How do supervisees experience supervision where the focus of that supervision is their work with people who self-injure?

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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 Psychotherapy*, is entirely my own work, and 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.

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Abstract

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How do supervisees experience supervision where the focus of that supervision is their work with people who self-injure?

For psychotherapists, working with self-injury presentations - such as self-cutting, hitting and biting - is recognised as being especially demanding, often leaving the clinician to feel anxious and overwhelmed. Due to the challenges that arise in providing psychotherapy for this client group supervision is considered particularly critical. Nonetheless, there is a dearth of research investigating if, and how, supervision might benefit the supervisee in their work with this clinical population. The aim of this study was to gain an in-depth understanding of the supervision experiences of psychotherapy supervisees where the focus of that supervision was their work with clients who self-injure. An Interpretative Phenomenological Analysis (IPA) study was carried out to explore this clinical-supervision intersection. Semi-structured one-to-one interviews were conducted with ten supervisees. Two contrasting superordinate themes emerged: 'Being in it Together', and 'Being on my Own'. The challenges experienced by the participants in their clinical work transferred into supervision as a constellation of needs: To be personally supported with the impacts of the work, educated on the nature of self-injury, and clinically guided. The supervisees valued a proactive, and a steady, approach from their supervisor. The study also revealed that supervisees can be profoundly impacted by their experiences in supervision, which can inspire or disrupt the supervisory alliance. The findings are discussed in relation to the existing literature, and in terms of their research, training and clinical implications.

Chapter 1 Introduction

This study is concerned with gaining an in-depth understanding of the supervision experiences of psychotherapists, where the focus of the supervision is their work with clients who self-injure. The chapter provides a background to the study, establishing the significance of the context under investigation. This is followed by a summary of the rationale and conduct of the study. The chapter then outlines the structure of this thesis.

Background to the Study

Self-Injury, which includes self-cutting and hitting, can be defined as 'an act of directly injuring one's body tissue that is done purposefully, without an explicit intent to die, and not socially sanctioned' (Klonsky et al., 2013; Whisenhunt et al., 2014). In 2019 over 9,700 people were recorded as presenting to hospital due to self-harm in the Republic of Ireland (Joyce et al., 2020). Taking a whole island perspective, figures from the Public Health Agency: Health and Social Care (HSC) in Northern Ireland, (2019) report state that just over 6,100 individuals attended Emergency Departments (ED) with self-harm presentations. Though these statistics portray a significant social and personal issue on the island as a whole, they were generated through hospital and ED presentations. As such, these figures do not reflect the numbers of people within the general population who self-injure. Most people who self-injure do not need medical attention (Chandler et al., 2011; Fox & Hawton, 2004). This is in keeping with other literature that identifies the hidden phenomenon of self-injury (Babiker & Arnold, 1997; Hoffman & Kress 2008; Inckle, 2014; Long & Jenkins, 2010; Long, 2018). Providing further light on the level of self-injury in Irish and British society, in 2019 "Samaritans across Great Britain and Ireland supported someone about self-harm every 2 minutes – a total of 272,000 times" (Samaritans Ireland, 2020, p. 7); these are sobering figures, particularly as each statistic represents somebody's lived reality. Though the actual

number of people who self-injure is unknown, the figures indicate that it is a significant clinical problem and issue for psychotherapy.

Working with People Who Self-Injure

In their review for practitioners working with people who self-injure, Klonsky and Muehlenkamp (2007) describe the general attributes of this client population, and they include: possessing high levels of negative emotions, anxiety, and depression. This cohort may also have difficulty understanding and expressing their emotions, are often predisposed to low self-esteem, intense self-hatred, and can experience significant dissociation. These characteristics give some insight into the experiences of the client and suggest that the psychotherapist is often working with a complex presentation.

Working professionally with people who self-injure has been shown to give rise to strong emotions, such as anger, fear, anxiety, repulsion and terror in psychotherapists and healthcare clinicians (Fleet & Mintz, 2013; Fox 2011; Huband & Tantam, 2000; Zila & Kiselica, 2001). Prior studies have noted that psychotherapists, and allied healthcare professionals, such as mental health nurses and doctors attending to this client cohort, can feel incompetent and develop negative attitudes towards people who self-injure (Fleet & Mintz, 2013; Karman et al., 2014; Saunders et al., 2012; Whisenhunt et al., 2014).

