pondered what she wanted to say. Interestingly, she tells the end of the story at the beginning and in doing so put the client's needs at the centre of the discourse. Already, Anne was marking up

that she was concerned about Denise's practice and that she had some level of responsibility to be proactive in ensuring that the client's needs were being met in the therapeutic space.

The supervision session had started out with the supervisee giving me an account of the situation of the client. The client had suffered bereavement and the counsellor was discussing how she had managed the situation and was discussing the story. She was not hugely experienced and so she was talking very much about the story of the client. What concerned me was the language that was being used. In the language that was being used, there were two pieces that concerned me. The first piece that concerned me was that the language was what I would call social sympathy. I was not happy about it. You know like "aw dear help him" and I was uncomfortable. I was becoming uncomfortable and I didn't think it was appropriate in terms of the professional relationship that I was expecting in the counselling room.

Anne's tone and demeanour gradually changed as she related her experience with this novice practitioner. She quietly suggested that Denise was at the story telling stage of being a counsellor. It seemed that Denise had not worked out how to draw out the salient aspects of the case, for discussion in supervision and was giving a blow by blow account of what happened with the client. As the facts emerged, Anne started to experience a sense of being-concerned.

She seemed to be concerned that Denise had lost her ground as a professional counsellor and had become a sympathiser to a man in mourning. As Anne repeated the words and tone of

Denise's discourse with the client, the momentum of the interview picked up and she sounded most confident that her supervisee's interactions with the client were inappropriate. She was disturbed by Denise's verbal interventions, considering them to be most unhelpful to a grieving man. There was, then, a re-enactment, in the interview, of the interaction between Anne and Denise.

The first thing was that I listened to get some sense of how I could address it, as you can't just say "don't use those words". So I said "what sort of relationship, do you and the client have? What do you feel the relationship is like? Because what I hear you saying is, that you almost seem to feel sorry for the client" and she said "yes I did. I felt so sorry for him and it must be so difficult". I said. "Okay and how does that fit in the counselling context? You see yourself as very much Person Centred, so in terms of Person Centred, what exactly is going on between you and client? And do you think that it is helpful?" And the supervisee said "Well I do because I am really there for him and I am really listening to what he is saying". And I said "how does the bit where you are almost being sympathetic towards the client," when you said "oh dear help him" and "that must be terrible for him" and I said "that must be terrible for you? So the language that you are using is almost like a conversation isn't it?"

During this re-enactment Anne, initially, took up a wondering, curious position, as if she was genuinely trying to understand what was happening between the client and the supervisee. As

she became clearer, that Denise was acting and reacting as a *social sympathiser*, Anne's demeanour in the telling of the story altered. It was evident that she was uncomfortable with Denise's way of caring for this client, who was struggling with the pain of grief. She seemed to be experiencing a sense of disbelief that Denise had stepped over a line by caring and trying to mind the client in an unhelpful way that infantilised him, in a way that could potentially disable him. Denise's lack of insight about her way of being, her way of *leaping-in* to mitigate hearing the client's pain resulted in Anne becoming increasingly anxious.

But she was struggling to see that and I became anxious. I became anxious as I started to think about the client's experience..... and I was thinking about the client particularly because I became aware from the story that the client was not finding this easy. There was some indication that the client was (letting the supervisee know), "I don't need this or this is not what I want". And I became concerned on a number of different levels, first of all the client had started to get distressed about the situation and I felt had started to get angry.

Anxiety now dominated the *mood* of the psychotherapeutic supervision. Anne's experience of anxiety was multi-layered. She was anxious about Denise's lack of insight. She was anxious about the client having a poor therapeutic experience, she was anxious that Denise's way of being with the client was increasing and not decreasing this man's emotional and psychological distress. Anne seemed to be grappling with continuing to care for Denise as a

fledgling supervisee, while she was worried that Denise was not caring, appropriately for the client. In order to *cope* with these competing experiences of anxiety, Anne tried to uncover more of what was happening between the client and Denise. It seemed as if she was hoping, in some way, to fix the deficits in her supervisee's practice.

I went back in again to see what could be done or what could be addressed and I went back in by asking, what sort of relationship she had with the client? And I ask her to tell me, again what the client had said? And again I was getting very little in terms of awareness from the supervisee of what the problem was. It was very anxiety producing in that it was almost as though the supervisee and I were speaking different languages. And I found that it was producing anxiety in me. I was worried about what happened during the session. I was worried that she had gone into sessions with the attitude that I am nice and kind and that this is the Person Centred bit. I was worried about that and I was also concerned for the agency in as much as, is this a safe and ethical practitioner?

Unfortunately, Anne's actions did not bear fruit. There was limited insight from Denise about the fundamental problem and in fact, it seemed as if a gulf was widening between them. As Anne told it, it seemed to be impossible to get a '*horizon of understanding*' (Gadamer, 1975) between the supervisory pair. Being in a psychotherapeutic supervision session wherein a shared language could not be found was a highly anxious experience for Anne. This was evident in the way that this further re-enactment of the psychotherapeutic supervision with Denise was delivered. As she reflected on these further layers of anxiety and worry, her

pace of speech became very rapid, almost inarticulate, she sounded like a very anxious supervisor, who was struggling to cope with her responsibilities. She was anxious about the safety of the client; worried about the lack of connection with Denise; concerned about her supervisee's lack of insight and ability; and she was fretting about her responsibilities to the employing organisation. Then there was a twist in the story.

What I also knew was that the client had chosen not to come back. The client had withdrawn. I felt like alarm bells were going off all over the place. Well I said "you know I have got a few concerns and we need to maybe have a think about how you could approach clients differently. I am also aware of the fact that you have had two short term clients". So I already had a warning bell and I was concerned as to what would be the best way forward. I asked her, "do you need to be thinking about ways to work differently? Would that be possible?" She was a bit defensive. She was a bit like, "well I don't really know". She said "I feel like I'm there and I am listening to him". So I was working on being helpful and asked "when you were doing your training, what kind of information were you using? What kind of language would you be using?" So there was a bit at the end of it which was a bit like teaching, a bit of education. So my plan was to tell her that "I have concerns, so it would be best if she did not take another client until we have had got this sorted out".

The client's withdrawal from counselling was an alarming experience for Anne. Her sense of anxiety was escalating. She animatedly described the warning bells that she could not ignore. In the manner of the story telling, it sounded as if she had made a judgement that firm action needed to be taken about Denise's practice. She seemed to have vacillated between being the caring and nurturing supervisor, trying to support and empower Denise in her clinical work and being the responsible supervisor, who needed to take charge of the situation, in order to cope with an alarming situation. The experience, of being an anxious supervisor, when being-with Denise could not be dissipated as Anne seemed to be clear that future clients needed to be protected from Denise until the supervisory pair could speak the same therapeutic language.

So, I thought how am I going to sort this out? It's very much that piece of responsibility. It's not how is she going to sort this out? It is how am I going to sort this out? I took the responsibility. Probably me being person I am, once I take the responsibility I think it through. I had to take some action. I felt I wasn't happy enough for this person to practise. I had had three goes at it. I wasn't happy to leave it and for this person to take another client.

By this stage, it seems that Anne, in her alarmed state of mind, had *leapt in* and taken responsibility for the care, protection and well-being of the grieving man and for future clients. It was almost as if Anne felt compelled to take up the mantle of responsibility because the anxious *mood* that pervaded her experience of being-with Denise could not be dissipated until she had taken steps to stop Denise practising.

In Heideggerian terms (1927/1962) *leaping-in* as opposed to *leaping-ahead* is fundamentally a different existential position. If the anxious mood that engulfed the supervisory space had been rendered tolerable, it might have been possible for Anne to cope with her dual sense of responsibility towards both clients and her supervisee. In this way then Anne may have *leapt-ahead* of Denise by actively educating her and supporting her towards more competent clinical practice with the grieving client, eventually enabling her to practice more autonomously. However, the compelling sense of responsibility that she experienced about protecting the client, and her need to ensure that he was provided with the best possible service (over attending to the developmental needs of the supervisee) resulted in Anne *leaping-in* and absolving Denise of her responsibility to engage with the client in his suffering.

I said, "So I think you should not take another client and we will have another chat about this". She was a bit reluctant but I had been supportive about the first two. I asked was she happy enough to do that? My next step was to have a conversation with someone else about it. So there is a bit about taking the responsibility and handling it the way you think needs to be handled and then going to speak to someone else and say I am really worried about this.

Once the decision to stop Denise's practice had been taken, it sounded as if Anne was, once again able to *comport* herself as a caring and enabling psychotherapeutic supervisor. Once

she had '*sorted*' out the problem and felt reassured that she had protected future clients, she seemed to be able to *leap-ahead* and be open to collaborating in Denise's professional development. However, in Heideggerian terms, it could be construed that the act of *leaping-in* had existentially disabled Denise to the point that she '*did not know*' if she could become a competent practitioner.

As this story came to an end, the burden of responsibility was palpable in the interview room. It was evident from Anne's tone and demeanour that this anxiety provoking experience still weighed heavily upon her. Embracing responsibility for others had been a costly personal and professional experience for her. Yet she seemed unaware of the hidden dimension of being human that is *leaping-in* that so powerfully influenced her interactions and interpersonal relationship when being-with Denise.

7.4. A Scary Experience

Dorothy had been practising for over 10 years as a psychotherapeutic supervisor in Northern Ireland at the time of the first interview. She had a breadth of experience and over the years had provided individual supervision, shared supervision and group supervision in the not-for-profit sector and she also had a private supervision and counselling practice. My sense of Dorothy was that she *comported* herself as a wise woman. The tone of the interview was one of calmness and she was fairly unflappable throughout the interview until she came to recount her experience of being-with Paul in psychotherapeutic supervision. This was a handle-on-the-door-nob story, (Dorothy 1:20-22) in that we were just about to finish the interview when she paused and said:

I suppose the bit, maybe that you haven't asked, that might be interesting is when you come across a supervisee who's struggling with a complaint. That might be a relevant piece and how that impacts on the supervision and on the supervisee. It's difficult stuff and it's a whole big area on its own, I think. I worked with one guy in particular and I found it extremely demanding. I felt hugely pressured. I used my own supervisor one heck of a lot to help me through it and it's a scary piece of work, very scary. Scary because there's the authority bit attached to it, you know, that this person is maybe having to fulfil some criteria to get back on to the register again and that feels like huge pressure and I wondered did I do it right?

Dorothy had exposed an anxiety provoking experience that had not come up in the course of the interview. She described the magnitude of dealing with a client complaint, not only on the supervisee but also on herself and the process of psychotherapeutic supervision. Dorothy's unflappability started to fade as she moved into the detail of this story. While her tone of voice remained calm, she began to emphasise in a slow and deliberate manner how 'difficult', 'demanding', 'pressured' and 'scary' an experience it had been to supervise Paul when he was grappling with a client complaint. It seemed as if Dorothy was signalling to me the burden of responsibility that she carried as the psychotherapeutic supervisor when a client had complained about one of her supervisees. This pressurised and frightening experience seemed to be compounded for Dorothy because Paul needed the expressed support of his psychotherapeutic supervisor to get back on the register which in turn appeared to place another layer of responsibility upon her. In inheriting the responsibility for Paul's fitness to practice, Dorothy began to question herself as to whether her actions, in this demanding

situation, were appropriate. So, carrying the burden of responsibility was a very frightening experience for Dorothy. In the way that she set up this story, it was almost as if she was telling me that being-scared was not a normal experience for her, as a psychotherapeutic supervisor and as such she found it difficult to tolerate this burdensome experience alone. It sounded as if she had gone to her supervision consultant to share the weight of responsibility and get additional support with this scary experience.

Then this person comes along and he is very hurt, very low, self-esteem rock bottom. I am trying to help him, you know, get some balance within that complaint, but equally facing up to the fact that some of his work is, perhaps, leaving him open to further complaints, so having to deal with that. So complaints are a huge area and I was fortunate in my supervisor at that time, who worked hand in glove with me to deal with it. Without that person I would have been totally at sea, so it was very hard.

Dorothy was then caught in a dilemma. On the one hand she was witnessing Paul's vulnerability and initially, seemed to be pulled into a supportive mode of being, assisting Paul to get some perspective on the complaint. However, she was also holding the responsibility for the quality of his clinical work and having to confront him with his practice shortcomings. This appeared to be a tough dilemma to navigate. At this stage of relating the story, Dorothy was very hesitant and it sounded as if the memory of this supervisory encounter still troubled her. There was a sense that she was really depending on her supervision consultant to get her through these troubled waters.

I had particular fears and I told the supervisee that I needed to talk this over with my supervisor, so that he knew that I was concerned and then devising the best course of action with my supervisor and then having to go into the supervisee and tell him these were my decisions and I'd consulted with my supervisor and we had to deal with the fallout from that complaint.

As well as talking out her fears with her supervision consultant, Dorothy was able to be transparent with Paul about this concerning experience and shared her worries about his practice. In her openness, it seemed as if Dorothy was laying the groundwork for changing Paul's practice. She did not *leap-in* and take immediate action but took time to establish the best way forward with her supervision consultant. Having been well supported, Dorothy then sounded less anxious, more confident about the steps required to remediate Paul's practice. However she knew there would be consequences to discharging her responsibilities.

It was tough, obviously unforgettable. You've very few like that. Tough for me in that I knew that this particular person could be quite arrogant, had some difficulty with reflection. I was insisting that he would be best helped by getting counselling for himself and he was not happy about it and that if he didn't, there would be repercussions. But I had to be more formal again and I was back at the very beginning of being a supervisor, trying to be quite formal and going through this mental checklist of things that I had to do. So I kind of got into a business mode, professional mode, which was kind of alien to the normal relationship that you'd have developed, but it was necessary in this particular case. It had to be done, so although, the supervisor, my own supervisor was great and we'd worked it out, how best to handle it, what I

should do. It still was nerve wrecking going in to say 'this is what I need you to do, if you want to continue as a counsellor'.

As Dorothy reflected on this aspect of the story, she seemed to lose her voice. Encounter with Paul had been a scary experience. A mood of anxiousness consumed the space between us. She seemed to be experiencing a loss of confidence as she remembered telling Paul about the steps that he needed to take, to remediate his counselling practice. It was a tough experience holding her ground, exercising her authority, challenging this over-confident supervisee. In order to cope she went back to basic principles and protocols, drew on her innate phronesis and in Heideggerian (1927/1962) terms was able to exist in a *resolute* mode of being, holding her ground while grappling with anxiety and a heightened sense of responsibility.

The upside of that was he came back a number of months later and said it was the best thing ever happened to him. So there was a good side to that one. This person needed to know that the client wasn't safe in that situation and therefore we couldn't continue with counselling or supervision unless this piece was completed and I think it was a fairly salutary lesson for all of us, you know, not just for him, but for me too.

However, by the end of this story, Dorothy was once again *comporting* herself with the quiet, confident composure of the wise woman. She seemed pleased that Paul had gained from the interventions to improve his practice and that she and Paul had managed to survive the troubled waters of client complaints. It seemed as if a phronetic mode of being contributed to tempering Dorothy's sense of anxiety and her innate need to be-responsible for safe and ethical practice. As such she had not *leapt-in* or reacted prematurely to this difficult

experience but in Heideggerian (1927/1962:122) terms had *leapt-ahead* of Paul in order to *liberate* him, in his journey towards becoming a safe counsellor.

7.5. Being-protective

Sinead was a highly experienced systemic supervisor who worked primarily in the Republic of Ireland. At the time of this second interview she had been providing individual, shared and group supervision in the statutory, private and education sectors for over 10 years. She had explained to me that the systemic approach to supervision during the training of systemic family therapists was to provide ‘*live*’ supervision. This means that the trainee therapist is observed during family therapy sessions, usually, through one-way glass, and the supervisor can communicate, give advice or direction by telephoning the trainee therapist during the session.

This story (Sinead 2: 4, 8-10) evolved out of a conversation about a negative experience of being a psychotherapeutic supervisor.

*A bad one for me is coming away feeling that maybe I have been too forceful
and when I have done the training, I have been a bit too hard and not given
enough positive reinforcement at the learning or have I trampled on them....
And I do not like coming away with that feeling.*

On reflecting on her way of being as a psychotherapeutic supervisor, Sinead was concerned that she could, on occasion, intervene too much, during ‘*live*’ supervision. She was worried that she did not get the balance right in terms of praising her trainee therapists and riding

roughshod over their therapeutic efforts. It was a concerning experience for Sinead when she reflected back to sessions wherein she had trodden on her supervisees and she said:

Sometimes I flog the horse too much

Sinead's metaphors were powerful and evocative. It sounded as if, as a psychotherapeutic supervisor she believed that she had could not let therapeutic sessions get out of control and that she was responsible for reining in trainee therapists who did not understand or strayed away from good practice guidelines, even if that meant, to some degree, crushing the novice practitioner. In this vein, Sinead called up the memory of a 'live' supervision with a trainee systemic therapist, Carla, wherein she was struggling with whether or not she should intervene in a family therapy session.

We had a case where the client mentioned slapping and the trainee didn't really go into that with the client, just heard it but kept talking about something else. I was watching this, it was a live supervision and I was observing. I can ring in. So I rang in and I redirected. So then they did ask about it and they did struggle around it a little bit. Well there was a part of me that was ok initially because I was thinking she didn't go after it, so maybe she was waiting to see if we don't have to.

Sinead had given Carla some time to examine the slapping matter and initially sounded really understanding that her supervisee had not pursued the risk that the slapping posed to the

children of this family. Then she *leap-ahead* of Carla and telephoned into the session, in what appeared to be a supportive, educative and enabling manner. There was a sense that she expected Carla to act on her redirection and this seemed to settle her concern, for a while, about the child protection issue. However, Carla did not follow Sinead's guidance.

But as it goes on I am getting a little bit more anxious that we are getting further and further away from it. So it is then that I worry. Will I let it play out to see what else is happening in the story? Is there more slapping or more behaviour that is risky? So do I let it play out? And I did on that occasion. I did let it play out.

Observing Carla, after the redirection, was an anxiety provoking experience for Sinead. The fact that Carla did not immediately pursue the child protection issue meant that Sinead found herself in a whorl of escalating worry. She struggled and on this occasion managed to contain her inclination to step back in and take over control of the direction of the therapeutic session. So she gave Carla a little more time and waited to see what she would do.

But as it emerged then I did have to come in. At the time we were doing this hour session with the family. Before we got to the end, we needed to be sure about this incident, before time runs out. If I sat with it, as I did in this particular one, then we were coming to the end, so we needed to go back and make sure, just to be sure about that piece. It is for the agency, it is for

Children's First, all those pieces there that we have to address. But also good practice and safety issues for the child.

Time was running out and Sinead was experiencing a sense of pressure to get more hard facts about the extent of the slapping before the clients left. The sense of responsibility that she carried for protecting children accompanied by the sense of responsibility that she had towards the employing agency and towards good practice guidelines meant that she could no longer ignore the worrying questions that she had around this family. So, under multiple pressures she *leapt-in* and took responsibility for the therapeutic work away from her supervisee. Interestingly, having *leapt-in* and taken over the session, Sinead sounded much less anxious, lighter and somehow less burdened.

One of the things about the live part of supervision is that you become a frustrated therapist. You sometimes want to jump into the room with ten questions and that has always been a struggle for me, that frustration. The frustrated therapist comes out but you know in this case this trainee is well versed in child protection. But if I was in there, I would have immediately asked this or that about the slapping. This part of me flares up, depending on the trainee; it flares up more with some people more than others because of their experience and their clinical practice.

As Sinead came to the end of this story, she seemed to be very aware of her tendency to want to *leap-in* in order to ensure that the clients got the best service. The push-pull between

leaping-ahead and leaping-in appeared to be an on-going battle for Sinead. When she was able to *comport* herself as an appropriately responsible psychotherapeutic supervisor she was able to *leap-ahead* and empower her supervisees. When she was the over-responsible psychotherapeutic supervisor or when she was *comporting* herself as *frustrated therapist* there seemed to be a greater tendency to *leap-in* and *trample on* her supervisees. This was not a *comportment* that Sinead wanted or was comfortable with but seemed to be a way of coping with anxiety provoking supervision experiences.

7.6. An Alarming Experience

Mary had been practising as a psychotherapeutic supervisor for 3 years in the Republic of Ireland when she agreed to undertake this interview. She provided individual, shared and group supervision in the not-for profit sector and had a private practice. Prior to recounting this story (1:13-14), she had been telling me that she very much enjoyed working with student counsellors and this had lead into a discussion about her philosophy around supervising them. She believed that she was good at allowing novice practitioners to develop their own style as counsellors and that it was crucial that she was non-directive, in this process. Mary presented herself in a quietly confident way and my impression of her was that she *comported* herself in a very caring, even nurturing way towards her supervisees. Reflecting upon her philosophy immediately took Mary back into a psychotherapeutic supervision with a student counsellor, Michael.

I mean I have one example of a student in September the alarm bells were going off all over the place. After the first one or two meetings and then by the third meeting something happened and I said look we need to talk. I said is there anything I need to know because I actually have some concerns at

this stage and is there anything I need to know about you and then he told me without crossing the boundary into therapy, and it all made sense.

As Mary began to reflect on this story, she became pensive. Her heightened worry about Michael was evident in the way that she spoke. She was almost whispering as she confided her apprehension about Michael, in the early days of the supervisory alliance. It sounded as if Mary had fears from the outset about Michael but she was able to contain these. When she did raise her concerns, she did this in a quiet and exploratory manner. She was open and transparent that she was worried about him. It was as if Mary was offering Michael an invitation to share his problems with her and that she was ready to support him if he took up her invitation.

When he disclosed, it actually made me feel a lot better because I was saying you know this guy is projecting. He was coming straight from personal therapy to me and there was a huge amount going on. There was a parallel process going on with his college stuff and anyway when we worked it through, he said that he would change his personal therapy day, even though he's travelling up from the country as well. I think it's very difficult for students, I really do.

Mary was clear that she was not going to stray in to being Michael's therapist and seemed to view the disclosure as a confirmation that her intuition as a psychotherapeutic supervisor was correct, that Michael was having personal difficulties that were impacting on his clinical practice. As Mary told this part of the story, she was demonstrating a real concern for the well-being of her novice supervisee. She sounded most understanding and patient about

Michael's personal struggles. She seemed to be able to empathise with what it was like to be a psychotherapy student. The fact that Michael offered to take some action to stop his personal issues spilling into supervision was reassuring for Mary.

But I had a hunch there was something going on, so rather than going in and saying actually you've mixed up an appointment, you've just left your personal therapy. I just actually went in very gently and that would be my style and I was surprised at what came out actually but it has changed the whole relationship and now he's got going with his clients and he's doing really well with them.