Overall, psychotherapists, even if they are seasoned professionals, can find working with clients who self-injure to be challenging (Fleet & Mintz, 2013; Fox, 2011**;** Hoffman & Kress, 2008; Long, 2018; Whisenhunt et al., 2014). This is a serious concern, as the challenges outlined may undermine the psychotherapists confidence, or self-efficacy, and have a profound impact on their work with clients, thus demonstrating the need for the availability of support to the clinician.

Supervision

Supervision is considered an integral part of best practice in counselling and psychotherapy (Creaner, 2014; Milne & Reiser, 2017; Watkins, 2013). Though intrinsically linked to the practices of counselling, psychotherapy and psychology, supervision is a distinct field in itself (Falender & Shafranske, 2004). As the field of supervision developed, various definitions and approaches to supervisory practice evolved (Bernard & Goodyear, 2014; Creaner, 2014; Milne et al., 2008). Though these differing approaches to supervision generally highlight the need to support the well-being and growth of the supervisee, ultimately supervision is primarily, and ethically, concerned with the welfare of the client (Pope & Vasquez, 2011). This is succinctly and meaningfully addressed through Proctor's (1994) observation that "…supervision is the profession's chosen assurance of quality and ethical practice--the vehicle for counsellors being able to say, 'We are accountable to each other for the service we offer to clients'" (p. 309).

Consequently, as part of their standards, professional bodies in Ireland, such as the Irish Association of Counselling and Psychotherapy (IACP), Irish Association of Humanistic and Integrative Psychotherapy (IAHIP), Irish Association of Cognitive and Behavioural Psychotherapy (IABCP), Irish Institute of Cognitive and Humanistic Psychotherapy (IICHP) require their members to regularly attend supervision. Furthermore, in regard to working with people who self-injure, given the challenges that psychotherapists face, there is a consistent recommendation that supervision is essential to support these clinicians in their work (Schiavone & Links, 2013). However, there is a paucity of research to explicate what pertinent supervision support might entail in this context.

Rationale for the study

As stated, the need for supervision to support psychotherapists who work with people who self-injure is consistently recommended. Despite this there is a notable scarcity of pertinent research illuminating the area of psychotherapy supervision for self-injury presentations (Hoffman & Kress, 2008). Emanating from the clinical literature, several recommendations are suggested as to how supervision might assist the supervisee in their work with people who self-injure (Babiker & Arnold, 1997; Hoffman & Kress, 2008; Linehan, 1993; Reeves, 2010; Walsh, 2014; Wester & Trepal, 2017).

There is, however, a paucity of research to substantiate these ideas. Essentially, very little is known about the experiences of supervisees when they bring self-injury presentations to supervision. No previous research has investigated the experiences of qualified psychotherapy supervisees in this context. Therefore, this study sets out to address the deficit in the research literature.

The Study

The researcher conducted an Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) study that involved ten participants to ascertain the experiences of psychotherapy supervisees in supervision where the focus of that supervision is their work with people who self-injure. Inclusion and exclusion criteria were designed to ensure the recruitment of a predominantly homogenous group that could represent the specific phenomenon and context under investigation.

Data was gathered through semi-structured, one to one interviews. The questions were designed using the objectives of the study to guide their construction. The interview format enabled the establishment of a naturalistic context, this allowed the participant and researcher to engage in an exploration and dialogue that revealed rich and meaningful data. The

interviews produced a significant amount of data, which was analysed using the IPA analytic method, and thus produced the findings for this present research.

Thesis Layout

Chapter 2 examines the available literature and current state of knowledge on the intersection of self-injury and supervision. The chapter describes the distinct areas of supervision, and self-injury, to provide a narrative backdrop for this present study. A critical analysis of pertinent literature revealed a significant gap in dedicated research on supervision for experienced psychotherapists working with people who self-injure. The study rationale, aims and objectives are outlined.

Chapter 3 elucidates the methodology chosen for this research, IPA, and the rationale for its selection. The chapter outlines the processes used to select and recruit the participants, data collection, and data analysis. Thereafter, the issue of research ethics and ethical considerations for this study are explored. The chapter concludes with a reflexivity section.

Chapter 4 deals with the central themes emerging from the study. Two superordinate themes and six subordinate themes are identified. The supervisees' experiences of this clinical-supervision intersection are elucidated. Participant quotes are used extensively to illustrate the themes, as well as to provide authenticity of voice, and to remain close to the accounts of their experiences.

Chapter 5 discusses the findings of the study and situates them in relation to the extant literature pertinent to the intersection of self-injury presentations and supervision. The findings reveal a meaningful breadth of experiences that were often contrasting, these are discussed and considered. The discussion helps to illuminate important aspects of this clinical-supervision intersection for the field of psychotherapy.

Chapter 6 outlines the strengths, limitations and transferability of the research. An evaluation of the quality of the study is presented. The chapter explicates the key contributions of the study. Implications for supervision, training, and recommendations for future research are suggested. Considerations for the application of terminology are also proposed. A personal reflection on the experience of conducting this study is provided, followed by a concluding summary.

Chapter 2 Literature Review

This chapter provides a review of the literature in respect of the intersection of self-injury and supervision. The review examined the existing literature and critically appraised the current state of knowledge in this area. To provide context for the research, it is necessary to outline the distinct areas of supervision, and self-injury, and thus provide a narrative backdrop for the present study. The chapter begins with the field of supervision. A selection of definitions is presented to illustrate how supervision may be considered. This is followed by an overview of supervision models. The section finishes with an explication of the larger context in which the supervisee operates.

The chapter continues with an examination of the area of self-injury as it pertains to the study. An overview of terminology used in the literature is delineated and a list of definitions is presented as illustrations of how self-injury may be considered. This includes issues inherent in the relationship between self-injury and suicide. Through this process, the terminology and definition of self-injury nominated for the study are discussed and clarified. The chapter then focuses on the literature that addresses the responses of allied healthcare professionals such as mental health nurses, and psychotherapists, to working with people who self-injure, thus outlining the reasons self-injury is considered to be a challenging clinical presentation. The review continues by examining the literature found on supervision for psychotherapists working with people who self-injure, the core of this study. A critical analysis of this literature reveals a significant gap in dedicated research on supervision for experienced psychotherapists working with people who self-injure. To address this deficit, the study rationale, aims and objectives are outlined.

Literature Search

A methodical search of relevant databases, CINAHL Complete, MEDLINE, PsycARTICLES, PsycINFO, and Science Direct was completed using single and multiple combinations of the terms: (Clinical, Psychotherapy, Counselling/Counseling) Supervision, Supervisee/Supervisor, Supervisory relationship/alliance, and Superv* model(s) **- (AND) -** Self-injur*, **(Or)** Self-harm*, Self-injurious behav* (SIB), Self-mutilation*, Cutt*, Nonsuicidal self-injury, NSSI, Nonsuicidal self-harm, NSSH, Self-inflicted violence, SIV, Deliberate self-harm*, DSH, Parasuicide, Suicid*. Using the same strategy, a search was completed on the following journals: 'Counselor Education and Supervision'; 'Counselling and Psychotherapy Research'; 'The Clinical Supervisor'; 'Clinical Psychology and Psychotherapy'; and 'Psychotherapy Research'. A further search was conducted in relevant clinical books and websites. Other literature was reviewed following attendance at conferences, as this provided an important source of professional recommendations and current research.

The volume of specific literature found on the intersection of self-injury and supervision was sparse, with only two research studies partially addressing this supervisory context. As there was limited research available specific to this clinical-supervision intersection, appropriate literature from other healthcare professions was included. This was a valuable source of research as it spoke to prospective encounters and challenges which might be extrapolated and applied to the psychotherapist's supervisory experience. The author was cognisant of differences in context, however, this avenue still provided helpful studies springing from allied practitioner experiences.