This mutual shift, to open dialogue, seemed to lead to a turning point in the supervisory relationship and in Michael's work with clients. The fact that Michael had agreed to take some action, appeared to mean that Mary did not need to jump in and take action on Michael's behalf. So she avoided direct challenge, as is her way of being as a psychotherapeutic supervisor and affected change by raising and naming her fears about the enmeshment between personal therapy and supervision. Then as Michael improved his practice, Mary sounded very pleased and almost proud of the good work that he was able to do with clients.

I think it shifted because I didn't jump in, I didn't. I wasn't directive. I actually found a way of going around it and he had the choice then to say yes or no and if he had chosen not to, it may have stopped there. Creating a space, yeah, what's going on for him? How it might affect his work?

So Mary did not need to *leap-in*. Indeed it almost seemed as if *leaping-in* would be contrary to her patient, understanding mode of being. In a soft and caring tone, she was actually emphatic that she did not *leap-in* and take too much responsibility for trying to fix Michael's problems. She laid out her fears in a way that Michael could hear and understand these. She let him know, in a caring and concerned way that he had to take responsibility for the choices that he was making. In Heideggerian terms, there was a real sense that she *leapt-ahead* of Michael, illuminating the way forward for him on his journey to becoming a counsellor, supporting him during existential angst, modelling for him the meaning of being-responsible. Being-alarmed when being a psychotherapeutic supervisor, while unpleasant, was a lived experience that Mary seemed to be prepared to cope with in order to fulfil her sense of responsibility towards her supervisee.

7.7. The Phenomenon of anxiety

These stories were told by psychotherapeutic supervisors who had been working in this field for between three and ten years. Collectively they had experience of working in the not-for-profit, statutory, educational and private sectors. Their background training and theoretical orientations varied considerably and their stories related to student counsellors, pre-accredited and accredited therapists. Yet the burden of dealing with troublesome responsibility was a common human experience for these participants. Heightened responsibility manifested in actions and responses determined by the unique state of mind that each of these participants experienced. Heidegger (1927/1962) considers that a state of mind is a fundamental way in which Dasein is its "*there*", how it finds its self in a particular situation. State of mind is made manifest by mood and being in touch with one's experience in the world;

What we indicate ontologically by the term "state-of-mind" is ontically the most familiar and everyday sort of thing; our mood, our Being-attuned
(Heidegger, 1927/1962:134)

Heidegger describes this as the phenomenon of 'mood' (Heidegger, 1927/1962:139). He postulates that mood tells us something significant about our way of '*being-in-the world*' and that it '*conditions and determines how everything shows up*' (Cerbonne, 2006:60).

The stories in this chapter highlight participants' experiences of being-in-the-world of psychotherapeutic supervision in which the pervading *mood* was anxiety. This phenomenon of anxiety spoke to each participant in different ways. Pat experienced a persistent and simmering mood of anxiety about Barbara's competence as a couple counsellor. Anne vacillated between concern about her supervisee's lack of insight and being highly anxious about ensuring client safety. Dorothy, normally a wise and contained psychotherapeutic supervisor had a peak anxiety experience when one of her supervisees was subject to fitness to practise issues. Sinead experienced a whorl of escalating worry when her supervisee did not respond to her re-direction in '*live*' supervision. While Mary reflected on how she experienced and coped with an alarming experience when being-with a counselling student, who was struggling with a personal issue.

From a Heideggerian perspective moods are always already there. That is to say they are pre-reflective. They are primordial and not driven from a psychological position or the conscious mind. Mood affects how one is disposed to entities in the world (Heidegger, 1927/1962:137).

Our disposedness is revealed to us in the way that our moods govern and structure comportment by disposing us differently to things in the world. So

disposedness is an “attunement”, a way of being tuned in to things in the world (Dreyfus and Wrathall, 2007:5).

So, from the Heideggerian perspective it could be argued that the manner in which each of these participants comported themselves towards their supervisees was reflective of the way in which they were attuned to their supervisees, as entities in the world. In these standout stories we have seen how experiences of being-anxious-in-the-world of psychotherapeutic supervision pre-reflectively disposed participants to comport themselves in modes of being that caused them to ‘*act or exist*’ (Dreyfus and Wrathall, 2007:5) as an investigator; as an authoritative superior; as a wise woman; as a stern collaborator; as a frustrated therapist; as a directive boss and as a caring companion.

Heidegger claims that we are ‘*thrown*’ into moods and that they ‘*assail us*’ that is to say that they take over, pre-reflectively and emerge out of unique experiences of being-in-the-world (Heidegger, 1927/1962:137). This suggests that these psychotherapeutic supervisors were ‘*thrown*’ into anxious, worried, concerned and alarming moods purely by virtue of their experience of being-with these specific supervisees. It suggests that the fears that they had about their supervisees were not driven by psychological factors or by what they consciously knew about theory or safe and ethical psychotherapeutic practice.

Heidegger suggests that moods overcome us, individually and collectively. He argues that moods are not restricted within the bounds of individual experience, for example, *the mood of the party or the mood of the nation* (Dreyfus and Wrathall, 2007:5) or in this case the mood of the psychotherapeutic supervision. The shared mood which pervaded each of these lived experience descriptions points to a common human experience of anxiety as being a

psychotherapeutic supervisor. Heidegger (1927/1962:121) would argue that this phenomenon of anxiety exists because concern for others is a basic mode of being for Dasein.

7.8. Responsibility as Leaping-in and Leaping-ahead

An underlying principle of Heideggerian phenomenological philosophy is that Dasein's everyday way of being is being-in-the world. This suggests that Dasein's exists in a public world in which every day lived experience '*reveals both direct and indirect presence of others*'. Heidegger considers that concern for others is fundamental to Dasein being-in-the-world and he calls this concern '*care*' or *the care-structure*' (Cerbonne, 2006:50). So from this philosophical perspective concern is a basic mode of being for Dasein which Heidegger describes as '*the phenomenon of care*'. He goes on to make an important postulation that '*as "care" the Being of Dasein in general is to be defined*' (Heidegger, 1927/1965:121).

Heidegger uses three distinct words, Sorge, Besorgen and Fursorge to extrapolate and distinguish his view of care and the care structure. Sorge relates to Dasein itself. Heidegger (1927/1962) postulates that Dasein's very existence, its basic mode of being is an issue for it and as such Dasein's existence *matters*. This mattering is a manifestation of Sorge or care of Dasein itself.

Besorgen pertains to "concern" for activities in the world and things or equipment that are connected to worldly activities. For example, psychotherapeutic supervisors are likely to be concerned with text books or written policies or procedures about psychotherapeutic practice and have this equipment ready-to-hand when they are trying to cope with anxiety provoking or responsibility inducing experiences when being-in-the-world of psychotherapeutic supervision.

Heidegger goes on to elaborate on the concept of '*Fursorge*'. Fursorge, as a distinct part of the care-structure, is care for other people as opposed to care for Dasein itself, or concern for activities and equipment. Fursorge is translated from German as solicitude. Solicitude then takes into account *the direct and indirect presence of others* while being-in-the-public-world. As such Heidegger opines that solicitude is a central part of Dasein's everyday being-in-the-world (Cerbonne, 2006:50).

So, solicitude or Fursorge is the type of care that is associated with taking care of others. In Heideggerian terms the concept of solicitude is related to social welfare work, '*a factual social arrangement grounded in Dasein's state of Being as Being-with*' (Heidegger, 1927/1962:121). As such psychotherapeutic supervision is a state of being-with the Other and falls within the realm of solicitude, caring for the welfare of clients as well as caring for the well-being of supervisees. However, there are deficit and positive modes of solicitude.

The deficit mode of solicitude manifests itself when human beings are indifferent to each other, when they turn against each other, when they do not matter to each other. According to Heidegger this is an average everyday way of being-with-one-another. It is an inauthentic mode of existence which negates the finitude of Dasein's own existence. In this deficit mode of solicitude, concern can be more focussed on activity as a way of being in the world and the equipment that is ready-to-hand in undertaking these activities (Cerbonne, 2006). For example, the psychotherapeutic supervisor could be less concerned about the welfare of the supervisee when they get into a flurry of activity around implementing policy and procedures around safe and ethical practice issues. Within the positive modes of '*solicitude*' there are '*two extreme possibilities*', authentic and inauthentic Fursorge or '*solicitude*.'

... authentic, releasing Fursorge attentively leaps ahead of the other, in order from there to give him back care, i.e. himself, his very own Dasein, not take it away' (Heidegger 1927/1962:12).

In this extreme possibility of solicitude Dasein as being-authentic takes care of the welfare of the supervisee. This type of solicitude is mindful of the other's potential-for-being. In authentic solicitude Dasein is ready to hold or catch the Other when they are struggling to cope but actively encourages the Other to stand on its own two feet, as soon as they are able to do so (Inwood, 1999:36). Accordingly authentic solicitude creates independence and encourages the Other to become autonomous. Heidegger describes authentic solicitude as Dasein '*leaping ahead*' of the Other in order to '*liberate*' him, in order to *free* him to be his authentic self (Heidegger, 1927/1965:122).

In my description, analysis and interpretation of the stories in this chapter I have already alluded to the concepts of authentic and inauthentic solicitude and their manifestations of *leaping-ahead* and *leaping-in*. Several of the stories, in my view, have resonances of authentic solicitude. For example, Dorothy's story highlighted a pressurised and frightening experience when she was working with a supervisee who was trying to get back on to the register of his professional body. This was a peak anxiety experience for a psychotherapeutic supervisor who normally had a calm and measured demeanour. In this scary experience, from the perspective of authentic solicitude, it could be argued that Dorothy *leap-ahead* of Paul and held firm boundaries about what he needed to do personally and professionally to get back on the register. However, it was clear that her intention was to work with him and to enable him to get back to being an independent therapist as soon as this was feasibly possible. Indeed it is evident from the story that while Paul initially resisted Dorothy's guidance,

ultimately he did remedy his shortcomings and move back to being an autonomous psychotherapist.

Mary's story could also be considered as a manifestation of authentic solicitude as she appeared to *leap-ahead* in order to *liberate* her supervisee. She reported an alarming experience when being-with Michael, a psychotherapist in training who was struggling with a personal issue. She emphasised, in her story-telling that she didn't *jump-in* or be *directive* with Michael. Instead she caringly collaborated with him. She held Michael while he floundered around with his personal problem. She offered and opened up some ways for him to resolve his personal enmeshments that were negatively impacting on the supervisory process. In illuminating the way forward for Michael, in *leaping-ahead*, Mary was able to 'free' him up to make decisions, to take actions that ultimately assisted him to grow and develop as a psychotherapist.

The other extreme possibility is inauthentic solicitude or *Fursorge* which can:

'..take away 'care' from the Other and put itself in his position of concern: it can leap-in for him. This kind of solicitude takes over for the other that with which he is to concern himself. The Other is thus thrown out of his position.... In such solicitude, the Other can become one who is dominated and dependent, even if this domination is a tacit one and remains hidden from him (Heidegger, 1927/1965:122).

Heidegger considers that inauthentic *Fursorge* is also a positive form of solicitude. However, he opines that this form of solicitude results in the Other being disempowered or infantilised. This form of solicitude, while still regarded as Dasein being-caring, is a form of caring that

may not fully be concerned, with the welfare of the Other. It is a form of caring that may delay or even stunt the growth and self-sufficiency of the Other.

From the stories in this chapter, there also appears to be a common human experience of *leaping-in* when psychotherapeutic supervisors are being- anxiously-responsible when being-with specific supervisees. Being-with Barbara was an anxiety-provoking experience for Pat.

It was an encounter in which she appeared to exist in a state of heightened responsibility.

Ultimately, the weight of responsibility appeared to overcome Pat and she *leapt-in* and stopped her supervisee from practising. From the Heideggerian perspective, it could be construed that Pat's mode of being was one of inauthentic solicitude, in that she *dominated* Barbara and took away her choice to be a couple counsellor. However, from the tone of the story, it was clear that Pat considered that she had no choice but to *leap-in* as she became very worried that the clients were not being sufficiently cared for. In this context, it could also be conceived that Pat was *leaping-ahead* for the sake of the client's well-being.

Heidegger postulates that while *leaping- in* is an inauthentic form of solicitude, it is also a positive form of *Fursorge* (Heidegger, 1927/1962:122). However, in the recounting of this standout story, it did not appear that *leaping-in* was a positive lived experience for Pat.

In listening to and striving to understand Sinead's story, it became apparent that she had an on-going internal battle between encouraging autonomous practice during *live* supervised therapeutic sessions and needing to take over the running of sessions by *redirecting* her supervisees. In this standout story, Sinead was observing a case in which child protection issues had arisen. Initially, it could be construed that she *leapt-ahead* of Carla, her supervisee, and gave her a *re-direction* that was designed to be objective and educative. This act of re-directing seemed to move Sinead away from the anxious *not knowing* experience.

However, the level of responsibility that Sinead carried about protecting children, as a family therapy supervisor, quickly re-emerged. She found it difficult, if not impossible to contain this and she recognised that she wanted to *jump into the room*. Having *leapt-in* and taken over the running of the session, Sinead's level of anxiety was reduced. Yet, Sinead told me that being a highly directive psychotherapy supervisor and a *frustrated therapist*, were not compartments that she wanted but that they helped her to *cope* with anxiety provoking experiences and the weight of responsibility that she carried as a psychotherapeutic supervisor.

Again, a dichotomous experience arose with the expression of solicitude. As according to Cerbonne (2006:50), solicitude concerns the *direct and indirect presence of others*. Here Sinead encountered the direct presence of Carla who was struggling to address a child protection issue. She also encountered the indirect presence of a child who was being physically assaulted. To act solicitously towards Carla, by *leaping-ahead*, and allowing her whatever time and supportive feedback she needed to recognise a child protection issue, may have resulted in the manifestation of a deficit mode of solicitude, an indifference, on Sinead's part, to the human suffering of a child who was being subjected to parental slapping.

I consider that Anne had multi-layered experiences of inauthentic and authentic solicitude of *leaping-in* and *leaping-ahead* within this supervisory encounter. When supervising Denise, Anne became concerned that this supervisee was expressing *social sympathy* to a bereaved client. She was worried that Denise had stepped over a line and had *leapt-in* in a bid to rescue the client from the pain of grief. Initially, Anne supervised Denise in such a way as to help her to understand her short-comings and to gain insight into the infantilising consequences of *social sympathy*. However, when it became clear that Denise was not modifying her clinical

practice, Anne's *alarm bells* started ringing. Almost, in parallel to Denise's behaviour with the client, it could be argued, that Anne *leapt-in* and took away her supervisees opportunity to continue practising. She removed her from her position as a trainee counsellor. It was clear in the telling of this stage of the story that this was a difficult, even unwanted, experience for Anne. She realised that she had absolved Denise of responsibility to clients and that she had whole-heartedly embraced the responsibility for the care and welfare of current and future clients. While the impact of Anne's *leaping-in* was that, Denise lost her growing autonomy as a counsellor, it seemed that once future clients were protected, Anne was able and open to *leaping-ahead* of her supervisee in the hope that she could develop her potential as a bereavement counsellor.

These psychotherapeutic supervisors, in my view, were not intentionally, in their *leaping-in* trying to dominate their supervisees or trying to make them dependent but were trying to *cope* with the anxious *mood* that *assailed* them, pre-reflectively, when being-with such supervisees. The connection between being-anxious and the acts of *leaping-in and leaping-ahead*, appeared to be hidden from these participants. It seems that this was concealed by the weight of responsibility that they carried for the welfare of the clients and by being gatekeepers for standards of safe and ethical practice in the profession. When they were unable to *leap-ahead* and privilege the care and welfare of the supervisee due to their responsibilities for clients or to agencies, they were assailed by existential angst. *Leaping-in* and existing in inauthentic solicitude appeared to be a distressing, unwanted experience for many of these psychotherapeutic supervisors.

From these evocative stories, the phenomenon of care has been illuminated and participants' experiences of authentic and inauthentic solicitude have shown that there is a push-pull

between *leaping-in and leaping-ahead* for psychotherapeutic supervisors when they are grappling with anxiously responsible experiences when being-in-the-public-world of psychotherapeutic supervision.

In Heideggerian terms, authentic and inauthentic solicitude are features of everyday being-with the Other (Dreyfus and Wrathall, 2007). However, Heidegger also postulates that the deficit mode of solicitude, in which Dasein's way of being-with others is indifference is an average everyday mode of being-with-one-another. There are a multitude of examples that give witness to Dasein as being-indifferent in average everyday being-in-the world. However, in the standout stories told by these participants, the deficit mode is not evident. In all of these stories, it could be construed that the phenomenon of care has manifested in the *positive extremes* of authentic and inauthentic solicitude. Even on those occasions when psychotherapeutic supervisors *leapt-in*, the nature of care was authentic. They were being-caring for the indirect presence of clients. In circumstances where supervisees were unable to directly care for clients, supervisor and supervisee were not able to *devote themselves to the same common affair* and were not *authentically bound together* in the supervisory space (Heidegger, 1927/1962:122). Consequently, psychotherapeutic supervisors were compelled to solicitously *leap-in*. When the supervisory pair did share the same common affair, the psychotherapeutic supervisor was free to *leap-ahead* and concernfully care for both supervisees and clients.

Being and existing as a responsible psychotherapeutic supervisor really seemed to *matter* to each and every one of these participants. This mattering is reflective of Sorge or care of Dasein itself because Dasein's very existence, its basic mode of being is an issue for it. So it

could be argued that these participants *leapt-ahead* and or *leapt-in* because their unique existence as being-responsible as being psychotherapeutic supervisors is a concern for them.

7.9. Conclusion

This chapter gathered together stories of the experience of being psychotherapeutic supervisors when a *mood* of anxiety pervaded the supervisory encounter. The *phenomenon of anxiety* emerged in their concerned, worried and alarmed narratives. These participants related powerful stories in which they had common yet quite unique human experiences of being highly responsible when being-with supervisees about whom they carried varying levels of anxiety.

These stories were described and interpreted through a hermeneutic phenomenological lens. They resonated with the Heideggerian notion of the *phenomenon of care*. Experiences of *authentic and inauthentic solicitude* were illuminated as these psychotherapeutic supervisors tried to cope with the burden of responsibility by *leaping-in* and *leaping-ahead* of their supervisees. The reader has been invited to consider that these story tellers moved into these modes of being in order to cope with the push-pull of existing solicitously with regard for the best interest of clients while dichotomously trying to act with concerned care for the personal and professional well-being of their supervisees.

8. RESPONSIBILITY AS EXISTING-RESOLUTELY

8.1. Introduction

This chapter gathers together stories from psychotherapeutic supervisors in which they evocatively talk about their unique experiences of being-with supervisees who have transgressed in some significant way, who have crossed a therapeutic line, who have breached the boundaries of safe and ethical counselling and psychotherapy practice through acts of omission or commission. Through detailed description of and discussion about being in such situations these participants recounted and re-enacted their experiences of being challenged, shocked, angry, frustrated, incensed and judgemental by the faux pas committed by their supervisees. Their human responses to and lived experiences of being-with transgressing supervisees are considered and interpreted, taking into consideration the ordinary or traditional understanding of the voice of conscience and the Heideggerian, ontological construction of the call of conscience (Heidegger, 1927/1962:269) and the personal and professional meaning of being-responsible and existing-resolutely as a psychotherapeutic supervisor.

8.2. A Challenging Experience

The following story emerged during a first interview with Alice, (pseudonym) who provided individual, shared and group supervision in the not-for-profit, statutory and private sectors. She had gathered her experience over a period of 11 years and had specialisms in supervising practitioners who worked with individual clients, who provided couple counselling and psychosexual therapy. This story evolved from a discourse in which Alice had been talking about what it was like to be a psychotherapeutic supervisor with individual supervisees and how different that was from being a group supervisor. Alice comported herself with an aura

of confidence when she described her way of being a psychotherapeutic supervisor. She exuded a warm authority and demonstrated a passion for psychotherapeutic supervision. Alice launched into this story (Alice, 1:12-14) about being a group supervisor with initial energy and enthusiasm, mapping out some of the challenges inherent in being in this position.

Well I try not to be too involved (in group supervision) because sometimes you get hauled in. I mean I think that might be a fault, a fault on my part. I sometimes don't want to be hauled in. I prefer the group process and managing it. Well, I suppose it depends on whether it's a very experienced group or not. I don't want to be just giving them my stuff because you know it's more about how somebody can leave that room and go back in with the clients. I suppose I'd prefer them to be getting the experience of the other people rather than mine. It is important because I just don't want to be giving just my view on something. I mean I do have a place to give a view, it's very important that the facilitator has that remit as well, but I'd be conscious that it's not just my view it is the group's view as well. Well, it is important that the supervisee feels that they have something to take back into their work or that they're feeling that they've been heard or that that experience has in some way helped them, even if it's only to dump or you know, support or whatever.

As this story unfolded, Alice appeared to be saying that being a group supervisor was very different to providing individual psychotherapeutic supervision. There seemed to be an on-going tension for her between being over-involved and being under-involved in case supervision group discussion. She clearly articulated that her preferred way of being was

being in the background, being a facilitator while allowing and encouraging group members to explore, tease out, discuss and formulate perspectives and give supportive feedback on casework. However, she also seemed to be seduced by case content, by what was occurring within a group and wondered, did she allow herself to be ‘*hauled*’ into the midst of group discussion. Was she, at times, *leaping-in* especially with inexperienced supervisees giving her informed view, before her supervisees had had sufficient time to reflect, understand or respond to a case. *Leaping-in* appeared to be an uncomfortable experience for her, as she intellectually believed that it was more appropriate that group members’ perceptions inform case management.

As Alice reflected on this she became hesitant and pensive as she mulled over her experience of being a group supervisor. On the one hand, she did not want to take over and impose her own perspectives while on the other hand she believed that it was important that the group supervisor offer views and opinions on cases. Getting this balance right seemed to be important as she was aware that she was holding the responsibility, for ensuring, that supervisees, who presented cases felt supported and got something from group supervision that would potentially enhance their practice. However, if this was not forthcoming from the group then it seemed that Alice felt compelled to get involved and articulate her perspectives. Having reflected on this and articulated both sides of the argument Alice’s hesitancy evaporated and she was once again comporting herself with ease and confidence as she began to reflect on a specific story related to being an over-involved group supervisor.

I think early on in group supervision I did have, one time a situation where I got involved. It was a counselling case and somebody was talking about a client who had come in and really wanted psychosexual therapy and

somehow this counsellor was holding on to the client. I was a psychosexual therapist, so I was thinking more as a therapist rather than as a supervisor.

The hook for Alice in being hauled into the middle of this case discussion seemed to be related to the fact that a vulnerable female client was presenting with a psychosexual concern. Alice seemed to be passionate about being a psychosexual therapist and sounded worried that the counsellor, presenting the case, did not fully understand the meaning of this young woman's psychosexual issues. As the case unfolded, it became clear that Alice, as psychosexual therapist was uncomfortable that the counsellor was holding on to a client who, in her view, should have been referred on for psychosexual therapy. She was aware that for a period of time she lost herself in being the therapist, wanting to facilitate the client's exploration of her sexual inadequacy and in doing so lost her sense of being a group supervisor.

That client wanted to be able to talk about that she can't have sex, and there was one very psychoanalytic member of that group, a very experienced counsellor and therapist who had done all sorts of other things and she was saying "Oh well of course that goes back into the past". That's fine but this is a young girl who just wants to be able to be sexual, and the tension of that and I was really feeling it and finally I kind of came in, when everybody had their say and I said "Well have you thought about what it might be like for a girl in modern Ireland going out with her friends, knowing she can't be sexual. What has she come in for? Why has she come here? And the psychoanalytic therapist said "Oh! That doesn't matter. She has to battle with her past until she works all that through" and I said. "It may well be but

the girl feels at the moment that she is a freak or she's different and she's not very happy about it and she wants to do something about it NOW and she's had a number of sessions, so it might be important just to think about that and maybe it might be important for her to talk to a psychosexual counsellor". So I left it at that.

Alice's state of mind was evident in her passionate delivery of this part of story. The tense mood that began to pervade the supervision group seemed to be heightening as Alice struggled to contain herself, while group members intellectually tossed around ideas about how to treat the client. As Alice heard her psychoanalytic colleague postulate about the root of this girl's sexual difficulties and dominated the group discussion about how the client should be treated, it was clear that Alice was in disagreement with her and concerned about the way the group discussion was going.

By this stage, Alice struggled to hold the tension she was experiencing. It was as if she felt compelled to intervene. When she re-enacted this part of her experience, she sounded upset and annoyed with the group. She was incredulous that group members could not empathise with this girl; could not understand her struggle with being sexually inadequate; could not hear her pressing need to overcome her sexual difficulty. Heidegger (1927/1962) suggests that Dasein experiences a call of conscience which is revealed in the 'uncanny' or anxious state of mind of the caller. In Heideggerian terms, Alice's basic state of mind, seemed to be an anxious one, as she seemed to be increasingly concerned that the group members were 'listening way' to the 'they', hearing only the theory and missing the meaning, for the client, of being a non- sexual being (Heidegger, 1927/1962:271).

So it was evident, through Alice's impassioned telling of the story, that she judged that the dominant discourse in the group was *lacking*, that they had lost sight of the client's needs, were distanced from the human to human connection of being-with the client, by being persuaded by psychoanalytic perspectives. She seemed to challenge them to hear the client's distress, invited them to understand what it was like to be a young Irish woman with sexual problems and appealed for a more direct form of treatment to alleviate her difficulties. It was almost as if Alice wanted group supervisees to feel guilty about the intellectual way in which they were discussing the case. It seemed as if she was trying to prick their consciences, so that they would become more connected with the reality of the client's world.

Conscience as considered in this initial interpretation of Alice's experience is aligned with the ordinary or tradition sense of conscience, which judges, moralises and reproves.

However, from a Heideggerian perspective, the call of conscience, is not aligned with this ordinary every day meaning of conscience but is a call to understanding about being in a specific situation, when being-in-the-world. When Dasein hears the call of conscience it exists more authentically in that situation. It exists in resoluteness and as such makes decisions or takes action from the mode of solicitude, the mode of concerned caring (Heidegger, 1927/1962:298). From this perspective it could be interpreted that Alice's mode of being-resolute in the group supervision was a manifestation of solicitude, her authentic expression of concerned caring for this young woman.

I just felt well I had to come in because they were missing it. It was all on theory, they were missing the client, but yet I thought that the counsellor who was bringing the client was feeling worried because it was her client. So I remember eventually she came to me a few weeks later and said she wanted

to refer to a psychosexual counsellor. So I had to challenge the dominant discussion in the group. I mean it became about the best interest of the client because I was feeling they were losing sight of the client in the discussion. So in those circumstances I could not sit back. I had to come in and give another view.

It could be interpreted that for Alice to have remained uninvolved would have been an inauthentic experience for her, in the Heideggerian sense of being-authentic. She was an experienced psychosexual therapist and psychosexual therapy supervisor and her day to day lived experiences informed her that the client's presenting problem would not be readily addressed by long-term psychoanalysis. It sounded as if she absolutely believed that it was her responsibility to ensure that this client received the most appropriate service. In order to meet this responsibility, she seemed to be compelled to challenge the group's idle talk about this case. It seemed as if the group members were allowing themselves to get caught up in psychoanalytic hypothesising and intellectually, idly interpreting this young woman predicament. As it was reported, it sounded as if the psychoanalytic idle talk was dismissing the client's sexual needs. It was almost as if engaging in this '*they*' talk was safer for group members than really engaging with the sensitive matter of a young, unattached woman wanting pain free casual sex. In the mode of concerned caring for the client's desired outcomes and as existing-resolutely, it sounded as if Alice was determined to assist group members to put conceptual notions to the one-side in order that they would understand more clearly this client's lived experience of being non-sexual. I wondered had the counsellor who brought the case to the group, also heard and responded to the call of conscience, when she stepped away from the dominant discourse, when she chose not to be controlled by the idle

talk in the group. I wondered was the referral for psychosexual therapy as a result of a pricked conscience or in Heideggerian terms as a response to an inner call to be-solicitous.

Even though, from Alice's position, the client was referred for psychosexual therapy, this was a difficult, uncomfortable experience for her.

I find it difficult, it's not that easy because then you're kind of challenging the group, it's not just one person. It's not that easy. I suppose, it's about are you getting it right and how you're perceived. We're all human. So I mean you do think about that. So it matters in some way. How are you perceived by your supervisees? And I think the group situation is the one where it's more difficult because you may not get the same space to actually look at that. I mean if you have to challenge somebody in an individual supervision it may be uncomfortable but you know you'll meet again and you'll be able to work it through further.

Existing authentically, hearing the call of conscience and being-resolute seemed to be a personally and professionally challenging experience for Alice. There was a sense of being-alone, in her resoluteness, being-isolated in her responsibility to ensure best practice. As Alice reflected on the meaning of being a group supervisor, she appeared to be vulnerable. There was a real sense, in the final telling of this story, that in being-resolute, Alice was set apart from the group. In her phronesis, she recognised that human beings prefer to be accepted and yet it sounded as if there had been a personal cost to hearing and responding to the call of conscience; a price to pay for being-responsible; some suffering in existing-resolutely.

8.3. Carrying a Weight of Responsibility

Dorothy had agreed to undertake a second interview in this research process and by this time had been providing psychotherapeutic supervision in Northern Ireland for about 12 years. Her working pattern had altered slightly, as she was doing more private practice, however she continued to meet the criteria for participation, as she was providing individual, shared and group supervision across sectors. In the first research interview Dorothy had comported herself as a wise woman and that impression remained in the subsequent interview as will become evident in the following narrative (*Dorothy, 2: 10-13*). This standout story transpired when she remembered a challenging supervisory experience with Sam (pseudonym). The story had stuck in her memory because it was a unique and extraordinary experience for her.

Years ago there was one supervisee, a male. He disclosed something to me, something there was no way I could sit with, from his work with a client. Even when he was saying it, I was telling him that I will have to take it to supervision. I could feel that a line had been crossed... a line had been crossed and that's why I was saying to him, I have an issue with this. I have to take this to supervision.

The extraordinary nature of the experience of being-with Sam in this supervisory session permeated the manner in which Dorothy recounted this story. There was a sense of urgency about her which seemed to mirror her immediate experience of being-with Sam. She seemed to be compelled to urgently let him know that he had transgressed, that his transgression was intolerable and that she would not be persuaded to collude with it. It was almost as if Sam's disclosure was so awful that she was catapulted into decisiveness, in as much as, she was certain that it was her responsibility to take Sam's disclosure to another level and to

absolutely ensure that remedial action be taken. Then, Dorothy became very animated and moved into a rapid narrative about her experience of being-with Sam.

Listening to him, there was a sense of panic. Am I really hearing this? Have I heard this? Is this what happened? And then because I think maybe I misheard, I needed to check it out. So can you just go back over that again for me? The first thought is like disbelief, is this a counsellor? It is like shock when I first heard that, thinking he has signed up to ethical guidelines, so he knows. So there was the shock, disbelief, putting him over it again, the realisation that oh dear, he has crossed a line here. I can't let this go. Having come to the end of supervision I am telling him, there is an issue. I have an issue and I must discuss it in supervision and then letting him go. He was a bit shocked. He looked a bit oh what do you mean? As if, there is no way this has to be discussed and then he went out a bit pensive.

It was a truly shocking experience, for Dorothy, as she began to learn about what Sam had done. She seemed to struggle to comprehend what he was telling her. The transgression was, initially, so far outside of her experience, as a psychotherapeutic supervisor, that for a period of time, it was difficult for her to grasp it. It seemed as if it was an existentially shocking experience, unbelievable, unfathomable. She tried to make the experience intelligible by questioning, querying and probing Sam. It sounded as if she did not want to believe that a member of the counselling profession could stray so far away from ethical practice by having sexual contact with a client. As the magnitude of the situation settled upon Dorothy, she reluctantly began to accept that Sam had transgressed the boundaries of acceptable practice and that he must have known that what he had done was wrong. A mood of shared confusion

settled on the supervisory space and for a time this seemed to paralyse both Dorothy and Sam. However, Dorothy was not seduced by Sam's shock, denial or lack of insight about the seriousness of the transgression. Having rejected Sam's minimisation, it seemed as if Dorothy's shock and the paralysing experience dissipated. Indeed she appeared to become even more resolute, as she firmly held her responsibility to take action about Sam's transgression.

After he went away, it was Oh dear, some really heavy stuff, knowing that because he had crossed a boundary, a boundary that was quite serious in my eyes and in most supervisors' eyes, there were going to be repercussions. That was very heavy stuff, very heavy stuff because a boundary is very clear. There is no denying, no seeing it differently, that's the heaviness. Almost as though there is no other explanation other than this explanation and therefore I am left with no options. That is the bit that is the heaviness. I know I have to go down a certain road. It was the responsibility! Weighty! I would rather not have it, I can't get rid of it. I can't. You go around all these questions, how can I handle this? What is the best way? There is a bit of tossing stuff around in your head and trying to find a way that is the least destructive and yet fulfils the requirement of supervision.

When Dorothy talked about the aftermath of this psychotherapeutic supervision session she sounded exhausted. What she had heard and eventually understood, seemed to be a heavy burden to carry. This weighty experience of being-responsible was unwanted. She seemed to want to escape from the magnitude of the responsibility, to distance herself from Sam's wrong-doing, to circumnavigate the negative consequences of the transgression. However,

being-responsible as being a psychotherapeutic supervisor, Dorothy knew that she had to find a way to deal with this matter. She was clear that she was responsible for upholding standards of safe and ethical practice but was concerned to mitigate the potentially destructive repercussions for Sam. Holding these dual and competing demands was an exhausting experience.

When he came back in again I didn't let him go into any casework I went straight into addressing the previous supervision. I told him that I had been talking it over with my supervisor and he seemed a bit surprised. Nonetheless I went over the boundary that was broken and it was a very serious one and the options that were available to us. One of the options was that he goes into personal therapy immediately and he got a bit annoyed about that and he was going to argue with me about it. I said if you do not go into personal therapy I will have to withdraw my supervision and I will have to advise your manager that I am withdrawing my supervision. So he went into personal therapy. It was a challenging session, in that inside you are paddling furiously but outside you are maintaining the calm, saying this is how it is. But my inside was churning, a huge responsibility. I wouldn't like to be doing those sorts of things every day of the week and because they are so rare you remember them.

By the next psychotherapeutic supervision, Dorothy had taken support and formulated her response to Sam. She narrated this stage of the story in an authoritative manner. Her negative judgement of Sam's breach of psychotherapeutic boundaries was evident. It seemed as if Sam still thought that he could mould Dorothy's response and debate options to resolve his

mistake. The ensuing tussle seemed to be a disconcerting experience but Dorothy as existing-resolutely did not waver. However, while she sounded confident when she gave Sam the ultimatum and threatened sanctions, it seems that discharging her responsibility was an extremely anxiety provoking experience, indeed it was an unforgettable experience.

Well he did come back and he actually got a lot out of the personal therapy and was clear about where the guidelines lie and he did continue on. But he is no longer counselling now, it ended after a year or so. He was a better counsellor by then in my opinion. It was a sense of relief that he had gone and got personal therapy and got the insight and could acknowledge the boundaries in a responsible way. It was a great relief from my perspective. I can continue to work with you and he did say how helpful that had been but I don't know how much of that was to appease me.... You always have a doubt... he was a charmer.

Dorothy acted in a markedly different way, when she recounted the ending to this story. The exhaustion had dissipated. Her fears seemed to be allayed when Sam appeared to demonstrate insight into his transgression and she energetically described Sam's transformation from transgressor to reformed practitioner. At one level there seemed to be a sense of relief that Sam had complied with Dorothy's directives and that she had successfully discharged her responsibility as a psychotherapeutic supervisor, to ensure safe and ethical practice.

However, it seems as if the psychotherapeutic supervisory relationship never really recovered from this shocking experience. As Dorothy reflected more deeply on her experience of being-with Sam, I wondered was there another level of relief, relief that he was no longer practising as a counsellor, relief that he was no longer her supervisee. There seemed to be a lingering

mood of distrust, a sceptical attunement about Sam's transformation. It was almost as if Dorothy's innate phronesis was keeping her alert to the prospect that Sam was trying to charm his way out of a tricky situation but Dorothy as being the wise woman, remained resolute and did not succumb to his seduction. This shocking experience appeared to be existentially costly to Dorothy. In Heideggerian terms it could be ontologically interpreted that she wrestled with the inner call of conscience, as she found it to be a challenging experience to take, hold and implement her responsibilities as a psychotherapeutic supervisor.

At times the shock of the experience seemed to undermine her resoluteness however, as she responded to the appeal to fulfil her *potentiality-for-being* (Heidegger, 1927/1962: 277) the responsible psychotherapy supervisor, her resoluteness became resolute.

8.4. An Experience of Being-judgemental

Lily had agreed to undertake one interview for this research project and had openly been talking about aspects of being a psychotherapeutic supervisor for around 10 years. She lived and worked in Northern Ireland where she thoroughly enjoyed providing individual and shared supervision in the not-for profit, statutory and education sectors. She was also developing a private counselling and supervision practice. Lily had come into the interview, in a very prepared and organised manner. She comported herself as a diligent and efficient psychotherapeutic supervisor. I think she was expecting to talk about the theory and practice of supervision and seemed somewhat surprised when she was asked to be talk about her day to day lived experience, even though she had reviewed and we had discussed the plain language statement. Prior to telling a specific transgression story related to an experienced counsellor, Ellen (pseudonym), Lily had been reflecting on what it was like being a psychotherapeutic supervisor.

I suppose the bit I'm thinking about is the word responsible but I can't think of another word that would adequately cover it. I think there is a degree where I do have responsibility. I'm not totally responsible because a counsellor needs to develop their own internal supervisor and I am dependent on what they're going to bring to me or what they might not be bringing to me. But you know there is a bit where you do have to, at times say 'HOLD ON'. I suppose if I say 'HOLD-ON', I think it's a step up from challenging. It's now a bit of right 'STOP', you need to look at this. The 'HOLD-ON' bit is almost let's put down tools here a minute and I'm moving into a different level which is around we do need to talk about this 'NOW' and we do need to think about this. Do you want me to give you an example that's coming to my mind? Would that be helpful or confusing?

So being-responsible was a significant on-going experience for Lily. It seemed as if she encouraged her supervisees to share responsibility as she was mindful that she had only a partial view of what actually happened in the client /counsellor therapeutic space. However, there were occasions when she, alone, carried responsibility. This sense of responsibility seemed to be most evident to her when she experienced a 'hold-on' moment (Lily, 1:5-7, 26). In experiencing, these 'stop' or 'hold-on' moments, it was almost as if Lily was trying to create a space in order to unconceal something, in order to help the supervisee to disclose, in order to understand that which was hidden, to make that which was unintelligible, intelligible to her. 'Hold-on' moments seemed to be accompanied by a *mood* of urgency; a compulsion to move beyond the *idle talk* within the supervisory encounter and uncover the actuality of

what was happening in the therapeutic space. Lily was, then, transported back into the actuality of a ‘hold-on’ moment which she had experienced with Ellen.

I suppose what came to my mind there was working with a supervisee within an agency who had taken some time out for her regular work which was fine, came back in again and this bit is with hindsight, I think there wasn't enough done to bring her back in because she's been counselling for quite a few years, then had just over a year out and came back and I think there should have been more and I probably should have done more about thinking about how ready are you, but in more detail. But anyway she went on into counselling and then my memory is that maybe 6 months down the line, in one week, we had something like, maybe it was over 2 weeks but we would have had 5 people in a very short period of time asking for a transfer, literally one after the other. Clients can ask for a transfer for all sorts of reasons but I just thought 'NO! NO! NO!'. This is very unusual, in my opinion. So for me then it was a case of no more new clients, let's HOLD-ON here.

Lily started to recount this story in a deliberate and logical style. However as she started to unpack her experience of supervising Ellen, her delivery became animated and she sounded absolutely amazed that so many clients would simultaneously seek a change of counsellor. As she laid out the facts of the matter, there was a sense that Lily believed that a mistake had been made in allowing Ellen to return to work, without more attention being paid to her readiness to return to clinical practice. Lily alluded to having transgressed herself in not being diligent enough in the implementation of return to practice procedures. Yet, this logical

explanation did not appear to satisfy Lily as she existed in a curious state of mind, for some time, wondering what was happening in Ellen's therapeutic and non-therapeutic spaces. However, the situation remained confusing and unintelligible to her. There was a sense that Lily believed that Ellen had transgressed, in some unknown way, as she was not engaging with clients and it appeared as if Lily believed that she was responsible for unconcealing the transgression and making it intelligible. So, the urgency to uncover Ellen's mistake, to illuminate the ruptures in the therapeutic alliance, rapidly took over. The call of conscience as heard in Lily's 'No! No! No!' experience could not be silenced and as existing-resolutely she stopped Ellen from practising as a counsellor, until the nature of the transgression could be uncovered.

Now she was very angry at that, that I had said no more new clients, but I just said 'NO', not until we figure out what is happening. I was concerned about her practice and there's kind of a decision made, the processing has to stop, there's a decision made and then we have to look at what is happening. Certainly I felt challenged, when she came back to me and said 'Why did you do this? What are you saying? Am I doing something wrong?' She was able to be quite rational about why these individual people had asked for a transfer but to me it's unusual and I sort of had to bring her back to her practice.

Once Lily had made a decision to stop Ellen from seeing clients, in Heideggerian terms, she appeared to exist-resolutely. Existing-resolutely requires some action to be taken which resolves that which has been uncovered by hearing the call of conscience (Heidegger, 1927/1962:299). In her concerned caring for the clients she was called to help Ellen to cease

clinical practice until her transgressions could be made intelligible. Yet, existing-resolutely was a difficult experience as Ellen was angry and upset about being called out of practice. Privileging concerned care for clients over the demands of her supervisee, who wanted to be able to continue in practice, seemed to be a disconcerting experience. Notwithstanding this, Lily as existing-resolutely as a psychotherapeutic supervisor was not persuaded to change her decision; to undo the action she had taken.

I found it quite difficult to hold my stance in that, because it did feel as if I was judging her and to some degree I was, in the interest of clients. I felt I couldn't stand over new clients being offered because I really didn't know why this number of people had asked for a transfer. I hadn't good enough reasons, I had rationales but you know we need to be containing stuff. At that point, I felt I could not stand over saying look we'll give you another client and see. I thought 'NO', I can't do that because I haven't got a big enough handle on what the possibilities are and why these people felt they needed to have a transfer. But if I had a handle on that, we might have been able to work through it. Now thankfully that's unusual but I have had to do it.

There was a sense that it was a real struggle for Lily to take responsibility for being-judgemental as being a psychotherapeutic supervisor. Yet, the call of conscience to exist-solicitously with respect to safe practice with clients could not be ignored and as such being-judgemental with her supervisee, was something that Lily reluctantly accepted. As such she remained unconvinced by Ellen's logical explanations for ruptures in client work. A blaming mood seemed to settle into the supervisory space as the angry supervisee blamed Lily for prematurely stopping her practice and Lily as being the judgemental supervisor, resolutely

held her position that Ellen had in some undetermined way transgressed. So, Lily as being-resolute seemed to be focussed on uncovering the therapeutic transgressions that Ellen had in maintaining relationships with clients. Unconcealing, illuminating and making Ellen's transgression intelligible, seemed to be a manifestation of the call of conscience, a call that Lily was resolutely prepared to respond to in order to be able to exist authentically as a psychotherapeutic supervisor.

8.5. An Incensed Experience

The following story emerged during a second interview with Anne, who had been practising as a psychotherapeutic supervisor for around six years. Between the first and second research interviews she had developed her psychotherapeutic supervision practice and was involved in individual and group supervision with novice, pre-accredited and experienced counsellors. Anne comported herself with a sense of authority (but not as an authoritarian) but as a being whose being was intensely committed to being-there for her supervisees, in order that they might be-there for the clients. During the interview Anne had been reflecting on circumstances in which she had felt concerned and responsible as a psychotherapeutic supervisor, mainly to do with practitioners' competence levels. Then she called to mind a supervisory encounter with a trainee counsellor, Andrea (pseudonym) who was on placement in a voluntary agency. She began through concerned description (Anne, 2: 20-24) to detail the circumstances of the trainee's placement. Her style of delivery was halting and punctuated with long silent pauses.

I have supervised people who have not been able to do the job or do the job as well as I think it should be done. I can think of a supervisee where I felt very anxious and responsible. I supervised a trainee student and I became

concerned about the issue of boundaries. This person was working on placement as a counsellor, in an agency that did not have clear boundaries. So as part of the placement the student had to do some group facilitation and what I would call domestic duties. So I was concerned.

Anne slowing and deliberately set the context for her experience of being-concerned. In a tone that portrayed her sense of disbelief, Anne made it abundantly clear that it was unacceptable to her that a student on placement should be expected to be available to clients as a counsellor, as a group facilitator, as an educator and as a cleaner! Anne went on to re-enact a snapshot of a specific supervisory encounter with Andrea.