Supervision

This section highlights conversations and areas of importance in supervision. The author acknowledges that supervision is a substantial field, which is continually evolving. Therefore it is outside the constraints of this study to fully describe or critique this field. The purpose of the section is to provide a narrative backdrop as it pertains to the clinical-supervisory intersection under investigation. To do this the following section provides an overview of definitions for supervision, then offers an outline of supervision models, and finishes with a segment highlighting the pivotal role of the supervisee in relation to their client work and supervision.

Defining Supervision

Although supervision is universally understood to be an indispensable aspect of the training and development of professionals in mental health and associated fields (Ellis et al., 2017), agreeing a formal definition or conceptualisation for supervision remains difficult (Milne et al., 2007). When compared with the origins of psychotherapy, supervision is a relatively new field with several forms of supervision initially developing from psychotherapy schools and theories (Bernard, 2006; Davy, 2002; Leddick & Bernard, 1980). Consequently, within the broad field of psychotherapy, different definitions of supervision have evolved (Bernard & Goodyear, 2014; Hess, 1980; Kottler, 2017). Each of these approaches to supervision developed their own emphasis, often dependent upon the essential characteristics of the theory of origin, and as a result, there exists a vast array of definitions for supervision, but no universally accepted one (Carroll, 1996; Davy, 2002, Kühne et al., 2019). This situation creates difficulty for researching the field (Milne et al., 2007, Kühne et al., 2019), as, without general agreement, it is likely that any definition chosen can be critiqued as being insufficient.

Nonetheless, it is important for the present study to have a well-considered basis to inform the research, and consequently a review of the literature pertaining to defining supervision was carried out. The literature search revealed an extensive range of definitions; a representative selection of the most commonly found definitions in the review is presented, and compared. Through this process, the important components, or the 'What, How, and Why', of supervision are illustrated.

Inskipp and Proctor (1994) define supervision as:

> A working alliance between a supervisor and a counsellor in which the counsellor can offer an account or recording of her work; reflect on it; receive feedback, and where appropriate, guidance. The object of this alliance is to enable the counsellor to gain in ethical competence, confidence and creativity so as to give her best possible service to her clients. (p. 312).

Whereas Hawkins and McMahon (2020) state that:

> Supervision is a joint endeavour in which a practitioner with the help of a supervisor attends to their clients, themselves as part of their client practitioner relationships and the wider systemic and ecological contexts, and by doing so improves the quality of their work, transforms their client relationships, continuously develops themselves, their practice and the wider profession. (pp. 66-67).

And Bernard and Goodyear (2014) offer the following definition:

> Supervision is an intervention provided by a more senior member of a profession to more junior colleague or colleagues who typically (but not always) are members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to

> the client, she, he or they see; and serving as a gatekeeper for the particular profession the supervisee wants to enter. (p. 9).

There is sizeable commonality across these definitions. They each have the improvement of the supervisee's abilities or practice as a central function of supervision. Additionally, each definition explicitly mentions the work with the client as a main purpose for supervision. Though each definition, in its own way, highlights the inter-relational aspect between a supervisor and supervisee, there is a difference of emphasis in the structure. Bernhard and Goodyear (2014) stress that it is between a more senior and junior practitioner, while the other definitions utilise the ideas of 'alliance' and 'joint venture', drawing attention to a perhaps more collaborative undertaking. They also differ somewhat in matters of content and emphasis. The Inskipp and Proctor (1994) definition does not reference contexts beyond the therapeutic one, and Bernard and Goodyear solely mentions the supervisees' professional field, whereas Hawkins and McMahon (2020) likewise refer to the supervisees' general profession, their definition also recognises other far-ranging contexts this work is situated within. Neither Hawkins and McMahon nor Bernard and Goodyear specify particular actions, whereas Inskipp and Proctor details certain activities in supervision, reflection, feedback, guidance; though these can be inferred within the other two definitions. From this exploration, it appears that each definition emphasises certain aspects of supervision, with different prominence given to principles, detailed practice, and contexts. This process helped to inform the researcher's knowledge, sensitivity, and thinking in regard to understanding supervision.