In the supervision session, I said “I need to know exactly what you are doing” and she said, “We do the group thing and it is a teaching piece about alcohol”. So I said “when you are doing the teaching piece are you in the position then that the person you are counselling will be in the same group or in a different group?” She said, “So sometimes in mine and sometimes in the other group”. I said “So how do you think that affects the relationship with this client when you are in counselling”. The supervisee said “I don’t think it really matters when I do the piece about education, strategies and plans to help them stop (drinking) and when I am in the other place; I help them to talk about issues”. My feeling was that it would be very difficult to wear these two hats. The other bit was that she smoked and the client smoked and they were having a smoke together outside after the teaching group.

As this re-enactment unfolded, it seemed that Anne had started to comport herself as an interrogator. She seemed to be quietly teasing out the different hats that her supervisee was expected to wear and the different therapeutic and non-therapeutic spaces she was expected to exist in. Anne as being-judging seemed to be judging the common practices of this organisation, more that she was judging her supervisee. Andrea's attempts to rationalise these practices and to help Anne understand the culture of this organisation were robustly rejected as Anne, through her warm authoritative stance, doggedly pursued her line of enquiry. She spoke with a sense of disbelief that the organisation encouraged dual relationships with clients and it tolerated and encouraged the blurring of boundaries across professional and personal spaces.

So I was concerned about all of it and I was appalled. I thought how can the relationship that exists between the counsellor and the client have any basis? How can it be functional in anyway? With all of these differences who does the client think he is talking to? What is she doing as the teacher? What is she doing as the counsellor? What is she doing as the smoking counsellor? How can that be when you think about some of the issues that the clients are bringing are very serious? So she can't keep her boundaries and the client can't know what is going on with her. So, I was very concerned, I was quite anxious at one level and at another level I was quite cross and angry that this situation is wholly inappropriate. This is damaging to the person in their training, damaging to the client. I was really a bit negative about the agency in general. I thought this is just not on! I was really quite cross, anxiety for the supervisee, anxiety for the client and cross with the agency.

As Anne mulled over the enmeshment in Andrea's counselling placement, she moved into a whorl of circular reflection. Her sense of disbelief heightened as her awareness of the consequences of the breached therapeutic boundaries crystallised. Anne's demeanour became increasingly animated and agitated as she portrayed her experience of being-appalled. She sounded as if she was outraged by what she firmly believed was an impossible, an intolerable and an utterly surprising breach of therapeutic boundaries. As a responsible psychotherapeutic supervisor, Anne grappled with the confused environment in which Andrea and the clients found themselves. For her, the best interests of vulnerable clients were not being attended to and she appeared to be incensed that Andrea, as a trainee counsellor, was being professionally harmed by poor practices and boundary violations as were embodied in the image of the '*smoking counsellor*'. The mood in the supervisory space was multi-faceted. Anne seemed to be experiencing multiple layers of anxiety and anger. As a psychotherapeutic supervisor whose existence was intensely committed to being-there for her supervisees and being-there for clients, it really sounded as if Anne was professionally offended by the unprofessional practices in this organisation. The heightened annoyance that she communicated to me seemed to suggest that she believed that the manner in which this organisation was providing services to clients and dealing with students on placement was morally wrong. Anne, as being-incensed was not prepared to allow this inappropriate situation to continue. In considering Anne's experience through the traditional construction of conscience, it very much appeared as if Anne had taken on a reproving, chastising and judging voice.

So I took her through a process of unpicking what was going on and because she was a student she listened and she was less defensive about it all. I asked

“how does your client know who he is talking to? What hat would you have on? What would you like for your client?” She got a piece of it but what she was saying was “I really don’t know what to do as the agency has said my job is this and this and this”. I thought she would no longer be able to work at the agency under those circumstances. That’s how concerned I was. I felt the agency was not fulfilling the terms of a clinical placement and no counselling course would stand over it. There would have been a sense of responsibility because one of the other things is that I teach on a counselling course. So I had a huge amount of sympathy for the supervisee in that situation. But I can’t stand over someone and I can’t collude in a situation where someone is doing something that is not good for them in the process of becoming a counsellor, because what the person was learning was all bad for them.

So Anne brought Andrea back into the research interview and re-enacted a further round of questioning about what was actually happening between her supervisee and the client group. Anne as being-judging had a quiet, persistent quality to her style of Socratic questioning. In her cross-examination of Andrea, it was almost as if she was determined to assist Andrea to catch hold of the inappropriateness of the expectations and practices in her placement setting. As being- critical, Anne’s questioning was laden with negative judgement of the organisation. Anne as existing-resolutely was seeking a resolution to this problematic situation. It almost seemed as if she wanted to make the boundary violations intelligible to Andrea so that she would realise that she could not continue in this setting, unless matters changed. As the re-enactment continued Anne, as being-sympathetic could understand the

dilemma that her supervisee found herself in. Yet, in all conscience she could not condone Andrea remaining in this detrimental set up as she was experiencing layer upon layer of responsibility.

It felt like I had quite a responsibility to her and her training and a responsibility to something bigger. So we talked about how she could maintain at the moment and how she could look for an alternative placement. She said that would probably be the best way forward. She had felt uncomfortable, she was aware that it jarred with what she was doing but she needed the placement. So we had a conversation and I was supportive of her to talk to them. She said that's what she hoped to do but subsequently that kind of didn't work out particularly well and she had to move on from the agency.

As Anne brought this anger-provoking story to a close, it was evident from her disposition that she was consumed with being-responsible as being a psychotherapeutic supervisor. She carried the weight of responsibility for being-there for Andrea, for being-supportive and being-protective of her supervisee. Furthermore, her sense of responsibility extended beyond this supervisee and this clinical placement as she was also comporting herself as a counselling educator and was taking responsibility for ensuring training standards. Alongside this she seemed to be grappling with taking responsibility for globally upholding standards within the world of psychotherapy.

So, the weight of responsibility did not seem to be abated for Anne, when Andrea moved on from this clinical placement and I was left with the strong impression that Anne's outrage

lingered on. In considering Anne's experience through a Heideggerian lens, it could be construed that she had heard and resolutely responded to the call of conscience in a concerned-caring manner with respect to her supervisee. In the mode of solicitude she had helped to protect and mitigate the harmful effects on Andrea of being exposed to blurred professional boundaries. Yet, removing Andrea from this detrimental set up did not seem to bring a sense of relief for Anne as the common practices in the voluntary agency had not changed, safe and ethical practice had not been achieved, existing-resolutely had not resulted in a global resolution. So the call of conscience, in the Heideggerian sense continued to appeal to Anne and appeared to manifest itself in the lingering experience of being-incensed. There was a sense that Anne as being-responsible would continue to be outraged until poor therapeutic practices and boundary transgressions could be eradicated.

8.6. Responsibility as Existing-Resolutely

Psychotherapeutic supervisors, by the very fact of being-in-the-world of supervision, find themselves in situations in which they hear about the positive aspects of clinical practice and in which they hear about the mistakes and faux pas made by other individuals and organisations. In these standout stories, there is an interpretation that each of these psychotherapeutic supervisors heard about transgressions that significantly concerned and affected them at the core of their existence. Their experiences of being-challenged, burdened, judgemental and incensed seemed to elicit a sense of responsibility within them. As a result of this they were determined and even seemed to be compelled to take some action in order to try to rectify transgressions; restore boundaries in psychotherapy practice; challenge and educate their supervisees and placement organisations, in a bid to promote safe and ethical practice with clients.

This interpretation of participants' responses appears as a logical set of steps that responsible psychotherapeutic supervisors would and should take when confronted with violations of standards of good practice. However, Heidegger does not consider the process of taking action to be a linear one. He takes the view that Dasein does not simply find itself in specific situations. From his perspective, Dasein does not become aware of a situation and then respond to that situation but, Heidegger contends that it has already placed itself in that situation, in the primordial sense of already being '*there*' (Heidegger, 1927/1962: 300). So it could be construed that these participants, as existing-responsibly when being in the world of psychotherapeutic supervision are primordially already '*there*', when their supervisees disclose transgressions. That is to say, that the Self of the participant is, already, existing as being-responsible.

These descriptive stories and re-enactments clearly illuminate the meaning of being-responsible which for these participants manifested in the common human experience of being-resolute. Resoluteness, in Heideggerian terms, is a phenomenon which occurs in a specific time and place (Heidegger, 1927/1962: 298).

Resoluteness by its ontological essence is always the resoluteness of some factual Dasein at a particular time. The essence of Dasein as an entity is its existence. Resoluteness 'exists' only as a resolution which understandably projects itself.....Only in a resolution is resoluteness sure of itself (Heidegger, 1927/1962: 298).

From this perspective, it could be argued that the participants involved in these stories already existed-responsibly when they were existentially challenged by transgressions in

specific clinical settings. The meaning of existing-responsibly has shown itself in the *phenomenon of resoluteness*. These participants' stories are abundant with examples of the manner in which resoluteness projected itself. Indeed it seemed that Dorothy comported herself as being-resolute from the moment that Sam disclosed his transgression. Her resoluteness projected itself in her language and demeanour, '*I will have to take this to supervision*' ... '*I must discuss this in supervision*'. In Heideggerian terms, before Dorothy heard Sam's disclosure, she was primordially existing-resolutely, in that she spontaneously made it plain to her supervisee that some action would absolutely '*have*' to be taken to resolve his unacceptable transgression.

In many of these stories, being-resolute as being a psychotherapeutic supervisor resulted in a satisfactory resolution of the transgression. However, in Anne's experience, while her resoluteness projected itself within the world of psychotherapeutic supervision and assisted with protecting her supervisee, Andrea, from being exposed to poor therapeutic practices, it did not result in a global resolution, as the transgressions continued within the placement organisation. In this circumstance wherein being-resolute did not lead to a resolution a heightened sense of being-responsible lingered on for Anne. In all conscience she could not resolve her sense of incensement because to do so would mean that she would be existing-inauthentically, even irresponsibly as being a psychotherapeutic supervisor.

Heidegger considers that Dasein has been summoned by the *call of conscience* into such specific situations and in order to hear and to respond to the appeal of conscience Dasein must exist-resolutely. When he refers to conscience, he takes a somewhat circular approach to defining it. Heidegger is, generally, at odds with the ordinary understanding of conscience. The ordinary or common understanding of conscience is influence by anthropology,

psychology and theology (Heidegger, 1927/1962). Traditionally conscience is experienced as an inner voice that guides us about what is ethically, morally and legally correct. It pricks us when we fall short of expected standards and calls us to act more responsibly. Personal conscience influences the collective or social conscience by informing the norms and rules associated with acceptable attitudes, thoughts and behaviours. As such, as members of society we consider that we have the moral turpitude to call on others to listen to and respond to the voice of conscience. Conscience in the common understanding is associated with guilt. Human beings are expected to experience guilt for not having done something that should have been done or they are expected to feel guilty about unacceptable thoughts, feelings or actions. The guilty voice of conscience is often used as leverage to reform transgressions. So for example, it could be construed that Alice was trying to prick her supervisees' consciences when they seemed to be ignoring the female client's need to be a fully functioning sexual being.

For Heidegger the call of conscience is a phenomenological experience. The call, in the call of conscience is a mode of disclosure, a mode of uncovering.

Conscience gives us something to understand; it discloses. By characterising this phenomenon formally in this way, we find ourselves enjoined to take it back into the disclosedness of Dasein. This disclosedness as a basic state of mind of that entity which we ourselves are is constituted by state-of-mind, understanding, falling and discourse. If we analyse conscience more penetratingly, it is revealed as a call. Calling is a mode of discourse. The call of conscience has the character of an appeal to Dasein by calling it to its own

most potentiality-for-being-its-Self; and this is done by way of summoning it to its ownmost being-guilty (Heidegger, 1927/1962:269).

The call of conscience appeals to Dasein to understand something in the situation in which it already finds itself. It is an opportunity for Dasein to be more attuned to itself. It is an opportunity for Dasein to understand the meaning of its existence. In essence Dasein is being called to its own potentiality-for-being its Self. In this context the Self is a way of existing. When being-in-a-situation, Dasein can exist inauthentically or authentically. Both of these modes of existence are everyday states of being for Dasein. In inauthentic existence, Dasein does not, however, hear the call of conscience as it is consumed by ‘*idle talk*’. It is lost in ‘*listening away*’ to the Other to the ‘*they*’.

Losing itself in the publicness and the idle talk of the ‘they’, it fails to hear its own Self in listening to the they-self (Heidegger, 1927/1962:271).

There are many reports and descriptions of idle talk in participant’s stories including being absorbed in and privileging, as in Alice’s experience, psychotherapeutic theoretical notions over being-alongside the client in her distressing experience. Idle talk manifests itself in the *deficit mode of solicitude* (Cerbonne, 2006). According to Heidegger;

This listening-away must be broken off: in other words, the possibility of another kind of hearing which will interrupt it must be given by Dasein itself (Heidegger, 1927/1962:271).

When, this *listening-away* to the *idle talk* of the *they* is broken, Dasein has the potential to hear and respond to the appeal which comes through the call of conscience, it can exist authentically. This appeal is *an occasion for Dasein to pay attention to itself*, an opportunity

to discover itself (Heidegger, 1927/1962: 272). Unlike the ordinary construction of the voice of conscience, Heidegger's construction of the appeal of conscience is an existential call. It is a call to Dasein from within itself. This existential call is uncovered by Dasein's *state of mind* as experienced as being-in-the-situation. A state of mind, in Heideggerian terms, is the *mood* that pervades a specific situation. He postulates that the call of conscience is signalled by a particular mood which he terms *uncanniness*. The mood of uncanniness is associated with an anxious state of mind in as much as Dasein experiences an anxious existence when being called by conscience.

This resonates with respect to Anne's experience of being '*very concerned*' and being '*quite anxious*' when she heard about the poor practices in Andrea's placement setting. The more that she questioned her supervisee about what she was being encouraged to do with clients, the more Anne existed anxiously. The mood of uncanniness that pervaded Anne's experience of being-with Andrea created a judgemental atmosphere in which Anne challenged the prevailing ethos of the organisation about therapeutic work with vulnerable clients. In this way, it could be construed, that Anne resolutely, responded to the call of conscience, which in Heideggerian terms is an appeal to reject the idle talk of the public world and the dominant discourse of the *they* (Heidegger, 1927/1962: 277).

So Heidegger's construction of conscience is a *call to care*. It does not have a disapproving, admonishing or cautioning voice. It is a call to exist authentically and a call to one's own *potentiality-for-being itself*. When the call is understood at an existential level, there is a more authentic understanding of the meaning of being (Heidegger, 1927/1962: 280). So when Dasein is confronted with its own uncanniness and when it chooses to hear the call of conscience, Heidegger suggests that Dasein is *ready for anxiety* and wants to have a

conscience (Heidegger, 1927/1962: 298). In authentically hearing the appeal of conscience Dasein experiences *the phenomenon of resoluteness*. Resolute Dasein is aware of its own mortality, it *fore-running* towards death. In fore-running towards death resolute Dasein makes decisions and lives with a sense of resolve that enables it to address each particular situation that it faces when being-in-the-world, *as authentically being-one-self*. Choosing to be-resolute enables Dasein to exist authentically, in the world. It could be interpreted that Lily's resoluteness projected itself in her experiences of '*HOLD-ON*' moments or '*STOP*' moments or '*NO*' moments. When she resolutely, halted Ellen's practice, she was, however, challenged by her angry supervisee, who made it clear that she considered that Lily had made a wrong decision in preventing her from seeing clients. It seemed for a time, that, Lily grappled with existing-resolutely, when confronted by Ellen but there was a sense that if she had not struggled and chosen to continue to be- resolute that she would have been existing-inauthentically.

Resoluteness enables Dasein to be-alongside that which it encounters in the world and propels it into being-with-others solicitously. As such, resolute Dasein is not only concerned with its own potentiality-for-being but as being-solicitous has concernful care for others. In Lily's story, it could be argued that she was concernfully caring for the clients and indirectly being-solicitous towards Ellen, who Lily believed needed help in uncovering her undetermined transgressions in order to become a more competent counsellor.

Resoluteness then is associated with resolving something, of taking some action. In a primordial sense, Heidegger contents that authentic, resolute Dasein is *already taking action*. The action that Dasein is already taking is concernful caring, the manifestation of solicitude.

When Dasein is resolute, it can become the conscience of Others. Only by authentically being-their-selves in resoluteness can people authentically be with one another (Heidegger, 1927/1962:298).

So according to Heidegger, Dasein as being-resolute can expand the call of conscience beyond the inner appeal, from within itself to itself and can, as stated, become the conscience of Others. However, this is not a moralistic, reproving or warning voice of conscience but a concerned caring call to authentic existence for all.

8.7. Conclusion

This chapter has gathered together stories from first and second interviews that dwell in participants' experiences of being-with supervisees when transgressions in therapeutic practice have been unconcealed. In this chapter vivid accounts and re-enactments of psychotherapeutic supervisors day to day lived experiences have demonstrated how the mood of the supervisory encounter has elicited powerful experiences of being-responsible. The *phenomenon of resoluteness* has been uncovered through the interpretation of these common human experiences. From a Heideggerian perspective, it has been suggested that these participants have heard and responded to the call of conscience and that existing-resolutely is a way of coping with *uncanniness* and a way of dissipating the weight of responsibility they carry for ensuring safe and ethical psychotherapeutic practice. The central argument of this chapter is that while transgressions in therapeutic practice appear to elicit a series of responsible responses in psychotherapeutic supervisors, they are primordially, pre-reflectively *already there* as existing-responsibly.

9. MAKING RESPONSIBILITY INTELLIGIBLE IN PSYCHOTHERAPEUTIC SUPERVISION

9.1. Introduction

This ontological research inquiry was interested in illuminating the meaning of being a psychotherapeutic supervisor. To date, there has been a paucity of studies which focus on the actual day to day lived experience of being a psychotherapeutic supervisor. In this study, I have addressed this under-researched area and begun to illuminate important aspects of what it is *really like* being a psychotherapeutic supervisor (Van Manen, 1990). In order to do this, I embraced a hermeneutic phenomenological methodological framework which created an opportunity for psychotherapeutic supervisors to become story-tellers. The descriptions and interpretations of their powerful stories have uncovered many unique meanings about the day to day, moment to moment lived experience of providing psychotherapeutic supervision.

Unexpectedly, many evocative accounts unfolded, of experiences of being-with supervisees in worrying and concernful situations and they articulately talked about the personal and professional challenges of coping with transgressing supervisees. While there have been some previous studies which have addressed the management of conflict, challenges and ruptures in the supervisory relationship, (Nolan, 2007; Nelson et al., 2008; Grant et al., 2012), this research study has uniquely and strikingly unconcealed the depth of existential angst that psychotherapeutic supervisors actually experience.

Participants' experiences and the meanings that they attributed to these have been considered through a Heideggerian lens. From this philosophical position, the phenomena of truth, anxiety, care and resoluteness have emerged. A pervading common human experience of

being-responsible as a psychotherapeutic supervisor has been unconcealed. The notion of responsibility in supervision has been well documented (Carroll, 1996; Hewson, 2001; Hawkins and Shohet, 2006). However, critical discussion on philosophical postulations about primordial or pre-ontological responsibility with respect to the experience of being a psychotherapeutic supervisor is a distinctive feature of this study.

Having dwelt and soaked up the participants' stories and faithfully interpreted their experiences, the primary focus of this study has come to rest on, the meaning of being-responsible as being a psychotherapeutic supervisor. The philosophical position underpinning this research inquiry respects the uniqueness of human experiencing. As such, I did not seek to identify the essence of human experience or assert that I have discovered a unified meaning of lived experience (Husserl, 1970a; Giorgi, 1992). Instead a taken-for-granted; hidden aspect of human experiencing, in terms of being-responsible as being a psychotherapeutic supervisor has been drawn out (Van Manen, 1990; Smythe, 2011; Vandermause, 2011).

In this chapter, I reflect on the relevance and potential implications of the first-hand understandings about being-responsible as disclosed in this study. I seek to render responsibility more intelligible in the world of psychotherapeutic supervision through discussion, suggestion and recommendation. I consider the contributions that this study could potentially make to the field of psychotherapeutic supervision, while also engaging in a critical discussion on the values and constraints of the chosen philosophical and methodological framework and outcomes of the study.

9.2. Uncovering Responsibility in the *Here and Now*

In the *Responsibility as Being-True and Being-Untrue* chapter (6) standout stories emerged about participants' experiences of being-with supervisees who appeared to be acting in a covert manner and who were considered to be concealing the actuality of their therapeutic practice. In such circumstances, a mood of mistrust pervaded the supervisory encounter which resulted in disturbing supervisory experiences. This seemed to be an unusual and uncomfortable experience for these participants. In the literature, there is a dominant discourse about supervisors and supervisees establishing safe, empathic, trusting and understanding relationships (Hess, 1980; Page and Wosket, 1994; Creaner, 2014). However, this taken-for-grant trusting relationship was at times elusive and psychotherapeutic supervisors became critical and experienced powerlessness, concern and frustration when being-with covert supervisees. In order to cope with the experience of not knowing what was actually occurring in the therapeutic space, these particular participants comported themselves as truth-seekers.

From the Heideggerian philosophical position, in order to cope, Dasein, draws upon fore-structures of understanding which are influenced by expert knowledge and *common practices* (Schmidt, 2006; Dreyfus and Wrathall, 2007). The participants in this study were all experienced psychotherapeutic supervisors and as such have been exposed and influenced by theoretical paradigms about openness and transparency within the supervisory relationship. As has been made plain, psychotherapeutic supervisors are responsible for the protection of the public by overseeing and evaluating the quality of therapeutic practice (BACP, 2013; IACP 2013; Logan Bill et al., 1982; Fleming and Benedeck, 1983; Hewson, 2001). The common practices which inform psychotherapeutic supervisors on *how* to act responsibly

with respect to clients, supervisees, and employers are well defined (Proctor, 1988b; Holloway 1995; Carroll, 2001; Omand, 2009; Creaner 2014). It has been proposed that formal training in models and modes of supervision assist with the identification and management of the highly responsible components of this interpersonal endeavour (Holloway, 1995; Carroll, 2001). Psychotherapeutic supervisors are charged with the responsibility for dealing with any issues that thwart safe and ethical practice, such as ‘*boundary transgressions*’ and ‘*conflicts that affect both the therapy and the supervisory process*’ (Whitman et al., 1998 ;170:174). At times competing responsibilities emerge, for instance, responsibility for protecting clients and responsibility for developing supervisees. In such circumstances psychotherapeutic supervisors are required to prioritise potentially opposing responsibilities and consider carefully their interventions with supervisees and on behalf of clients (Whitman et al., 1998; Creaner, 2014).

Models of supervision which define the generic tasks of supervision reinforce a scientific stance by breaking down the process of supervision into measurable generic tasks. These models concretise the responsibility that manifests in overseeing the practice of others (Fleming and Benedeck, 1983; Stoltenberg and Delworth, 1987; Compton, 2005; Morgan and Sprenkle, 2007). The *vertical* mode of supervision (Hawkins and Shohet, 2006: 61) sets out overtly that the supervisor is responsible for ensuring that the supervisee is providing competent, safe and ethical practice. While, the alternative mode of *horizontal or peer supervision* rests on the premise that therapists are sufficiently experienced to practice in a more autonomous, unfettered fashion and are capable of being personally responsible for the quality of their own clinical practice (Hawkins and Shohet, 2006). However, peers are ethically bound to take responsibility for challenging or even reporting poor practices

(Feltham and Dryden, 1994). In such circumstances, individual or self- responsibility is negated in peer supervision.

Collectively these models and modes of supervision are reflective of the *common practices* that psychotherapeutic supervisors utilise on an average everyday basis. Indeed, the evidence from the data in the being-true and being-untrue chapter demonstrates that participants in this study drew on such common practices when they were trying to cope with perceived untruth in supervisees. However, there is a paucity of references in the literature about the experience of being-responsible; how this influences meanings attributed to being a psychotherapeutic supervisor; how this impacts on the application of theories, models and modes; and how this impacts on human to human relationships in the supervisory space. It is my argument that conventional writings about responsibility and supervision do not adequately recognise or give sufficient weight to the depth of this common human experience, which has been evidenced in participants' stories. In other words, the literature places emphasis on the intellectual and practical components of this endeavour and neglects to discuss, what it actually is to exist as a psychotherapeutic supervisor, in concerned situations.

I offer the view that Heidegger's ontological project has something to offer the field of psychotherapeutic supervision in this regard. His philosophical stance maintains that ontology comes before epistemology (Heidegger, 1927/1962). When knowledge and common practices are privileged, he suggests that the meaning of human existence is concealed (Cerbonne, 2006). In considering the participant's experiential stories from the Heideggerian hermeneutic phenomenological philosophical perspective, it is construed that their fore-structures of understanding were privileged and that these strongly influenced *how* they coped when they were thwarted in their attempts to uncover the actuality of supervisees'

clinical practice. The descriptive accounts strongly suggest that when participants regularly experienced supervisees as being-untrue, their common response was to move, almost, exclusively into the monitoring or managerial supervisory function. In adhering to common practices and residing, primarily in a mistrusting monitoring mode, supervisors' locus of attention was squarely placed on the *then and there* occurrences in the therapist-client encounter. The hermeneutic phenomenological analysis of the data suggests that there was a negative impact on the *here and now* relationship between supervisor and supervisee when the *then and there* occurrences were privileged. Participants had uncomfortable experiences of being-with supervisees in such circumstances. As a consequence ruptures and endings of supervisory alliances were a common occurrence.

From the Heideggerian stance, it could be construed that the heightened sense of responsibility experienced by psychotherapeutic supervisors was fuelled by participants' fore-structures of understanding. However close monitoring, as prescribed by these discourses, did not unconceal the actuality of supervisees practice but seemed to erode that human to human connection that is deemed to be such an essential aspect of psychotherapeutic supervision (Proctor, 1988b; Hewson, 2001; Creaner, 2014). As such it is argued that there is a danger that when psychotherapeutic supervisors are mistrustingly monitoring the *then and there*, that supervisees can potentially become even more covert about their practices and that, conversely, clients are less likely to be protected from risk or harm. I therefore draw the conclusion that there is a gap in the current training and supervision of psychotherapeutic supervisors with respect to understanding and coping with heightened responsibility.

In order to address this dichotomy, I consider that psychotherapeutic supervisors would benefit from exposure to Heidegger's philosophy on the phenomenon of truth and being-true. He says that *being-true means being-uncovering* of human experience (Heidegger, 1927/1962: 213; Schmidt, 2006). As such, I contend that being-true as being-uncovering is a concrete notion that has practical application to the supervisory endeavour, creating the possibility of fore-grounding the actual lived experiences of supervisors and supervisees in concerned situations. While Heidegger's philosophical postulations on truth can be difficult to grasp, I think that his notion of *idle talk* will have ready resonance for psychotherapeutic supervisors, as witnessed in participants' stories. By learning to notice idle talk psychotherapeutic supervisors, will have a reliable signpost that can alert them to the possibility of inauthentic existence or untruth in the supervisory space. In my view, an understanding of the notion of idle talk will add depth of vision to psychotherapeutic supervisors' awareness that could enable psychotherapeutic supervisors to stay in the *here and now* of the supervisory relationship and be-true as being-uncovering of that which is hidden in the supervisor/supervisee relationship. In being-true, in this way, psychotherapeutic supervisors will have the opportunity to uncover and understand the unique meaning of being-with covert supervisees and their interpersonal responses in such circumstances.

Sharing the lived experience of being-responsible with supervisees may move psychotherapeutic supervisors away from a mistrustingly monitoring mode of being. Existing authentically in this way, is a challenging prospect as theoretical frameworks direct the supervisor to focus on therapists' practices rather than addressing the distrustful mood which pervades the supervisory encounter. However, routinely shining an ontological lens into the

supervisory space could potentially lead to a shared authentic existence in which each party could safely uncover and understand the meaning of their actual experience of being-with each other. I believe that shared authentic existence has the potential to reduce ruptures in supervisory relationships.

As an outcome of this research inquiry it is therefore proposed that psychotherapeutic supervisors are introduced to Heidegger's philosophical position on ontology and the phenomenon of truth, as part of their training. Such philosophical training could be provided once supervisory *techne* has been grasped. Furthermore a new common practice of exploring the *here and now* occurrences in supervisory encounters should be integrated into the supervision consultation process. It is not proposed that modes and models of psychotherapeutic supervision should be disregarded. However, it is recommended that fore-structures of understanding be illuminated in supervision consultation and that the employment of common practices is juxtaposed with seeking a depth of understanding about the lived experience of being a psychotherapeutic supervisor. It is suggested here that uncovering the meaning of lived experiences will lead to greater discernment in the application of theoretical frameworks and will develop *phronesis* in psychotherapeutic supervisors. This in turn, may result in more openness about the actuality of therapeutic practice and greater public protection. It is envisaged that these enhanced practices will encourage supervisors to unconceal their lived experiences and bring these into the *here and now* of the supervisory encounter.

Psychotherapeutic supervisors are invited to consider the proposition that illuminating the hidden phenomenon of responsibility in the *here and now* is as important as being-responsible for wrestling the truth from supervisees about the *then and there* actuality of therapeutic practice.

9.3. Existential Angst and Inescapable Responsibility

In the *Responsibility as Leaping-in and Leaping-ahead* chapter (7), the anxiety ridden nature of psychotherapeutic supervision strikingly and unequivocally emerged from participants' concernful stories. In that chapter, I raised awareness of and explored the connection between the *phenomenon of anxiety*, the *phenomenon of care* and responsible existence from the Heideggerian perspective (Heidegger, 1927/1962). It is my contention that the findings from this research shed a new light on anxiety in psychotherapeutic supervision as they unconceal a level of existential angst that has previously been under reported in the literature. My argument is that the pervading nature of existential angst in psychotherapeutic supervision is inter-twined with experiences of heightened responsibility. Due to the prevalence of existential angst emanating from participants' stories, I take the position that responsibility is inescapable in the world of psychotherapeutic supervision.

This argument is clearly influenced by Heideggerian philosophical thinking. However, there are other philosophers, who offer alternative ways of thinking about responsibility. As such, in this section I seek to make responsibility more intelligible by considering Levinas' phenomenological philosophical postulations about human to human responsibility and juxtaposing these with Heidegger's contentions about the *phenomenon of care* and *authentic solicitude* (Levinas, 1961/1969; Heidegger, 1927/1962). Levinas' writings about responsibility have been deliberately chosen to provide a counterpoint to the Heideggerian

influence in this study, for several reasons. Firstly, Levinas as a renowned European phenomenologist is known to be one of Heidegger's prominent critics (Morgan, 2011). Secondly, when considering responsibility from a philosophical position, Emmanuel Levinas (1906-1995) is fore-most among contemporary philosophers in making claims about human to human responsibility (Todd, 2001).

Levinas' central treatise focusses on human social existence and ethical interpersonal interaction (Harrington, 1994). For Levinas, ethical human existence is experienced as a force in which the Self is obliged to care for and respond to other human beings in their neediness and suffering. Ethical responding in human relationships manifests in limitless, acts of '*senseless goodness*' and '*senseless kindness*' (Levinas, 1961/1969). Responsibility is a matter of ethics for Levinas. He proffers the notion of ethical responsibility which he considers to be pre-ontological, making the claim that *responsibility is already there* (Levinas, 1974/2009). He asserts that ethical responsibility is an ingrained, inescapable aspect of being human and that it is a pervading and curative feature of human social existence (Levinas, 1961/1969; Todd, 2001).

For Levinas, the starting point for ethical responsibility is the interpersonal relationship that occurs between *two particular persons* (Morgan, 2011.8). He places significant emphasis on the face-to-face encounter. In almost biblical language, he speaks in terms of the '*epiphany of the face*' which manifests in the Self recognising unconcealed misery, in the face of the other (Levinas, 1961/1969:199). There is *an appeal, a plea*, from the face of the other which cannot be ignored. The Self is *commanded* to serve and meet the needs of the other through intrinsic human to human responsibility (Levinas, 1972/2006).

This is, however, an existential struggle, as the epiphany of the face splinters solitary existence and calls for the abandonment of self-absorbed pleasures (Morgan, 2011; Levinas in Peperzak et al., 1996; Todd, 2001). However, Levinas postulates that innate ethical responsibility resolves this dilemma as this primordial human condition precludes the Self from abandoning the *utterly* particular other who is suffering (Harrington, 1994; Levinas, 1961/1969). He, then, goes on to argue that unlimited ethical responsibility is *universal* and purports that there is an *ethical foundation* to all human relationships (Levinas, 1974/2009:10).

The evolution of Levinas' philosophical thinking increasingly distanced him from his *Heideggerian heritage* (Morgan, 2011:2). Heidegger purported that there are many unique, contextual meanings of being human; multiple situated meanings of being, as espoused in the notion of Dasein (Heidegger, 1927/1962). However, Levinas' philosophy totally rests on the premise that there is meaning in human existence primarily because the human condition is pre-ontologically, ethically responsible (Levinas, 1961/1969).

Unlike Heideggerian philosophy which has been highly influential in the emergence of existential thinking and therapeutic practice, little has been published about the connection between Levinas' philosophical perspectives and psychotherapy (Harrington, 1994). In some ways this is surprising because Levinas' philosophy places significant emphasis on human social existence and ethical interpersonal interactions (Levinas, 1974/2009) while the cornerstone of the majority of psychotherapeutic theories is establishing a therapeutic relationship in order to assist clients to deal with emotional and psychological pain (Van Deurzen-Smith; Mearns and Thorne, 2007).

There is also a distinct absence of the application of Levinasian notions with respect to psychotherapeutic supervision. On first consideration of Levinas' assertions on *universal* ethical responsibility which*can be seen as my responsibility for the other's responsibility to others* (Loewenthal et al., 1997:138) there seems to be a parallel with the process of psychotherapy supervision. Psychotherapeutic supervision occurs in the context of a relationship between two people, who are both concerned with caring for and reducing the pain and suffering of another; which could be construed as universal ethical responsibility, in action.

In considering the findings from this research study through a Levinasian lens, it could be argued that the phenomenon of human to human responsibility manifests in the supervisory relationship. From participants' standout stories, there is no doubt that responsibility is a pervading aspect of being a psychotherapeutic supervisor. In the manner in which experiences of responsibility were recounted, in many cases it sounded as if there was, indeed, an *ethical force* driving their human interactions (Morgan, 2011). The memories emerging in the research interviews commonly demonstrate that responsible existence is *inescapable* within the psychotherapeutic supervisory relationship (Levinas, 1961/1969). Evidence from the data strongly suggests that participants firmly adhered to the view that the foundation of psychotherapeutic supervision is rooted in ethical practice.

Having reflected on, Levinas' philosophy on ethical responsibility, I consider that it also has something significant to offer the field of psychotherapeutic supervision. In many of the stories recounted by participants, it really sounded as if they were compelled to be-responsible and that this compulsion was not intellectually rooted but primordially driven.

Therefore, I suggest that opening up a broader philosophical discourse on pre-volitional responsibility would be highly beneficial to psychotherapeutic supervisors and supervisees. Drawing out the difference between acting responsibly and being-responsible, in my view, could expand the scope of understanding in the world of psychotherapeutic supervision. In line with the actual experiences of participants in this study, an expanded philosophical discussion could uncover and normalise the inescapability of responsibility in the human to human interaction that is psychotherapeutic supervision. This is important because the seasoned participants in this research had unwanted and disturbing day to day, moment to moment, experiences related to being-responsible which were not fully addressed by current theoretical paradigms.

If psychotherapeutic supervisors were given the opportunity during training and supervision consultation, to consider and embrace the notion that they primordially exist-responsibly, this could facilitate them to consider unique personal meanings of being-responsible when being-with supervisees, in concerned situations.

I would also offer the opinion, that acknowledging pre-volitional responsibility in human to human social existence creates an opportunity to reposition responsible existence in the psychotherapeutic supervisory endeavour. Currently, the management of responsibility is determined by theories and methods of supervision and is guided by ethical frameworks. Dealing with responsibility, as has been made plain, has been scientifically reduced into a series of generic tasks and functions (Carroll, 1988; Hewson, 2001). However, responsibility could be repositioned at the core of the supervisory relationship, by recognising the possibility of pre-ontological ethical responsibility.

So, I suggest that the force of this primordial position is not underestimated when psychotherapeutic supervisors are grappling with ethical dilemmas, in concerned supervisory situations. In other words, I am recommending that horizons of understanding are broadened in order to foreground the actuality of responsible social existence. This shift from acting responsibly to openly and transparently being-responsible has the potential to create more authentic, less covert interactions between the supervisory pair. In Levinasian terms, both parties are deemed to be pre-ontologically responsible for responding to the needs of others. Raising and examining, this notion of personal ethical responsibility when establishing supervisory alliances may assist the supervisory pair to cope, more collaboratively, when problems arise in clinical practice, as a shared understanding about responding to the needs of others before fulfilling one's own solitary needs, has already been established.

However, while responsibility was a common human experience for participants, I consider that their actual day to day lived experiences diverge from Levinas' postulations on *universal ethical responsibility* (Levinas 1961/1969) because this contention is not immediately evident in these participants' stories. Several psychotherapeutic supervisors recalled specific circumstances in which they were unable to respond to both the needs of supervisees and clients. For instance, when some participants were convinced that a supervisee was not sufficiently competent, they responsibly responded, firstly, to alleviate the client's pain. If possible they latterly responded to the *plea* from the supervisee for help and assistance to improve their practice. On such occasions these participants wrestled with reconciling their responsibility towards both clients and supervisees. They experienced existential angst and self-doubt, when they felt compelled to respond to the *epiphany of the face* of the other, as client, when doing so meant ignoring the *plea* they witnessed in the face of supervisees.

While some participants grappled with interventions that negated the needs of supervisees or halted their existence as therapists, others appeared temporarily and in some cases permanently, to evade or disregard the *face* of the *utterly particular other* (Levinas, 1974/2009).

With respect to responding responsibility to competing needs, I consider that Heidegger's philosophical positions on the *phenomenon of care* and *authentic solicitude* resonate more closely with participants' accounts of their actual lived experiences. While Levinas' philosophy is rooted in the idea of primordial human to human responsibility, Heideggerian phenomenological philosophy states that concern for others is a basic, pre-reflective mode of being for Dasein (Levinas, 1961/1969; Cerbonne, 2006:50). While the language and structures for responding to the needs of others are markedly different between these philosophers, in common they consider that human beings are *already there*, in terms of being responsible or caring entities (Levinas, 1974/2009; Heidegger 1927/1962).

Heidegger defines *care* in terms of *authentic and inauthentic solicitude* toward the *direct and indirect presence* of others (Cerbonne, 2006; 50). As psychotherapeutic supervisors are charged with the direct care of supervisees and the indirect care of clients, I consider that Heidegger's position on the care- structure is more relevant than Levinas' postulations on universal ethical responsibility with respect to the findings from this research.

Therefore, alongside my recommendation to reposition responsible existence at the core of psychotherapeutic supervision, I suggest that it would be beneficial to raise awareness of the level and prevalence of existential angst that has emerged in this research, with novice and experienced psychotherapeutic supervisors. I anticipate that this could give psychotherapeutic

supervisors an opportunity to more openly acknowledge the anxiety-provoking aspects of the work directly with their supervisees. It would allow the supervisory pair to jointly examine the positive and negative impact of the phenomenon of anxiety on the supervisory relationship. It may assist them to understand the mood of anxiety that can be all consuming in the supervisory space and which potentially contaminates and ruptures their human to human relationship. This would enable the supervisory pair to examine whether or not they are *authentically bound* together in the *common affair* of caring for clients (Heidegger, 1927/1962:122).

In order to do this, I am suggesting that Heideggerian style *existential analysis* is added to the repertoire of reflective activities that occur in supervision consultation and in psychotherapeutic supervision. Existential analysis brings a focus to moment to moment experiences. It is not concerned with analysing practice through theoretical lens or in-depth reflection on emotive responses. Yet, it has the potential to unconceal lived experience descriptions; to uncover what is actually occurring in the supervisory space.

So psychotherapeutic supervisors could be facilitated in supervision consultation, to existentially analyse their *state-of-mind*, the *mood* and *atmosphere* within specific supervisory encounters and the impact these are having on their interactions with supervisees. Existential analysis may also enable psychotherapeutic supervisors to consider and understand their level of tolerance of existential angst, providing a greater scope of understanding about propensities to *leap-in and leap-ahead* of supervisees. Importantly, it could provide an opportunity to unconceal the interconnectedness of existential angst and heightened experiences of responsibility.

In recommending that practitioners have an opportunity to reflect on Levinas' notions on pre-ontological responsibility, I hope to normalise the inescapability of responsibility in the psychotherapeutic supervisory relationship. In advocating Heideggerian style existential analysis, I am encouraging educators and supervision consultants to assist psychotherapeutic supervisors to dwell in the experience of concerned care, to illuminate the phenomenon of anxiety and ultimately to deepen understanding of the meaning of being-responsible as opposed to simply acting responsibly.

9.4. Coping with the Weight of Responsibility

In the *Responsibility as Existing-Responsibly* chapter (8), participants related highly concerning stories which uncovered transgressions, boundary violations and incompetence involving individual supervisees and counselling organisations. Poor practice and ethical breaches are regularly reported in journals published by accrediting and regulating bodies (BACP, 2013; IACP, 2013; UKCP, 2013). However, the personal and professional cost for psychotherapeutic supervisors in having to cope with and respond to transgressions in the therapeutic workplace has been neglected in contemporary literature and research. In chapter 8, through the interpretation of evocative stories, I have begun to address this deficit by unconcealing what it is like for psychotherapeutic supervisors to be exposed to poor practices that potentially place clients and supervisees, at risk. As such, in this study, heightened responsibility in psychotherapeutic supervisors has been unconcealed as a common human experience when being-in-this-situation. Multiple manifestations of being-responsible have been described and interpreted and the weight of responsibility has been particularly evidenced in the vivid stories in chapter 8. In Heideggerian terms, the *phenomenon of resoluteness* has been uncovered and emphasis has been placed on the relevance of *hearing*

the *call of conscience* in anxiety provoking supervision sessions (Heidegger, 1927/1962; 298:269).

In a further bid to render responsibility more intelligible, this section focusses on the weight of responsibility inherent in the supervisory endeavour and critically discusses the manner in which influential ethical frameworks and psychotherapy bound theories of supervision consider and apportion responsibility to psychotherapeutic supervisors.

The notion of responsibility is overtly conceptualised in codes of practice for counsellors, psychotherapists and supervisors. The Ethical Framework for Good Practice in Counselling and Psychotherapy (2013) as devised by the British Association for Counselling and Psychotherapy outlines that attendance at supervision is mandatory for therapists and supervisors. The framework charges independently-minded supervisors with the responsibility to protect clients, enhance practice and maintain standards in the profession (BACP, 2013:7). It sends a clear message that therapeutic practice must be overseen. The inference is that self-regulation and self-responsibility is insufficient and that clear mechanisms are required to ensure that the public is protected from risk or harm.

In the Irish Association for Counselling and Psychotherapy's Code of Ethics and Practice (IACP, 2013) responsibility is set out as one of four key principles that counsellors and psychotherapists must adhere to. The Code outlines three planks of professional responsibility which concentrate on *General Responsibilities*, *Continuity of Care* and *Resolving Dilemmas*. Again, attendance at supervision is obligatory if practitioners wish to be accredited members of this regulating body. From the IACP's perspective supervisors are

charged with the responsibility for ensuring that the three planks of professional responsibility are adhered to (IACP, 2013).

The direct influence of the position that ethical frameworks and codes of practice take with respect to the responsibilities apportioned to supervisors appears to be evident in many of the stories told by research participants. As experienced psychotherapeutic supervisors they were clear about their obligations to protect clients and ensure that supervisees' practice was safe and ethical. When a line had been crossed or breaches of safe and ethical practice were reported to them they appeared to make a series of moves consistent with the standards and guidance laid down in ethical frameworks.

So while there is general agreement about the value and necessity of ethical frameworks and codes of practice, there is a concern that these can be blunt instruments that do not always serve clients, therapists and supervisors well (Levinas, 1974/2009). As they focus on the practical and knowledge based aspects of psychotherapeutic practice and are prescriptive in nature, I would suggest that care must be exercised in the application of codes and principles so that psychotherapeutic supervisors do not respond reactively when faced with scenarios that appear to violate good practice guidelines.

From an ontological perspective there is a concern that by emphasising, the practical strands of this endeavour that the meaning of being a responsible psychotherapy supervisor gets concealed and that psychotherapeutic supervisors could *leap-in*, unnecessarily fettering supervisees' therapeutic practice. Even though the experienced psychotherapeutic supervisors who took part in this research study understood and sought to adhere to the guidance asserted in codes of ethics and practice, they were still burdened with a weight of responsibility when

being-with transgressing supervisees. The hermeneutic phenomenological analysis of data has illuminated unique meanings of being- incensed, disturbed and existentially shocked when participants were confronted with breaches of therapeutic boundaries. It is my contention that these experiences and the hidden meanings attributed to these can impact on interactions and responses between psychotherapeutic supervisors and supervisees.