Establishing a 'perfect' description or understanding of supervision is beyond the scope of the literature review, and each of the above definitions are a practical option for this research. However, through examining this extensive field, the author noted an interesting evolution in supervision thought concerning supervisor proficiency (Falender, 2018).

Watkins (2013) notes that there has been an increase in the development of supervision competency frameworks, and he also asserts that training for supervisors to enable them to deliver a competent service is unequivocally essential. The researcher concurs with this view and this informed the author's choice of a description for supervision as a backdrop to the present study.

The Falender and Shafranske (2004) definition of supervision foregrounds the concept of supervisor competency. Furthermore, it is a comprehensive description and therefore arguably inclusive, where possible, of the different perspectives and multiplicities of supervision thought. To provide a narrative description for this study the author opted for the following definition:

> Supervision is a distinct professional activity in which education and training aimed at developing science informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, facilitation of supervisee self-assessment, and acquisition of knowledge and skills by instruction, modeling, and mutual problem-solving. Building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy. Supervision ensures that clinical consultation is conducted in a competent manner in which ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, the profession, and society at large (Falender & Shafranske, 2004, p. 3)

The definition is now considered through the distinctions of 'What, How, and Why'. It begins by recognising what supervision is, a 'distinct professional activity', and emphasises that supervision has its own role to play in the psychology/psychotherapy field. This is important for the study as it differentiates supervision from other practices, such as managerial supervision, or job coaching. It highlights the key elements of education and

training that are intended to assist the supervisee to advance their practice, in an evidence informed manner, thus underscoring the developmental nature of supervision for the supervisee. From the outset, it asserts that such development is enabled through the supervisor and supervisee relating with each other in a cooperative manner, hence stressing that for supervision to occur, each participant has their role to play.

The 'how' of supervision is also considered with the definition, as it outlines central activities that enable supervision to work towards achieving its developmental aspirations. By recognising their existing competencies and experiences the definition places the supervisee, as a capable individual, at the centre of supervision. This implies there is a requirement to get to know the supervisee from the outset, and maintain an understanding of what they know and what they can do. Therefore, supervision is pertinent for all supervisees, irrespective of their level of experience or training. This approach supports the developmental aspect of supervision, as it establishes a baseline to work from, and can provide an understanding of a supervisee's learning needs, allowing for insight into how supervision can help them progress in becoming more self-competent.

The definition then moves on to state why all of this is necessary: it is to safeguard and support the client. Although supervision is a distinct activity, it is intrinsically bound up with the provision of psychotherapy to clients. The definition emphasises that therapy delivered to a client should be done proficiently, underscoring the need for supervision to both oversee and assist with ensuring the supervisee is competent in their practice. Therapeutic practice needs to be consistent with established ethical, legal and professional criteria, thus identifying a range of standards necessary for the delivery of proficient therapy. The definition also asserts that psychotherapy goes beyond the clinical room, and recognises the broader societal and reputational issues associated with the delivery of therapy. This helps

to further clarify why supervision is important and adds to its distinctiveness as a professional activity.

Considering the detail provided in the definition, a particular critique is the lack of explicit reference to supporting the welfare of the supervisee. Nonetheless, Falender and Shafranske (2004) state that clinical consultation must be conducted competently, ethically, and protect the client. It can be argued that this would not be possible in the absence of the well-being of the clinician, as such, it can be presumed that this important aspect is included within the essence of the description. In summary, the definition suggests that through the oversight, support and development of the supervisee, supervision creates a greater potential for psychotherapy to be delivered safely and effectively. This safeguards the client, supervisee, supervisor and wider professional contexts. The approach depicted by the authors in this definition can be considered trans-theoretical, as they argue that all supervision aims to improve competence (Falender and Shafranske, 2004), therefore it also has the capacity to be applicable with other supervision approaches, which is pragmatic for the purposes of this study.