Supervisors are required to review their codes of ethics and practice on a regular basis in order to be up to date with their responsibilities (BACP, 2013: IACP, 2013). Undoubtedly, understanding of and adherence to the principle of responsibility in ethical frameworks has contributed to protection of the public and upholding standards in the profession. However, the actual reality and meaning of being-responsible is not overtly addressed within ethical frameworks. Therefore, it is argued, here, that unless the meaning of existing-responsibly, in the primordial sense is uncovered and existentially analysed there is a real danger that this hidden phenomenon will adversely impact on the application of codes of ethics and practice. In my view, there is greater potential for clients to be better protected from risk of harm and for supervisees to be enabled to provide safer and more effective therapy when ontological and conceptual ethical positions are simultaneously considered in training and on-going supervision consultation.

Supervisors' responsibilities are also discussed in highly variable ways in psychotherapy bound approaches to this endeavour. The philosophies, underpinning principles and practices of the main psychotherapeutic traditions with respect to supervision have been critically discussed in chapter 3. Here, I discuss how these approaches uniquely consider and apportion responsibility to psychotherapeutic supervisors, supervisees and clients, starting with the psychoanalytic school.

The overarching responsibility of the supervisor is to propagate the philosophical and theoretical principles of psychoanalysis and to bring supervisees back to these if they meander into foreign psychotherapeutic territories (Balint, 1948).

The supervisor carries the primary responsibility for defining and maintaining boundaries, for sustaining the dyad's focus on the task and for sustaining an analytic attitude (Frawley-O'Dea and Sarnat 2001: 83).

Psychoanalytic supervisors, previously known as control analysts take responsibility for ensuring that they avoid engaging in the personal analysis of analysts and maintain a central focus on the supervisees' analysis of patients (Mattoon 1995). Responsible supervisors pass on their psychoanalytic knowledge and experience, model patience and understanding of supervisees' frustrations about the slow emergence of unconscious material and symptom reduction. They attend to their personal reactions in supervisory relationships, in a bid to identify and interpret parallel processes which may serve to unlock unconscious dynamics at play in the therapeutic space (Searles, 1955).

There has, however, been some criticism levied at psychoanalytically orientated supervisors with respect to responsible, ethical practice (Alperin, 1997). Psychoanalytic theory purports that it is essential to work with patients' fantasies and to talk about the impact of these on the self of the patient (Benvenuto and Kennedy, 1986). It advocates that supervisors assist analysts to sit with and interpret patients' material thus enabling them to make meaning of their symptoms (Wharton, 2003). As this process cannot be forced, there may be a significant time period in which patients are engaging in inappropriate or damaging behaviour that puts others or indeed themselves at risk. There is a concern that in privileging this theoretical

position that some psychoanalytic supervisors are failing to embrace responsibility for protecting the public and are failing in their ethical duty to *recognise a genuine call for action* (Weiner et al., 2003; 108). As psychoanalytic supervisors' primary responsibility is to maintain a psychoanalytic attitude, it can be a real challenge to take any actions which could potentially, impact negatively on the analysis (Frawley-O'Dea and Sarnat, 2001). However, working with patients' symptoms, especially inappropriate or abusive fantasies, exclusively through the psychoanalytic paradigm has been called into question, when more immediate, responsible ways to support patients and effectively protect the public are available (Alperin, 1997; Weiner et al., 2003; Omand, 2009). So, psychoanalysis privileges the interpretation and processing of unconscious material over Levinasian style personal and social responsibility and pays scant attention to supervisors' actual day to day lived experience of being-responsible (Heidegger, 1927/1962/Levinas 1961/1969).

Personal responsibility is however more openly addressed in cognitive-behavioural therapy and supervision. As has been discussed in an earlier chapter, from this perspective, there is a view that clients are mainly responsible for their own problems and that the creation of emotional and psychological distress is due to their irrational thinking, adherence to rigid or extreme beliefs and repetition of dysfunctional or harmful behaviours (Beck, 1995; Ellis, 1994; O'Sullivan, 1996). As such, this approach squarely places responsibility on the client to actively *draw from a variety of cognitive and behavioural strategies* in order to overcome their problems (Corey, 2001: 297).

This emphasis on responsibility carries over into the therapeutic and supervisory spaces. While the responsibility of the client is to actively collaborate with the therapist in their recovery, the responsibility of the supervisor is to ensure that the therapist is capable of

enabling clients to understand and utilise cognitive-behavioural techniques through a process of psycho-education (Liese and Beck, 1997). The central responsibility for cognitive-behavioural supervisors is to ensure that the principles and practices of this therapeutic paradigm are consistently modelled with supervisees during individual and group supervision and to ensure that these are faithfully applied in therapeutic practice (Omand 2009).

Supervisory responsibility is therefore focussed on teaching supervisees how to be competent, creative and effective cognitive-behavioural therapists (Woods and Ellis, 1997).

While cognitive-behavioural supervisors place emphasis on developing and maintaining collaborative, psycho-educational alliances with supervisees, they are overtly accountable, through on-going supervision, for evaluating therapists' fitness to practice and if circumstances dictate, to recommend a cessation of clinical practice (Watkins, 1997; Rosenbaum and Ronen, 1988). As such, supervision in this therapeutic domain moves away from the core cognitive-behavioural principles which promote autonomy, self-reliance and personal responsibility (Liese and Beck, 1997). There is, however, a lack of discussion in the literature about how cognitive-behavioural supervisors reconcile the dichotomy of apportioning responsibility to clients, while simultaneously holding overall responsibility for the quality of supervisees' day to day therapeutic practice. This is a taken for granted practice for cognitive-behavioural supervisors in which professional responsibility for safe and effective practice is privileged over the precepts at the heart of this therapeutic approach.

From this brief analysis of responsibility in psychoanalytic and cognitive-behavioural theory, it could be argued that these psychotherapy schools place responsibility on supervisors to propagate their philosophies and practices, be that through modelling, psycho-education or reining in supervisees who stray away from prescribed principles. In doing so, psychoanalytic

and cognitive-behavioural schools do not pay attention to the here and now experience of being-responsible. Responsibility is interpreted and accounted for through their knowledge based structures. However, the weight of responsibility as experienced by participants in this study, demonstrates that the phenomenon of responsibility does not neatly fit into intellectual constructs.

It is my view that these approaches to supervision have spoken about supervisor responsibilities in terms of how to undertake supervision but have not overtly spoken about human to human responsibility or about the weight of responsibility that supervisors inevitably experience in practice. Yet, the findings emerging in this study, demonstrate that supervisors who have been trained and who practice these psychotherapeutic modalities do grapple with being-responsible in the supervisory space. It is my view, that balancing theoretical interpretations with a genuine openness to attending to the experience of being-responsible, could help psychoanalytically and cognitive-behaviourally orientated psychotherapeutic supervisors to avoid burnout and to be more emotionally, psychologically and intellectually available to supervisees and clients.

In contrast to psychoanalytic and cognitive behavioural positions, responsible existence is a central feature of several shades of existential therapy as advocated by Frankl (1963), Yalom (1980), May (1983) and Van Deurzen (1997). This approach assists clients to live more purposeful and creative lives by helping them to gain insight into key aspects of being human such as freedom and responsibility as well as developing awareness of the importance of finding meaning and purpose in life, even in times of pain and suffering (Frankl, 1963).

Existential therapy assists people to realise that existential angst is an on-going condition of living which is perpetuated by having awareness of the impermanence of daily life and by acknowledging the inevitability of the finitude of life (May, 1983). Existential therapy calls and helps people to take personal responsibility for finding purpose and making meaning in their transitory and ever-changing lives. Past experience, attitudes and responses to crises influence the manner in which people take responsibility or avoid responsibility for facing the voids in the physical, social, psychological and spiritual domains of their existence (Van Deurzen-Smith, 1996).

According to Frankl psychotherapists have a responsibility to encourage clients to confront the meaninglessness that they experience in human existence by seeking a sense of purpose in their day to day relationships and working lives (Frankl, 1965). In facing the existential vacuum, existential therapists support people with the challenge of being personally responsible for making meaning in their changing and evolving human existence (Frankl, 1965; Corey, 2001). The existential therapist helps clients to be aware of the challenges that they face in taking responsibility for the choices which they make and for the consequences of these (May, 1983). As previously discussed, existential therapy is fundamentally interested in unconcealing and understanding the complexity and depth of human experiencing (Yalom, 1980).

This position follows through into existential supervision which invites supervisees to stay close to the reality of clients lives and to gain insight into their human experiencing. So, existential supervision reflects the existential therapeutic position in as much as supervisors take responsibility for understanding how their biases and assumptions influence the supervisory encounter, their way of being with supervisees and their appreciation of their

supervisees' experiences when being-with clients (Van Deurzen and Young, 2009: 10). The existential supervisor takes responsibility for modelling the *being-with* traits that existential therapists bring to the interaction with clients (Van Deurzen and Young, 2009). They assume responsibility for being-in-relationship with supervisees as opposed to being-responsible for getting supervisees to do things in the *right way* (Mitchell, 2009: 167). As such they do not set themselves up as gurus or superior beings but are responsible for being-real when being-with supervisees in the world of supervision. This means that existential supervisors let their supervisees see that they are authentic human beings who grapple with challenging therapeutic and life situations. In being-true as being a supervisor, it is hoped that existential therapists come to realise that they don't have to be perfect before they can trust themselves as practitioners (Van Deurzen, 1998; Mitchell, 2009).

According to Mitchell (2009), the existential supervisor is continually mindful of her/his own and others' professional and personal responsibilities.

I believe that an existential supervisor will be acutely aware of his or her response-ability as a human being who is in the unique position of having confidence in the supervisee's ability to take up his or her responsibility. This very same therapist/supervisee will already know that s/he can never take responsibility for his or her client's way of being with others; that is the client's responsibility. (Mitchell, 2009: 170).

Existentially, responsibility is individually owned as opposed to being apportioned by professional bodies or ethical frameworks (Van Deurzen and Young, 2009). The existential supervisor helps supervisees to cope with individual responsibility and is concerned to assist

them to achieve a balance between *excessive-responsibility* and *deficiency of responsibility* (Macaro, 2009: 28). In the first position the supervisee tends to take on too much responsibility for client well-being and the outcomes of therapy, which ultimately erodes the existential view of personal responsibility. In the latter position supervisees apportion too much responsibility to clients and do not question their own responsibilities in terms of doing their utmost for clients. In such circumstances, it is the supervisor's responsibility to challenge supervisees by *holding up a mirror* to them so that they can unconceal that which is hidden in them or taken for granted in their therapeutic practices (Mitchell, 2009: 170). Alongside this mirroring process, supervisors have a responsibility to themselves and to others to communicate their thoughts about therapeutic practice in a respectful, adult manner which takes into account the assumptions and views of those who are actually in relationship with the client (Adams, 2002). However, the existential supervisor accepts that supervisees are ultimately responsible for what they take away from supervision (Mitchell, 2009).

Having been influenced by Heidegger, existential supervision is a *systematic and patient philosophical exploration* that involves *deep-thinking* about what it *means to be human* in an interconnected world (Van Deurzen and Young, 2009:12). Until relatively recently, existentialism has overlooked supervision mainly due to its anti-theoretical stance and its adherence to its philosophy on personal responsibility (Du Plock 2009; Farber, 2011). Existential supervision is however in a process of development and is constantly evolving (Mitchell, 2009).

In the future, I would hope that existentialism more actively extends its reach to the supervision of supervisors. This would enable a depth of thinking about individual supervisor's experiences and could potentially create a space for on-going exploration of,

among other things, the meaning of being-responsible in this domain of practice. I consider this to be important because while existentialism forthrightly addresses responsibility as a central aspect of human existence, I have been unable to find any literature or research which pays attention to the weight of responsibility that existential supervisors experience when being indirectly exposed to human pain and suffering.

Rogers' person-centred philosophy places the notion of self-responsibility at the heart of the therapeutic endeavour and is a persistent theme in Rogers' writing (Kirschenbaum and Henderson, 1990). The approach proposes that when there is a growth promoting climate in therapy clients will gain personal insight and learn to accept responsibility for themselves, their life choices and actions (Mearns and Thorne, 2007). The Rogerian position on self-responsibility has permeated in to person-centred supervision as traditionalists advocate that person-centred supervisors replicate the core philosophy, principles and practices of this approach with their supervisees (Patterson, 1997; Scaife, 2009). The central responsibility of the supervisor is to establish and maintain a positive, affirming supervisory relationship as this is deemed to be directly correlated with therapeutic efficacy (Norcross, 2011; Creaner 2014). Self-responsibility is encouraged in person-centred practitioners for the quality and management of their own casework (Bernard and Goodyear, 2009). Based on the principle of self-responsibility, the traditional person-centred supervisor is one step removed from the client in terms of responsibility, as they are required to focus their attention, empathy and unconditional positive regard on their person-centred supervisee. Here, the supervisor is not deemed to be an expert or overseer but a supportive, enabling, equitable facilitator (Patterson, 1997; Kearns, 2005). In traditional person-centred supervision, responsibility for casework resides with the supervisee (Bernard and Goodyear, 2009).

However, with the increase in regulation in psychotherapy practice, contemporary person-centred supervisors have moved away from a pure Rogerian stance with respect to self-responsibility. They continue to espouse the notions of unconditional positive regard in the supervisory relationship and affirm self-responsibility in supervisees, up to the point, where they become concerned about client safety issues (Tudor and Worrall, 2004). Similar to traditionalists, they model the philosophy and principles of the person-centred approach in supervision. However, in contracting with supervisees, they are transparent about their moral and legal responsibilities, as apportioned by professional bodies, to ensure standards of safe and ethical practice (Lawton and Feltham, 2000; BACP, 2013; IACP, 2013). This is, however, an uncomfortable position for person-centred supervisors as it contradicts Rogers' position on supervision and self-responsibility (Rogers, 1942). So, contemporary person-centred supervisors are open to sharing their feelings about assuming responsibility and overriding supervisee's self-responsibility as they strive to maintain a productive and enabling supervisory relationship, while being open and transparent about their professional and social responsibility to assess supervisees' fitness to practice (Page and Wosket, 1994; Creaner, 2014). The acceptance of professional supervisory responsibility has gone some way towards allaying criticism of traditional person-centred supervision, which appeared to afford a limitless non-judgemental space, for supervisees to recognise their short-comings or gain insight into their professional and personal developmental needs (Scaife, 2009).

Self-responsibility is closely linked with Roger's optimistic and trustworthy image of the person (Kirschenbaum and Henderson, 1990). Unfortunately several of the stories in this research study, paint a less than positive picture of some supervisees, especially those who transgressed the bounds of safe or ethical practice. The person-centred way of coping with

such situations gravitates towards the supportive, enabling and educative functions of supervision, preferring to keep evaluation to a minimum in order to avoid the imposition of conditions of worth (Patterson, 1997; Rogers, 1980; Scaife, 2009). However, from a Heideggerian perspective, it could be argued that the person-centred pre-occupation with trust, support and supervisee self-responsibility conceals psychotherapeutic supervisors' actual anxious experiences when therapists are not being-responsible. Even though many of the participants in this research study had been trained in the person-centred approach, they described how they experienced a heightened sense of responsibility when faced with incompetence and faux pas in therapeutic practice. In such circumstances, they were unable to sit and ponder notions of supervisee self-responsibility but existed-resolutely in order to protect clients from risk or harm.

This raises the question of whether or not it is feasible to mirror person-centred psychotherapy principles of self-responsibility in supervision. Person-centred therapy is based on an equitable relationship between client and practitioner (Thorne, 1996).

Supervision is a relationship between professionals who ideally can share responsibility for best practice (Creaner, 2014). Yet, it is not a horizontal, equal relationship as the supervisor can and does become the final arbiter of what constitutes safe and ethical practice (Kearns, 2005). In my view, openly attending to the here and now, actual experience of being-responsible could assist person-centred supervisors and their supervisees to come to terms with this dichotomy, as this approach is rooted in phenomenological/ experiential philosophy (Nelson-Jones, 1992).

A central tenet of person-centred philosophy is authenticity, in the sense of being genuine or real in encounters with others (Kirschenbaum and Henderson, 1990). Heidegger constructs

authenticity in terms of existing resolutely in terms of taking some action to resolve something that is occurring in a specific situation (Dreyfus and Wrathall, 2007). I suggest that considering these two positions on authenticity, in tandem, could create an enhanced climate of openness regarding being-responsible as a person-centred supervisor and at times needing to be directive in order to resolve concerns about therapeutic practice. I believe that such an atmosphere is more reflective of the actual experiences emerging from participant's day to day stories of being in challenging supervisory situations wherein the phenomenon of responsibility manifested and they resolutely responded.

Having critically considered psychotherapy bound approaches to supervision, and their constructions of responsibility, it appears as if these make assertions about *what* supervision is and *how* to do it and they offer unequivocal positions on what constitutes responsible supervisory practice. In essence, these modalities assert that their underlying psychotherapeutic philosophies and principles are readily applicable to the supervisory endeavour. From an educative perspective, I can understand this rationale as supervisees gain professional development within their chosen modality of practice. However, I consider that psychotherapy bound approaches to supervision, with the possible exception of existentialism, do not sufficiently address the inescapable responsibility that has been unconcealed in psychotherapeutic supervisors' actual human experiences. Nor, I respectfully suggest, do they meaningfully assist psychotherapeutic supervisors to cope with the weight of responsibility.

The findings from my research have clearly shown that responsibility is a burdensome issue for the psychotherapeutic supervisor. Therefore, I am suggesting that there is something

about responsibility that is more fundamental to human existence than is acknowledged in contemporary writings and theoretical postulations on psychotherapeutic supervision.

In order to do justice to this human experience and to render responsibility more intelligible, I am recommending that it is necessary to move outside of the confines of the principles and practices of psychotherapeutic modalities and prescribed ethical guidelines. I am not suggesting that these should be disregarded but that they should be carefully considered with respect to the reality of psychotherapeutic supervisors' existence.

In order to achieve this I am proposing that an independent ontological approach to the supervision of psychotherapeutic supervisors is developed. In this new style of supervision consultation, I am suggesting that prominence would be given to uncovering actual supervisory experiences and to understanding the meaning that supervisors attribute to these. This is different to theoretically influenced supervision consultation which is concerned with unpicking what strategies were used; understanding the dynamics between supervisor and supervisee and understanding emotional responses in supervisory situations. The focus here would be on expanding *horizons of understanding* about human experiencing in the interconnected world of psychotherapy supervision, uninfluenced by the assertions inherent in knowledge based structures about how to provide a psychotherapeutic supervision (Gadamer, 1975).

As psychotherapeutic supervisors are fundamentally held accountable for the quality of therapeutic practice, I am suggesting that this original supervision consultation stance would rest on the premise that responsibility is pre-ontological; that it is pre-volitional; that responsibility emanates from within the Self of the psychotherapeutic supervisor when she/he

responds to the call of conscience (Heidegger, 1927/1962). Ontological style supervision consultation would, therefore, acknowledge the inescapable nature of personal responsibility while taking account of the responsibilities attributed to psychotherapeutic supervisors by their preferred theoretical trainings and ethical frameworks. This I believe would help to normalise responsibility and enable psychotherapeutic supervisors to better cope with the weight of it.

I am suggesting that the current gap in psychotherapy bound approaches to supervision about human to human responsibility could be addressed through engagement in ontological style supervision consultation. In this environment, I contend that psychotherapeutic supervisors will develop an awareness of their unique human experiences and the influence these have on their supervisory practice. From this, I consider that psychotherapeutic supervisors could learn to pay attention to them-selves in a different way; that they would be able to tap into and uncover their anxious and responsible modes of being, when being-in-specific- worrying-supervisory-relationships. Through increased ontological awareness, I consider that psychotherapeutic supervisors could more immediately recognise and understand their interactions towards concerning or transgressing supervisees; determine if their responses are rooted in existential anxiety; discern whether or not their actions will protect clients and enable or disable their supervisees.

It is, therefore, my contention that psychotherapeutic supervisors could more readily resolve difficult supervisory experiences and cope better with the weight of responsibility by developing and maintaining ontological awareness in their day to day practice. It is my view that being aware of modes of being while in supervisory practice is an important adjunct to the repertoire of intellectual and conceptual approaches to psychotherapeutic supervision.

9.5. Conclusion

This chapter sought to render responsibility more intelligible in the world of psychotherapeutic supervision. It has carefully considered how the notion of responsibility is treated in models and methods of supervision and how these influence participants' fore-structures of understanding. From a Heideggerian perspective, in this chapter, I invited the reader to consider how an appreciation of ontology could assist psychotherapeutic supervisors to dwell in the *here and now* of disconcerting supervisory situations as opposed to pursuing elusive truths about the *then and there* happenings in supervisees' therapeutic practice. It has suggested that truth-seeking, fuelled by fore-structures of understanding, heightened participants' sense of responsibility and adversely affected human to human connections in the supervisory space.

In this chapter, I also sought to develop understandings of responsibility by considering Emmanuel Levinas' philosophical position on human to human responsibility as a counter-point to Heidegger's propositions regarding the phenomenon of care (Levinas, 1961/1969; Heidegger, 1927/1962). Levinas' treatise rests on the notion of pre-ontological ethical responsibility. However, his philosophy has had limited influence on the principles and practices of psychotherapeutic supervision, yet responsibility to and for others is a central aspect of this endeavour. I have suggested that by acknowledging pre-volitional ethical responsibility, there is the potential to make responsibility more intelligible, by recognising and repositioning it as a core, enduring, inescapable aspect of the existence of the psychotherapeutic supervisor. I then parted company with Levinas as his postulations on universal ethical responsibility did not resonate with the findings that were uncovered in participants' standout stories (Levinas, 1974/2009). Instead, I took a position which favours

Heidegger's constructions on the phenomenon of care which manifests in authentic and inauthentic solicitude as these modes of being make sense with respect to participants lived experiences, the existential angst that pervaded supervisory encounters and how they coped with responsibility by leaping-in and leaping-ahead of supervisees (Cerbbonne, 2006).

Having reflected upon the importance of uncovering responsibility in the *here and now* and raised awareness of the interconnectedness of existential angst and the inescapable nature of responsibility, I then turned my attention to the weight of responsibility inherent in the supervisory endeavour. In doing so I directed my focus to the manner in which ethical frameworks and psychotherapy bound approaches to supervision address responsibility. Comments have been proffered that ethical frameworks focus on accountability and how to act responsibly but do not provide guidance on how to cope with the weight of responsibility that these apportion to psychotherapeutic supervisors.

With respect to psychotherapy bound approaches to supervision this chapter states that the theoretical schools discussed, define supervisor responsibilities and make asserts about how to act responsibly. However, I draw the conclusion that with the exception of existential therapy, they are silent on how to deal with troubling experiences of being- responsible or how to manage the weight of responsibility that supervisors actually carry.

In order to render responsibility more intelligible and manageable in psychotherapeutic supervision, I have recommended that an independent ontological approach to supervision consultation is developed. I have contended that this could enable psychotherapeutic supervisors to maintain ontological awareness in their day to day practice which I suggest would be an important adjunct to the theoretical and conceptual paradigms that they utilise.

9.6. Contributions, Critiques and Future Considerations

There is a significant decision to be made about when is the right time is and where the right place is to finish a PhD thesis and indeed there is a question about whether or not a thesis is ever finished. In grappling with these dilemmas the hermeneutic phenomenological researcher considers if the research question and aspirations of the study have been addressed; if hidden or taken-for granted aspects of *actual* human experiencing have been uncovered; and if new understandings of the phenomena under investigation have emerged through accurate description and cycles of thinking and interpretation (Schmidt, 2006; Smythe, 2011). This final section of the thesis examines these matters, discusses the contribution that this research study could make to the psychotherapeutic community, considers critiques that could potentially be levelled at this study and makes recommendations for further research.

This research study has addressed an under researched yet crucial aspect of psychotherapeutic supervision. It has uncovered phenomenological patterns and common human experiences (Vandermause, 2011) of responsibility and has illuminated aspects of what it is really like being a psychotherapeutic supervisor in concernful situations (Van Manen, 1990). It has uncovered experiences of heightened anxiety in psychotherapeutic supervisors when they are faced with untruth, incompetence and transgression in the supervisory space. As such this study has begun to address the neglected question of what it means to be a psychotherapeutic supervisor.

Responsibility is a taken-for-granted aspect of psychotherapeutic supervision. However, the findings from this research have unconcealed and articulated that responsibility is a burdensome experience which is intertwined with existential angst; that it is inescapable in

this life-world (Heidegger 1927/1962). It has been suggested that the phenomenon of responsibility can be rendered more intelligible by moving outside of the confines of psychotherapeutic bound approaches to supervision and prescribed ethical guidelines and by dwelling in the experience of being-responsible as being in human to human relationships. Uniquely, an appeal has been made for reflection on the notion of pre-ontological responsibility so that responsibility can be repositioned at the heart of the *here and now* supervisory endeavour.

The development of an independent ontological approach to supervision consultation, unfettered by the influence of psychotherapeutic theories and ethical frameworks has been proposed. It has been suggested that this will go some way to filling the gap in current modes, models and approaches to the supervisory endeavour about coping with responsible existence. It is anticipated that engagement in independent ontological supervision consultation could enable supervisors and supervisees to move to a new level of shared authentic existence. In this way, it is hoped that the influences of the phenomena of responsibility, on psychotherapeutic supervisory practice, will be more readily unconcealed and coped with.

The Heideggerian philosophical position has been influential in guiding this study which has begun to address the paucity of hermeneutic phenomenological studies examining the experience and meaning of being a psychotherapeutic supervisor. This philosophical and methodological framework has proved itself to be a very good fit for achieving the aspirations of the research. In choosing this approach to research inquiry, I have uncovered the phenomena of truth, anxiety and resoluteness in the life-world that is psychotherapeutic supervision (Heidegger, 1927/1962). Importantly, this Heideggerian ontological style project

produced a rich source of data leading to significant findings and recommendations, that I consider will be of direct benefit to psychotherapeutic supervisors, supervisees, supervision consultants and clients.

This approach has however been subjected to criticism on several levels. Critics of Heidegger suggest that his philosophical writings are perplexing, convoluted and difficult to navigate and that by the end of *Being and Time* (1927/1962) his treatise was unfinished (Cerbonne, 2006; Moran and Mooney, 2007). While, I have found Heidegger's work to be compelling and almost poetic, it has required significant time, attention and immersion to get to grips with his ontological project and the manner in which he discusses the specificity of human experiencing and the manifestation of phenomena. This raises the question as to whether or not I have made a correct interpretation of the Heidegger's philosophical postulations that I have articulated in this thesis. It is difficult to give a definitive answer to this question as Heidegger takes the reader down a long, winding philosophical path which twists and turns back on itself through myriad tributaries. However, the findings from this study have received a phenomenological nod from Heideggerian phenomenological philosophers and my research supervisor.

Transcendental or descriptive phenomenologists might criticise this approach to the study because it does not seek to find a common universal essence or unified meaning of lived experience (Giorgi, 1992). Furthermore, while there are checks and balances built into the hermeneutic phenomenological research process to monitor that pre-understandings and fore-structures of understanding do not interfere with accurately describing and interpreting lived experience, Husserlian phenomenologists assert that assumptions and prior knowledge should be bracketed off in order to avoid subjective contamination of the data (Husserl, 1970). In

this thesis, a decision was made to focus on the phenomenon of responsibility as this was a pervading and persistent common human experience emanating from the data. However, it could be construed that in focussing on this particular phenomena and its manifestations that my fore-structure of understanding influenced this choice; and in doing so other phenomenological experiences associated with the meaning of being a psychotherapeutic supervisor remain concealed.

In terms of the techne of hermeneutic phenomenological research, I have been influenced and endeavoured to adhere to the guidance provided by Van Manen (1990), Smythe, (2008) and Vandermause (2011). In doing so, I have captured a wealth of evocative lived experience stories from which I identified and unconcealed a common human experience of being-responsible in supervisory relationships. However, it has been asserted that hermeneutic phenomenological research lacks structure and linear direction, resulting in methodological confusion (Conroy, 2003). While, I dispute this contention, and have asserted the trustworthiness of my research method, I am mindful that approaches to undertaking hermeneutic phenomenological research are evolving and continue to be refined. Therefore, I recommend that hermeneutic phenomenological researchers publish and share with the research community their techne in order that more aspects of human existence can be brought to light.

In terms of the research participants, I was most fortunate that female psychotherapeutic supervisors with a wide range of experience consented to take part and were extremely open in disclosing their day to day lived experiences. While I carried out 14 initial interviews and 8 second interviews with participants, I was initially disappointed that all 14 participants were not available to take part in the second round of interviews. Yet, having soaked in the data

from all of the interviews, I realised that a rich vein of raw data was readily available. I have wondered what influence experiential stories from male participants would have had on the findings from this study. However, I am satisfied that the voices of a proper sample of psychotherapeutic supervisor in Ireland have been faithfully represented in this study. When Heidegger and Levinas were making their philosophical claims, they wrote as if their postulations were universally applicable to human beings. That is to say they took an ungendered, meta-view of human experiencing. Therefore, I anticipate that the findings from this research will have something significant to offer to psychotherapeutic supervisors of all genders and levels of experience. Furthermore I would hope that the findings from this research regarding existential angst and inescapable responsibility will have a broader resonance in human to human relationships that occur in specific concerned situations.

While the aspirations of the study have been met and significant research findings have been presented, I wish to make a number of suggestions for future consideration. While Heideggerian philosophy was extremely helpful in interpreting and understanding phenomenological experiences and uncovering the pervading nature of existential angst and responsibility in participants' stories, I think it would be beneficial to open up a discourse on alternative philosophical positions on responsibility. Taking the discussion initiated here on Levinasian human to human primordial ethical responsibility would be a good starting point but could also be expanded to consider the work of Jacques Derrida. Such discussions could ultimately inform the training and education of psychotherapeutic supervisors and supervision consultants.

I would also suggest that research is carried out examining the provision of independent ontological supervision consultation; what type of influence this has on supervisors'

ontological awareness; and if this impacts on the manner in which psychotherapeutic supervisors cope with existential angst and experiences of heightened responsibility.

Finally, this study has focussed on the experience and meaning of being-responsible in psychotherapeutic supervision in concernful situations and in doing so has thrown a new light on a taken for granted aspect of existing in this life-world. However, I propose that there is a need for further hermeneutic phenomenological research studies designed to tell us more about what it is really like being a psychotherapeutic supervisor.

REFERENCES

- Adams, M. (2002) Reflections on Reflections, *Existential Analysis* 13(2) 204-213
- Abrams, E., Loewenthal, D. (2005) Responsibility and Ethico-moral values in Counselling and Psychotherapy. *Existential Analysis* 16.1: January 2005
- Allen, G. J., Szollos, S. J. and Williams, B. E. (1986) Doctoral students' comparative evaluations of best and worst psychotherapy supervision. *Professional Psychology: Research and Practice*, 17, 91-99.
- Alperin, R. and Phillips, D. (1997) *The impact of managed care on the practice of psychotherapy*. New York: Brunner/Mazel.
- Balint, M. (1948) On the Psychoanalytic training system. *International Journal of Psychoanalysis*, 29, 163-173
- Bambling, M., King, R., Raue, P., Schweitzer, R. and Lambert, W. (2006) Clinical supervision: Its influence on client-rated working alliance and client symptom reduction in the brief treatment of major depression. *Psychotherapy Research*; 16(3): 317-331.
- Bandura, A. (1977) *Social learning Theory*. New Jersey: Prentice-Hall.
- Bang, K. and Park, J. (2009) Korean Supervisors' Experiences in Clinical Supervision. *The Counseling Psychologist* Vol. 37 No. 8.

- Beck, A. (1964) Thinking and depression: II. Theory and Therapy. *Archives of General Psychiatry*, 10, 561-571.
- Beck, A. (1976) *Cognitive therapy and the emotional disorders*. New York; International Universities Press.
- Beck, A. (1991) Cognitive Therapy: A 30 Year Retrospective. *American Psychologist*, 46 (4), 368-375.
- Beck, J.S. (1995) *Cognitive Therapy: Basics and Beyond*. New York: Guilford Press.
- Benner, P. (ed) (1994) *Interpretive Phenomenology: Embodiment, caring and ethics in health and illness*. Thousand Oaks, C.A: Sage.
- Bernard, J. M. (1997) The discrimination model. In C. E. Watkins Jr. (ed), *Handbook of Psychotherapy Supervision* (pp. 310–327). New York: Wiley.
- Bernard, J.M. and Goodyear, R.K. (2009) *Fundamentals of Clinical Supervision*. Pearson Education, Inc: New Jersey.
- Berne, E. (1961) *Transactional Analysis in Psychotherapy*. London: Souvenir Press.
- Berne, E. (1966) *Principles of Group Treatment*. New York: Oxford University Press.

Berne, E. (1968) *Games People Play*. Harmondsworth: Penguin.

Blackham, H.J. (1991) *Six Existential Thinkers*. London: Routledge.

Boss, M. (1994) *Existential Foundations of Medicine and Psychology*. Translated Conway and Cleaves. Northvale NJ: Aronson.

Bowlby, J. (2005) *The Making and Breaking of Affectional bonds*. London: Tavistock.

British Association of Counselling (1984) *Code of Ethics and Practice*. Rugby: BAC.

British Association of Counselling (1992) *Code of Ethics and Practice*. Rugby: BAC.

British Association for Counselling and Psychotherapy (2013) *Ethical Framework*. Rugby, England: BACP.

Carman, T. (2007) Authenticity. In H.L. Dreyfus and M.A. Wrathall (eds), *A Companion to Heidegger*. Blackwell Publishing: England.

Carroll, M. (1988) Counselling Supervision: The British Context. *Counselling Psychology Quarterly*, 1, 387-396.

Carroll, M. (2001). Supervision in and for Organisations. In M. Carroll and M. Tholstrup (eds), *Integrative Approaches to Supervision*. London: Jessica Kingsley Publishers.

Carroll, M. (2010) Review: Existential Perspectives on Supervision; *Existential Analysis*; *Journal of the Society of Existential Analysts*.

Casement, P. (1985) *On Learning from the Patient*. London: Routledge.

Central Statistics Office (2010) Ireland, www.cso.ie

Cerbonne, D.R. (2006) *Heidegger: A Guide for the Perplexed*. London: Continuum.

Cheney, W. (1971) Eric Berne: Biographical Sketch. *Transactional Analysis Journal*, 1. 14-22.

Clarkson, P. and Aviram, O. (1995) Phenomenological Research on Supervision: Supervisors Reflect on 'Being a Supervisor'. *Counselling Psychology Quarterly*, 09515070, 8, 1.

Clarkson, P., Gilbert M., and Tudor, K. (1996) Transactional Analysis. In W. Dryden (ed), *The Handbook of Individual Therapy*. London: Sage.

Cohn, H.W. (1997) *Existential Thought and Therapeutic Practice*. London: Sage.

Collard, P. and Walsh, J. (2008) Sensory Awareness Mindfulness Training in Coaching; Accepting Life's Challenges. *Journal of Rational-Emotive & Cognitive- Behavior Therapy*, 26 (1):30-37.

Compton, J.R. (2005) Supervisor Formats and Evaluation Procedures. In B. Estadt, J. Compton and M. Blanchette (eds), *The Art of Clinical Supervision*. Oregon, USA: Wipf & Stock Publishers.

Conn, S. R., Roberts, R. L. and Powell, B. M. (2009). Attitudes and Satisfaction with a Hybrid Model of Counseling Supervision. *Educational Technology & Society*, 12 (2), 298–306.

Conroy, S. (2003) A Pathway for Interpretive Phenomenology. *International Institute for Qualitative Methodology*: 36-62.

Cooper, M. (2003) *Between Freedom and Despair: Existential Challenges and Contributions to Person-centered and Experiential Therapy*. Person-centered and Experiential Psychotherapies, 2 (1). pp. 43-56.

Cooper, J. and Vetere, A. (2006) *Domestic Violence and Family Safety*. London: Whurr.

Corey, G. (2001) *Theory and Practice of Counselling and Psychotherapy*. London: Thomson Learning.

Creaner, M. (2014) *Getting the Best Out of Supervision in Counselling and Psychotherapy- A Guide for the Supervisee*. London: Sage

Cresswell, J.W. (1998) *Qualitative Research Inquiry and Research Design*. London: Sage.

Cresswell, J.W. (2003) 2nd edn. *Research Design- Qualitative, Quantitative and Mixed Methods Approaches*: London: Sage.

Crowe, M. and Ridley, J. (2000) 2nd edn *Therapy with Couples*,. Oxford: Blackwell Science.

Culbreth, J. R., Cooper, J. B. (2008) Factors Impacting the Development of Substance Abuse Counselling Supervisors. *Journal of Addictions and Offender Counselling*, 29, 22-35.

Dattilio, F. (2010) *Cognitive-Behavioral Therapy with Couples and Families*. New York: Guilford Press.

Dattilio, F. and Bevilacqua, L.J. (2000) *Relationship Dysfunction*. New York: Springer.

Dow, D., Hart, G. and Nance, D. (2009) Supervision Styles and Topics Discussed in Supervision. *The Clinical Supervisor*, 28:36–46.

Dreyfus, H.L., and Wrathall, M.A. (eds) (2007) *A Companion to Heidegger*. Oxford: Blackwell Publishing.

Dryden, W. (2009) *Skills in Rational Emotive Behaviour Counselling and Psychotherapy*. London; Sage.

Du Plock, S. (2009) An Existential-Phenomenological Inquiry into the Meaning of Clinical Supervision. *Existential Analysis* 20.2: July.

Ekstein, R. (1969) Concerning the Teaching and Learning of Psychoanalysts. *Journal of American Psychoanalysis Assoc.* 17. 312-313.

Ellis, A.E. (1994) *Reason and Emotion in Psychotherapy*. New York; Birch and Lane.

Ellis, A.E. and Dryden, W. (1997) *The Practice of Rational-Emotive Therapy*. New York; Springer.

Ellis, A.E. and MacLaren, C. (2005) *Rational Emotive Behavior Therapy*. California; Impact.

Ellis, M.V. and Dell, D.M. (1986) Dimensionality of Supervisor Roles: Supervisors' Perceptions of Supervision. *Journal of Counseling Psychology*, 33: 282-291.

Epictetus. (1899) *The collected works of Epictetus*. Boston: Little, Brown.

Erikson, E. (1963) *Childhood and Society*. New York: Norton.

Farber, E.W. (2011) Supervising Humanistic- Existential Psychotherapy; Needs, Possibilities. *Journal of Contemporary Psychotherapy*. DOI 10.1007.

Feltham, C. (ed) (1999) *Controversies in Psychotherapy and Counselling*. London: Sage.

Feltham, C. and Dryden, W. (1994) *Developing Counsellor Supervision*. London: Sage.

Feltham, C. (2002). Supervision: Critical issues to be Faced from the Beginning. In M. McMahon and W. Patton (eds), *Supervision in the Helping Professions* (pp. 327_338). Frenchs Forest, New South Wales: Pearson Education.

Fleming, J. and Benedeck, T.F. (1983) *Psychoanalytic Supervision*. New York: International Universities Press.

Flood, A. (2010) Understanding Phenomenology. In L.E. Moody (ed), *Advancing Nursing Science Through Research*. California: Sage.

Frank, R. and Vaitl, D. (1987) Development of a Multidimensional Questionnaire for Capturing the Aspects of Supervision. *Diagnostica*, 33(1), 30_42.

Frank, J.D. and Frank, J. (1993) *Persuasion and Healing*. Baltimore: John Hopkins University Press.

Frankl, V. (1963) *Man's Search for Meaning*. Boston: Beacon.

Frankl, V. (1965) *The Doctor and the Soul*. New York: Bantam.

Frawley-O'Dea, M.G. and Sarnat, J.E. (2001) *The Supervisory Relationship – A Contemporary Psychodynamic Approach*. New York: Guilford.

Freitas, G. J. (2002) The Impact of Psychotherapy Supervision on Client Outcome: A Critical Examination of 2 Decades of Research. *Psychotherapy: Theory, Research, Practice, Training*, 39, 354–367.

Freud, S. (1949) *An Outline of Psychoanalysis*. New York: Norton.

Gadamer, H. (1975) *Truth and Method*. London: Continuum.

Gans, S. (1997) Lacan and Levinas: Towards an Ethical Psychoanalysis. *Journal of the British Society of Phenomenology*, Vol. 28:1

Geanellos, R. (2000) Exploring Ricoeur's Hermeneutic Theory of Interpretation as a Method of analysing research texts. *Nursing Inquiry*. 7, 2, 112-119.

Gilbert, M. and Evans, K. (2000) *Psychotherapy Supervision- An Integrative Relational Approach to Psychotherapy Supervision*. Maidenhead: Open University Press.

Gilbert, M. and Schmukler, D. (2001) *Brief Therapy with Couples: An Integrative Approach*. New York: Wiley.

Giorgi, A. (1992) Description versus Interpretation; Competing Alternative Strategies for Qualitative Research. *Journal of Phenomenological Psychology*, 23(2), 119-135.

Giorgi, A.P. and Giorgi, B. (2008). Phenomenological Psychology. In C. Willig, and W. Stainton-Rogers (eds) (2009) *Qualitative Research in Psychology*. London: Sage.

Grant, J. and Schofield, M. (2007) Career-long Supervision: Patterns and Perspectives. *Counselling and Psychotherapy Research*; 7(1): 3_11.

Grant, J., Schofield, M.J. and Crawford, S. (2012) Managing Difficulties in Supervision: Supervisors' Perspectives. *Journal of Counseling Psychology*, Vol. 59, No. 4, 528–541.

Gray, D. E. (2009) *Doing Research in the Real World*. London: Sage

Green, S., Shilts, L. and Bacigalupe, G. (2001) When Approved is Not Enough: Development of a Supervision Consultation Model. *Journal of Marital and Family Therapy*, 27,515-525.

Guignon, C.B.(ed) (1993) *The Cambridge Companion to Heidegger*. England: Cambridge University Press

Hackney, H. and Goodyear, R. (1984) Carl Rogers; Client-centered Supervision. In R. Levant and J. Schlien (eds), *Client-Centered and the Person-centered Approach*. New York: Praeger.

Hadjistavropoulos, H., Kehler, M. and Hadjistavropoulos, T. (2010) Training Graduate Students to be Clinical Supervisors: A Survey of Canadian Professional Psychology Programmes. *Canadian Psychology, Canadian Psychological Association*: 51, 3, 206–212.

Hallam-Jones, R. and Ridley, J. (2008) Does Supervision Inform or Alter our Clinical Skills and Does it Result in Changed Clinical Practice? *Sexual and Relationship Therapy*. 23,4, 411–417.

Hallet, C. (2012) Is There Time Enough? Ethical Dilemmas Inherent in Offering Time-Limited Work in the University. *British Journal of Psychotherapy*, 28, 2, 249-263.

Harrington, D.R. (1994) Responsible Subjectivity: Levinas and Humanistic Psychology. *The Humanistic Psychologist*, 22, Spring 1994

Harris, T. (1970) *I'm OK, You're OK*. London: Pan Books.

Hawkins, P. and Shohet, R. (2006) *Supervision in the Helping Professions*. Milton Keynes: Open University Press.

Hawkins, P. and Shohet, R. (2012) *Supervision in the Helping Professions*. 4th edn.
Berkshire: Open University Press.

Hayes, S. and Smith, S. (2005) *Get Out of Your Mind and into Your Life*. California;
Harbinger.

Heidegger, M. (1927 /1962) *Being and Time*. Oxford: Blackwell Publishing.

Heidegger, M. (1965) “Conversations with Medard Boss, May –November 1965.” In M.
Boss (ed), *Zollikon Seminars: Protocols-Conversations-Letters*.

Heidegger, M. (1975/1982) *The Basic Problems of Phenomenology*. Bloomington, USA:
Indiana University Press.

Hein, S. and Lawson, G. (2008) Triadic Supervision and Its Impact on the Role of the
Supervisor: A Qualitative Examination of Supervisors’ Perspectives. *Counsellor Education
& Supervision*. Volume 48.

Henderson, P. (2007) ‘Approaches to Supervision Theory’. *Therapy Today*: 18, 8.

Heru, A., Strong, D., Price, M. and Recupero, R. (2006) Self-Disclosure in Psychotherapy
Supervisors: Gender Differences. *American Journal of Psychotherapy* Vol. 60, No. 4, 2006.

Hess, A.K. (ed) (1980) *Psychotherapy Supervision; Theory, Research and Practice*. New York: Wiley.

Hewson, J. (2001) Integrative Supervision: Art and Science. In M. Carroll and M. Tholstrup (eds), *Integrative Approaches to Supervision*. London: Jessica Kingsley Publishers.

Hoffman, P. (2007) Dasein and its Time. In H.L. Dreyfus, and M.A. Wrathall (eds) *A Companion to Heidegger: Blackwell Companions to Philosophy*. Oxford: Blackwell Publications.

Holloway, E. (1995) *Clinical Supervision: A Systems Approach*. London: Sage

Husserl, E. (1962) *Ideas*. New York: Collier.

Husserl, E. (1970) *The Crisis of European Sciences and Transcendental Phenomenology*. Evanston, USA: Northwestern University Press.

Inwood, M. (1997) *Heidegger*. Oxford: Oxford University Press.