Definitions of supervision, as exampled above, in or of themselves cannot represent the comprehensive nature of supervision. Nonetheless, they do conceivably provide an accessible window through which to view the range of philosophical and methodological approaches that enrich this field. Through the use of these supervision definitions, the author within the confines of the present study, sought to provide a narrative background for this research.

Supervision Models

The present study is concerned with the application of supervision in a particular context. In the field of supervision, supervisory models have been developed that provide

support to the supervisor for its application (Bernard & Goodyear, 2014; Simpson-Southward et al., 2017; Watkins, 2020). Therefore, a concise overview of supervision models is presented to enhance the narrative background to this research. Essentially, a supervision model provides a framework to assist the supervisor to deliver supervision in a cohesive and effective manner (Bernard & Goodyear, 2004; Creaner, 2014). Reflecting on the evolution of supervision models over the years, it is considered that three categories of models have arisen: Psychotherapy theory-focused models, developmental models, and process or social models (Bernard & Goodyear, 2014; Falender & Shafranske, 2004). Essentially, psychotherapy theory-focused models, are based on the practice of a specific form of psychotherapy, e.g., psychodynamic, humanistic, systemic, or cognitive therapy (Bernard & Goodyear, 2014; Creaner, 2014; Falender & Shafranske, 2010). The second category, 'Developmental Models of Supervision' are trans-theoretical, and are concerned with the stages of growth of the supervisee and how a supervisor can assist with facilitating their progress (Bernard & Goodyear, 2014, Stoltenberg & Delworth, 1987). The third category, 'Process or Social Models', are also trans-theoretical and elucidate the different roles, purposes and processes of supervision, and are also concerned with observing the process of supervision (Falender & Shafranske, 2004; Hawkins & McMahon 2020). Through this observation, the supervisor can adopt distinct roles or perspectives to support the supervisee's learning needs (Bernard & Goodyear, 2014). Hawkins and McMahon (2020) reference a fourth category, second-generation models. In short these represent developments of previous models through new extensions, additions, or combinations.

The evolution of different types of models arguably demonstrates the divergent philosophical underpinnings within supervision thought. The range of structures and approaches, from simple to complex, of the models also highlight the different emphasis with

regard to assisting the delivery of supervision in practice. The variety of models can be considered as exemplars of the diversity within this area.

Supervision models constitute substantive areas of research in their own right (Watkins, 2018), and the constraints of the study do not allow for a comprehensive overview of this area. Nevertheless, for illustrative purposes, to assist with explicating this area of supervision practice, four supervision models, the Inskipp and Proctor (1994) 'Supervision Alliance Model; the Hawkins and Shohet (2012) 'Seven Eyed Model'; 'The Discrimination Model' (DM) (Bernard & Goodyear 2004); and the Falender& Shafranske (2004) competency-based model, are outlined, highlighting some of their distinctive features. It should be noted that each of these models are dealt with in greater detail in their respective publications. The four models follow on from the definitions that were previously discussed and used to inform the study.

The first model is the Inskipp and Proctor (1994) 'Supervision Alliance Model'. The 'Supervision Alliance Model' is organised through three functions: 'Formative': Educative - focus on the teaching of knowledge and skills; 'Normative': Monitoring and quality control - focus on ensuring ethical practice and client well-being; 'Restorative': Supportive - focus on the personal and professional well-being of the supervisee (Inskipp & Proctor, 1994). In making these three areas explicit, the model's structure helps to inform supervisory practice and is an example of how a model can assist a supervisor in the delivery of cohesive supervision. Proctor (2011) summarised the philosophical underpinning of the 'Supervision Alliance Model' as "A model geared to practice" (p. 23).

The second model is the Hawkins and Shohet (2012) 'Seven Eyed Model' of supervision. The model identifies seven modes as being important for effective supervision and where a supervisory session may need to focus. The modes comprise of the following: Mode1: Focus on the client, and what and how they present; Mode 2: Exploration of the

strategies and interventions used by the supervisee; Mode 3: Focusing on the relationship between the client and the supervisee; Mode 4: Focusing on the supervisee; Mode 5: Focusing on the supervisory relationship; Mode 6: The supervisor focusing on their own process; Mode 7: Focusing on the wider contexts in which the work happens (Hawkins & Shohet, 2012, p. 85). The model has several strengths. It is comprehensive in highlighting the complex aspects of supervision. Through this, the model provides a shared map for the supervisor and supervisee(s) to attend to. This arguably helps to ensure that important aspects of supervision are not overlooked or favoured to the detriment of others.

The third model is 'The Discrimination Model' (DM) (Bernard & Goodyear 2004). The DM consists of three roles for the supervisor: Teacher – to provide structure, education, or demonstrations; Counsellor – to develop the supervisees personal reflexivity; Consultant – to promote the supervisees' autonomy. The DM is concerned with three distinct foci in relation to assessing a supervisee's skill development: Intervention – observable behaviours that reveal the supervisees' clinical skills; Conceptualisation – how well a supervisee understands the overall picture of the client, and can make sense of their theoretical choices; Personalisation – the supervisee's use of themselves as a person in the counselling, while maintaining awareness of the potential influence of their own issues on the counselling process (Bernard & Goodyear 2004, P. 52). The model is deemed to be user-friendly and situation specific. The model facilitates the supervisor to assess where the supervisee needs to develop, and what role the supervisor should choose to optimise their own intervention. Consequently, the model can assist the supervisor to remain 'supervisee' focussed and preclude becoming distracted by their own preferences (Bernard & Goodyear 2004).

The Falender& Shafranske (2004) model promotes the idea of a competency based approach. The listed competencies in the definition form the framework for supervisory practice, where the emphasis is on what the supervisee can learn and competencies they can

develop. Falender and Shafranske outline the intended benefits of this approach: 1: Develops the supervisory alliance though shared understanding; 2: Assists with competency development; 3: Helps to promote clarity regarding assessment; 4: Distinguishes learning needs; 5: Promotes the value of continual development; 6: Through this process the client is protected by way of the supervisees level of competency (Falender & Shafranske, 2017, pp. 11-12).

The above examples, which incorporate models of varying complexity, help to provide some insight into the process and application of supervision models, and further illuminate the field of supervision and background to the present study. It is worth noting that though supervision models are commonly promoted as methods that can assist a supervisor to deliver supervision effectively, Watkins (2020) states that there is a lack of evidence to support this assertion. Additionally, in the review of literature on supervision models no research evidence was found that demonstrated the efficaciousness of any model in supporting supervision for psychotherapists working with self-injury presentations.

Supervision and Research

Although the above review provides a narrative backdrop to the present study, it is also important to recognise that supervision is a continually evolving dynamic discipline. Core to this development is the role of research. Therefore, this section will briefly review some key areas of supervision research, how research informs practice, including the identification of gaps in knowledge or practice, and the role of qualitative research.

A central concern for supervision researchers is the question of supervision effectiveness. This can be viewed from two perspectives, how supervision contributes to the supervisee's proficiency, and how supervision might benefit the client. Research on the impact of supervision on the supervisee has been ongoing since the 1960's, and over the

course of time, study findings suggest that supervisees can be impacted constructively through attending supervision (Watkins, 2017). Research has shown the benefits to supervisees include: the acquirement of knowledge, developing and preserving skills, a reduction in anxiety, increased self-efficacy, maintaining self-confidence, and the development of professional identity (Hawkins & McMahon, 2020; Hughes, et al., 2014; Watkins, 2017). However, research data is less robust in linking positive impacts of supervision to client outcomes. In his comprehensive review of research examining patient/client outcomes and the impact of supervision, Watkins (2011) concluded that it was not possible to demonstrate that supervision improves client treatment. Nonetheless, he found several studies (including Bambling et al., 2006), which he deemed to be methodologically sound, that indicated a positive connection between supervision and client outcomes. Hawkins and McMahon (2020) considered several studies, and though there were mixed results across studies, evidence did emerge that attending supervision could positively impact client outcomes.