Inwood, M. (1999) *A Heidegger Dictionary*. Oxford: Blackwell Publishers Ltd.

Irish Association of Counselling and Psychotherapy (1998) *Code of Ethics and Practice: Information Sheet 7*. Dublin: IACP.

Irish Association for Counselling and Psychotherapy (2013) *Ethical Framework*. Dublin: IACP.

Ironside, P. M. (2005). Introduction: Thinking Beyond Method. In P. M. Ironside, (ed). *Beyond Method: Philosophical Conversations in Healthcare Research and Scholarship*. Madison: University of Wisconsin Press.

Jacobs, M. (2007) *The Presenting Past, The Core of Psychodynamic Counselling and Psychotherapy*. England: Open University Press.

Jung, C.G. (1991) *The Development of Personality*. England: Routledge.

Kaduskin, A. (1976) *Supervision in Social Work*. New York: Columbia University Press.

Kazdin, A. (1994) *Behavior Modification in Applied Settings*. Pacific Grove, California: Brooks/Cole.

Kearns, A. (2005) *The Seven Deadly Sins? –Issues in Clinical Practice and Supervision for Humanistic and Integrative Practitioners*. London: Karnac.

Kennard, B., Stewart, S. and Gluck, M. (1987) The Supervision Relationship: Variables Contributing to Positive Versus Negative Experiences. *Professional Psychology: Research and Practice*: 18, 2, 172-175.

Kirschenbaum, H. and Henderson, V.L. (eds) (1990) *The Carl Rogers Reader*. London: Constable.

Klein, M. (1932) *The Psychoanalysis of Children*. London: Hogarth.

Koch, T. (1996). Implementation of a Hermeneutic Inquiry in Nursing: Philosophy, Rigour and Representation. *Journal of Advanced Nursing*, 28(1), 174-184.

Kohut, H. (1984) *How Does Psychoanalysis Cure?* Chicago: University of Chicago Press.

Kvale, S. and Brinkmann, S. (2008) *Interviews-Learning the Craft of Qualitative Research Interviewing*. London: Sage.

Lambert, M. J. and Ogles, B. M. (1997) The Effectiveness of Psychotherapy Supervision. In C. E. Watkins (ed), *Handbook of Psychotherapy Supervision* (pp. 421_446). New York: Wiley.

Langdridge, D. (2007) *Phenomenological Psychology: Theory Research and Method*. England: Pearson Education Limited.

Lawton, B. and Feltham, C. (2000) *Taking Supervision Forward*. England: Sage.

Lazarus, A. (1971) *Behaviour Therapy and Beyond*. New York: McGraw-Hill.

Lazarus, A. (1993) Tailoring the Therapeutic Relationship, or Being an Authentic Chameleon. *Psychotherapy*, 30, 404-407.

Ledderick, G.R. (1994) *Models of Clinical Supervision*. ERIC Digest, ERIC Clearinghouse on Counselling and Student Services, Greensboro, NC. (www.ericdigests.org; retrieved March 2014)

Leise, A. and Beck, J. (1997) Cognitive Therapy Supervision. In C. Watkins (ed), *Handbook of Psychotherapy Supervision*. New York: Wiley.

Levinas, E. (1961/1969) *Totality and infinity*. Pittsburgh: Duquesne University Press

Levinas, E. (1972/2006). *Humanism of the Other*. USA University of Illinois Press

Levinas, E. (1974/2009). *Otherwise than Being or Beyond Essence*. Pittsburgh: Duquesne University Press

Lockner, B. and Melchert, T.P. (1997) The Relationship of Cognitive Style and Theoretical Orientation to Preferences for Supervision in Psychology Interns. *Journal of Counselling Psychology*, 10:3-42

Loewenthal, D., Snell, R. Teaching/ Learning and Decision Making; The Face to Face Versus the Interface' in Jarvis, Griffen, Holdford (1998eds) *Learning in the Learning Society*.

London: Kogan Page

Loganbill, C., Hardy, E. and Delworth, U. (1982) Supervision, a Conceptual Model. *The Counselling Psychologist*, 10 (1) 3-42.

McMahon, M. (2003) Supervision and Career Counsellors: A Little-explored Practice with an Uncertain Future. *British Journal of Guidance & Counselling*: 31, 2.

McConnell-Henry, T., Chapman, Y. and Francis, K. (2009) Unpacking Heideggerian Phenomenology. *Southern Online Journal of Nursing research*. 9 (1). (6p) (52ref).

Macaro, A. Virtue in Supervision. In E. Van Deurzen and S.Young. (2009) *Existential Perspectives on Supervision*. England: Palgrave Macmillan.

Majcher, J. and Daniluk, J.C. (2009) The Process of Becoming a Supervisor for Students in a Doctoral Supervision Training Course. *Training and Education in Professional Psychology*, Vol. 3, No. 2, 63–71.

Marks, I. and O'Sullivan, G. (1988) Drugs and Psychological Treatments for Agoraphobia/panic and Obsessive-compulsive Disorders. *British Journal of Psychiatry*, 15: 650-8.

- Matoon, M. (1995) Historical Notes. In P. Kugler (ed) *Jungian Perspectives on Clinical Supervision*. Einsiedeln: Daimon.
- Mattinson, J. (1977) *The Reflection Process in Casework Supervision*. London: Institute of Marital Studies, Tavistock Institute of Human Relations.
- May, R. (1983) *The Discovery of Being: Writings in Existential Psychology*. New York: Norton.
- Mearns, D. and Thorne, B. (2007) *Person-Centred Counselling in Action*, 3rd edn. London: Sage.
- Miles, M. and Huberman, A. (1994) *Qualitative Data Analysis; A Source Book of New Methods* California: Sage.
- Milne, D.L. and James, I.A. (2002) The Observed Impact of Training on Competence in Clinical Supervision. *British Journal of Clinical Psychology*, 41, 55_72.
- Milne, D.L., Leck, C. and Choudhri, N.Z. (2009) Collusion in Clinical Supervision: Literature Review and Case study in Self-reflection *The Cognitive Behaviour Therapist*, 2, 106–114.

Mitchell, D. Responsibility in Existential Supervision. In E. Van Deurzen and S. Young.
(2009) *Existential Perspectives on Supervision*. England: Palgrave Macmillan.

Moore, G.E. (1962) *Some Main Problems of Philosophy*. New York: Collier.

Moran, A. (2008) *The Person's Experience of End Stage Renal Disease and Haemodialysis Therapy*. PhD Thesis, Dublin City University.

Moran, D. and Mooney, T. (2007) *The Phenomenology Reader*. Oxon: Routledge.

Morgan, M.L. (2011) *The Cambridge Introduction to Emmanuel Levinas*. Cambridge; Cambridge University Press.

Morgan, M.M. and Sprenkle, D.H. (2007) Towards a Common Factors Approach to Supervision. *Journal of Marital and Family Therapy*. 33, 1, 1-17.

Moustakas, C. (1994) *Phenomenological Research Methods*. California: Sage

Nelson, M.L., Barnes, K.L., Evans, A.L. and Triggiano, P.J. (2008) Working With Conflict in Clinical Supervision: Wise Supervisors' Perspectives. *Journal of Counseling Psychology* Vol. 55, No. 2, 172–184.

Nelson-Jones, R. (1992) *The Theory and Practice of Counselling Psychology*. London: Cassell Educational Limited.

Nolan, G. (2007) *Seeing the Wood and the Trees*. PhD Thesis: School of Healthcare: University of Leeds.

Norcross, J. (ed) (2011) *Psychotherapy Relationships that Work*. New York: Oxford University Press.

O' Farrell, U. (1993) *First Steps in Counselling*. Dublin: Veritas.

Ogren, M. and Sunden, E. (2009) Group Supervision in Psychotherapy. Main Findings from a Swedish Research Project on Psychotherapy Supervision in a Group Format. *British Journal of Guidance & Counselling*, 37, 2, 129-139.

O'Leary, C. (1999) *Counselling Couples and Families: A Person-centered Approach*. London: Sage.

Omand, L. (2009) *Supervision in Counselling and Psychotherapy*. New York: Palgrave Macmillan.

O'Sullivan, G. (1996) Behaviour Therapy. In W. Dryden (ed), *The Handbook of Individual Therapy*. London: Sage.

Packer, M. and Addison, R. (1989) *Entering the Circle: Hermeneutic Investigation in Psychology*. New York: State University of New York Press

Padesky, C.A. and Greenberger, D. (1995) *The Clinician's Guide to Mind over Mood*. New York: Guilford Press.

Page, S. and Wosket, V. (1994) *Supervising the Counsellor*. 2nd edn .London: Routledge.

Patterson, C.H. (1964) Supervising Students in the Counselling Practicum. *Journal of Counseling Psychology*. 11, 47-53.

Patterson, C.H. (1983) A Client-centered Approach to Supervision. *The Counselling Psychologist*, 11 (1), 21-25.

Patterson, C.H. (1997) Client-centered Supervision. In C.E. Watkins (ed), *The Handbook of Psychotherapy Supervision*. Canada: Wiley.

Pavlov, I. (1927) *Conditional Reflexes*. London: Oxford University Press.

Peperzak, A., Critchley, S., Bernasconi, R. (Eds) (1996) *Emmanuel Levinas- Basic Philosophical Writings*. Bloomington: Indian University Press

Perls, F., Hefferline, R. and Goodman, P. (1951) *Gestalt Therapy; Excitement and Growth in the Human Personality*. London: Souvenir Press.

Plager, K. (1994) Hermeneutic Phenomenology: A Methodology for Family Health and Health Promotion Study in Nursing. In P. Benner, (ed) (1994) *Interpretive Phenomenology: Embodiment, Caring and Ethics in Health and Illness*. Thousand Oaks, C.A: Sage.

Pretorius, W.M. (2006) Cognitive Behavioural Therapy Supervision: Recommended Practice: *Journal of Behavioural and Cognitive Psychotherapy*: 34, 413-420.

Prior, A. (2012) The Correspondence Theory of Truth in *The Encyclopaedia of Philosophy* 2 : 223 (Download 2012).

Proctor, B. and Inskip, F. (1988) *Skills for Supervisees and Skills for Supervisors* Video cassette: St. Leonard's, Alexia Publications.

Proctor, B. (1988b) Supervision: A Cooperative Exercise in Accountability. In M. Marken and M. Payne (eds), *Enabling and Ensuring*. Leicester: Leicester National Youth Bureau and Council for Education and Training in Youth and Community Work.

Rabinowitz, F. E., Heppner, P. P., and Roehlke, H. J. (1986) Descriptive Study of Process and Outcome Variables of Supervision Over Time. *Journal of Counseling Psychology*, 33, 292–300.

Rapisarda, C. A., Desmond, K. J., and Nelson, J. R. (2011) Student Reflections on the Journey to Being a Supervisor. *The Clinical Supervisor*, 30, 109-123.

Ricketts, T. and Donohoe, G. (2000) Clinical Supervision in Cognitive Behavioural Psychotherapy. In B. Lawton, and C. Feltham (eds), *Taking Supervision Forward*. London: Sage.

Rogers, C.R. (1942) The Use of Electronically Recorded Interviews in Improving Psychotherapeutic Techniques. *The American Journal of Orthopsychiatry*, 12, 429-434.

Rogers, C.R. (1951) *Client-Centred Therapy; Its Current Practice, Implications and Theory*. London: Constable.

Rogers, C.R (1961) *On Becoming a Person*. Boston: Houghton Mifflin.

Rogers, C.R. (1980) *A Way of Being*. Boston: Houghton Mifflin.

Rogers, C.R. (2003) *Client Centered Therapy*. London: Constable and Robinson Ltd.

Rose, S. (2003) Research into Supervision: *Counselling and Psychotherapy Journal*: 14, 6, 40-43.

Rosenbaum, M., Ronen, T. (1988) Clinical Supervision from the Standpoint of Cognitive Behavioural therapy. *Psychotherapy*, 35, 220-230.

Russell, B. (1946) *The History of Western Philosophy*. London: Allen and Unwin Ltd.

Scaife, J. (2009) *Supervision in Clinical practice –A Practitioner’s Guide*. England: Routledge.

Schmidt, L.K. (2006) *Understanding Hermeneutics*. England: Acumen.

Schoenwald, S., Sheidow, A. and Chapman, J. (2009) Clinical Supervision in Treatment Transport: Effects on Adherence and Outcomes. *Journal of Consulting and Clinical Psychology, American Psychological Association*: 77, 3, 410–421.

Schön, D. A. (1991) *The Reflective practitioner: How Professionals Think in Action*. London, England: Ashgate.

Scullion, S. (2008) A Critical Evaluation of the Existential-phenomenological Approach as a Preferred Model of Psychotherapy and Counselling. *The Family Institute, DYSGU Review*:2.

Searles, H. (1955) The Informational Value of the Supervisor’s Emotional Experiences. In J. Sutherland (ed), *Collected papers on Schizophrenia*. New York: International Universities Press.

Shearer, A. (2003) Learning about Supervision. In J. Weiner, R. Mizen and J. Duckham (eds), *Supervising and Being Supervised*. New York: Palgrave Macmillan.

Skinner, B.F. (1971) *Beyond Freedom and Dignity*. New York: Knopf.

Skerjve, J. and Neilsen, G. (2009) Nondisclosure in Psychotherapy Group Supervision: The Supervisor Perspective. *Nordic Psychology*, 61(4), 28-48.

Slavin-Mulford, J. and Hilensenroth, M. (2011) Experiences Related to Expert Supervisors' Views of Ideal Therapeutic Practice. *Counselling and Psychotherapy Research*, 11(2): 97_104.

Smith, J.A. (2007) Hermeneutics, Human Sciences and Health; Linking Theory and Practice. *International Journal of Qualitative Studies on Health and well-being*, 2, 3-11.

Smith, V., Collard, P., Nicolson, P. and Bayne, R. (2012) *Key Concepts in Counselling and Psychotherapy*. England; McGraw-Hill.

Smythe, E. (2011) Hermeneutic Phenomenology Lecture, Dublin City University.

Smythe, E. (2011) From Beginning to End – How to do Hermeneutic Interpretive Phenomenology. In M. Thomson, T. Dykes and S. Downe (eds) 2011 *Qualitative Health Research and Midwifery and Childbirth*. London, England: Routledge Taylor Francis.

Smythe, E.A., Ironside, P.M., Sims, S.L., Swenson, M.M. and Spence, D.G. (2008) Doing Heideggerian Hermeneutic Research: A Discussion Paper. *International Journal of Nursing Studies* 45: 1389-1397.

Smythe, E., MacCulloch, T. and Charmly, R. (2009) *Professional Supervision: Trusting the Wisdom that 'Comes'*. British Journal of Guidance & Counselling

Speedy, J. (2001) Narrative Approaches to Supervision. In M. Carroll and M. Tholstrup (eds), *Integrative Approaches to Supervision*. London: Jessica Kingsley Publishers.

Spiegler, M., Guevremont, D. (1998) *Contemporary Behaviour Therapy*. Pacific Grove, CA: Brookes/Cole.

Spinelli, E. (1997) *Tales of Un-Knowing: Therapeutic Encounters from an Existential Perspective*. London: Duckworth.

Stewart, I. (2007) *Transactional Analysis Counselling in Action*. London: Sage.

Stewart, I. and Joines, V. (2000) *TA Today- A New Introduction to Transactional Analysis*. England: Lifespace.

Stoltenberg, C.D. and Delworth, U. (1987) *Supervising Counselors and Therapists*. California: Jossey-Bass.

Stone, G. L. and Vance, A. (1976) Instructions, Modelling, and Rehearsal: Implications for Training. *Journal of Counseling Psychology*, 23, 272-279.

Storm, C.L., Todd, T.C., Sprenkle, D.H. and Morgan, M.M. (2001) Gaps between MFT Supervision Assumptions and Common Practice: Suggested Best Practices. *Journal of Marital and Family Therapy*, 27, 227-239.

Thorndike, E. (1911) *Animal Intelligence*. New York: Macmillan.

Thorne, B. (1996) Person-Centred Therapy. In W. Dryden (ed), *The Handbook of Individual Therapy*. London: Sage.

Thornton, E. (1999) Does the Unconscious Mind Really Exist? In C Feltham (ed), *Controversies in Psychotherapy and Counselling*. London: Sage.

Todres, L. and Wheeler, S. (2001) The Complementarity of Phenomenology, Hermeneutic and Existentialism as Philosophical Perspective. In Nursing Research. *International Journal of Nursing Studies*, 38, 1-8.

Todd, S. (2001) Guilt, Suffering and Responsibility. *Journal of Philosophy of Education*, Vol.35, No4

Trepal, H., Bailie, J. and Leeth, C. (2010) Critical Incidents in Practicum Supervision: Supervisees Perspectives. *Journal of Professional Counselling: Practice Theory and Research*. 38, 1.

Tromski-Klingshirn, D. and Davis, T.E. (2007) Supervisees' Perceptions of Their Clinical Supervision: A Study of the Dual Role of Clinical and Administrative Supervisor. *Counselor Education & Supervision, American Counseling Association*: 46.

Tudor, K. and Worrall, M. (2004) *Freedom to Practise: Person-centred Approaches to Supervision*. Herefordshire: PCCS Books.

United Kingdom Council for Psychotherapy (2008) *Supervision: Things We Keep in Mind*. Conference Papers; London: UKCP.

United Kingdom Council for Psychotherapy (2013) *Ethical Framework*. London: UKCP.

Van Deurzen-Smith, E. (1988) *Existential Counselling in Practice*. London: Sage.

Van Deurzen-Smith, E. (1996) Existential Therapy. In W. Dryden (ed), *The Handbook of Individual Therapy*. London: Sage.

Van Deurzen-Smith, E. (1997) *Everyday Mysteries: Existential Dimensions of Psychotherapy*. London: Routledge.

Van Deurzen, E. (1998) *Paradox and Passion in Psychotherapy: An Existential Approach to Therapy and Counselling*. Chichester: John Wiley and Sons.

Van Deurzen, E. and Young, S. (2009) *Existential Perspectives on Supervision*. England: Palgrave Macmillan.

Van Manen, M. (1990) *Researching Lived Experience- Human Science for an Action Sensitive Pedagogy*. Ontario, Canada: State University of New York.

Vandermause, R.K. (2011) Being Wholesome: The Paradox of Methamphetamine Addiction and Recovery. A Hermeneutic Phenomenological Interpretation within an Interdisciplinary, Transmethodological Study. *Qualitative Social Work*. D.O.I 10.1177/1473325011401470.

Von Gebattel, V. (1964) *The Meaning of Medical practice*; Theoretical Medicine 16.1.1994: Pg. 59-72.

Watkins, C. (ed) (1997) *Handbook of Psychotherapy Supervision*. New York: Wiley.

Watkins, C.E. (2012) Development of the Psychotherapy Supervisor. Review of and Reflections on 30 years of Theory and Research. *American Journal of Psychotherapy*, 66, No.1.

Wharton, B. (2003) Supervision in Analytic Training. In J. Weiner, R. Mizen and J. Duckham (eds), *Supervising and Being Supervised- A theory in Search of a Practice*. England: Palgrave.

Wheeler, S. and Richards, K. (2007) The Impact of Clinical Supervision on Counsellors and Therapists, Their Practice and Their Clients. A Systematic Review of the literature. *Counselling and Psychotherapeutic Research*, 7(1), 54-65.

Whitman, S.M., Jacobs, E.G (1998) Responsibilities of the Psychotherapy Supervisor. *American Journal of Psychotherapy*, Vol. 52, No.2, Spring 1998

Willig, C. (2008) *Introducing Qualitative Research in Psychology*. England: McGraw-Hill.

Winnicott, D.W. (1957) *Mother and Child*. New York: Basic Books.

Wolpe, J. (1990) *The Practice of Behaviour Therapy*. New York: Pergamon Press.

Woods, P. and Ellis, A. (1997) Supervision in Rational Emotive Behaviour Therapy. In C. Watkins (ed), *Handbook of Psychotherapy Supervision*. New York: Wiley.

Wosket, V. (2003) *The Therapeutic Use of Self*. Routledge: London.

Yalom, I. (1980) *Existential Psychotherapy*. New York: Basic Books.

Yalom, I. (1989) *Love's Executioner: And Other Tales of Psychotherapy*. New York: Harper Perennial.

Ybrandt, H. and Armelius, K. (2009) Changes in Self-image in a Psychotherapy Supervisor Training Program. *The Clinical Supervisor*, 28, 113-123.

Zarbock, G., Drews, M., Bodansky, B. and Dahme, B. (2009) The Evaluation of Supervision: Construction of Brief Questionnaires for the Supervisor and the Supervisee. *Psychotherapy Research*, 19(2): 194_204.

APPENDIX A -Interview Schedule 1

Section 1- Introduction/Preamble

- Welcome respondent
- Collect Consent Form
- Clarify if there are any questions arising

Section 2- Inclusion Criteria

1. Interview Date.....Duration of Interview.....
2. Female supervisor Or Male supervisor.....
3. Age?.....Years
4. How long have you been practicing as a supervisor?
5. Were you trained as a psychotherapeutic supervisor in Ireland or the United Kingdom?
Yes/No
6. Are you currently providing individual, shared or group psychotherapeutic supervision to pre-accredited and accredited counsellors or psychotherapists? Yes/No

Section 3 – Interview Schedule

1. How would you describe your experience of being a supervisor?
2. What does it mean to you professionally to be a supervisor?
3. What does it mean to you personally to be a supervisor?
4. How would you describe your approach to supervision?
5. What factors influence your approach to supervision?

6. In what way(s) does the process of supervision affect counselling and psychotherapy practice?
7. Has your experience of supervision changed over the years?
8. Is it a different experience when you are providing individual or shared or group supervision?
9. What do you think you, personally, bring to the process of supervision?
10. What would you say is the essence of supervision, for you?

Many thanks for taking part in this research

APPENDIX B -Interview Schedule 2

Second Interview Schedule 2012

- Rationale for 2nd Interviews.

With the research methodology that I am using it is recommended that second interviews are carried out with participants. The idea is that this helps the researcher to confirm or vary the findings from the first round of interviews.

- Plain Language Statement/ Questions?
- Consent Form/Sign/Questions?
- I am interested in your actual experience of being a supervisor on a day to day basis. So I would like you to tell me the story of some of your specific supervision experiences.
- Could you tell me about the last supervision session that you had with a counsellor or psychotherapist?
- What was your experience?
- Could you tell me about a positive supervision session?
- What was your experience?
- Could you tell me about a negative supervision session?
- What was your experience?
- Have you ever experienced a sense of responsibility in a supervision session?
- Have you ever experienced a sense of anxiety in a supervision session?

Many thanks for taking part in this research