A critical area for research involves considering what is good supervision practice (Borders et al., 2014; Falender & Shafranske, 2004; Watkins, 2017). Borders et al. (2014) noted that research on best practice for supervisors has led to the development of a set of "Supervision Best Practices Guidelines" (p. 33). These guidelines are comprehensive and arguably demonstrate the depth of research and thinking that has evolved on this issue. Similarly, Hawkins and McMahon (2020) offer a thorough set of research-based recommendations for supervisees, supervisors, researchers and trainers, to enhance good practice (pp. 277-279). However, further research and development is needed in this area. This is borne out by Tugendrajch et al. (2021), who conducted a comprehensive review of twenty-six studies examining the relationship between supervision guidelines, and supervisee, supervisor, and client outcomes. They found that though there were some

encouraging indications in regard to the relationship between using such guidelines and positive outcomes, the findings were not comprehensive, and there was a need for further study. They also concluded that in several of the studies they examined, little attention was paid to many broadly endorsed supervision components (i.e., providing multicultural supervision, supporting client advocacy, maintaining appropriate relationships, modelling professionalism, encouraging supervisee self-evaluation, and modelling ethical practices) thereby undermining the development of "a robust evidence base for empirically supported supervision practices" (p. 79). Their findings demonstrate the need for the continual promotion of good practice guidelines and further research using a broader range of methodologies to explore the impact of supervision.

In his paper, "Psychotherapy supervision and the duality of experience", Barnat (1980) posed the question, "How do you pass on the intangibles, like meanings?" (p. 54). He goes on to make the argument that the type of complex human data crucial to researching supervision can frequently be lost, as it cannot be conceptualised in a purely objective or impersonal manner. Qualitative research allows for the personal to be explored, and to help reveal the meanings that people - supervisees, supervisors and clients - bring to, and make of, their experiences (Willig, 2004). For example, in a mixed-methods study on the impact of panic attacks, Raffa et al. (2004) stated that the qualitative analysis aspect of the research revealed deep "quality of life concerns and fears of intolerable discomfort" (p. 205), that otherwise would have been missed, and yet had significant implications for clinicians working with people who suffered from panic disorder. In his advocacy for broadening the evidence base through the inclusion of qualitative data, Barbour (2000) states that qualitative research allows for the study of the interaction of multiple perspectives and gives voice to those who otherwise might not be heeded. These aspects of qualitative research demonstrate the central role it plays in including those who might not be heard, allows for deep analysis

and the unexpected to be revealed. Through this, qualitative research can inform a field such as supervision, that is multi-perspective, where the human qualities of relationship, meaning, communication, and ethics - embedded in good practice guidelines (Borders et al., 2014; Hawkins & McMahon, 2020) - are universally present.

Situating the Supervisee

The study is concerned with investigating the experiences of supervisees in a specific context. In view of that, it is important to situate the supervisee within the fuller environment in which they operate. Figure 1 maps out the core relationships that are material to supervision: these are the client/psychotherapist-supervisee, and, the psychotherapist-supervisee/supervisor.

Figure 1

Supervisee as relational pivot point in the supervisory triad

Note: Adapted from Bernard & Goodyear 2014, p. 65.

The client/psychotherapist-supervisee may be considered as one set of relationships. The psychotherapist-supervisee/supervisor as another. The supervisee, in regard to this study, can be understood as the interrelating pivot within this dynamic structure. This also illuminates the complexity of relationships the supervisee experiences and must manage (Bernard & Goodyear, 2014). Giving consideration to the pivotal role played by the supervisee as the

centre of the Client/Psychotherapist-Supervisee/Supervisor triad helps to more fully contextualise the present study.

This section provided essential contextual information on supervision, one component of the clinical-supervision intersection under investigation in this present study. The following section presents an overview of the germane elements of self-injury, to provide a contextual background to this research.

Self-Injury

This section provides an overview of the area of self-injury as it pertains to the study. The segment addresses issues of terminology, language and definitions, the nature of self-injury, and clinician's experiences of working with this presentation. The literature concerned with the intersection of self-injury and supervision is then examined.

Terminology and Descriptions

There is a vast array of terminology used to define and describe self-injury, including: Self-Harm (SH), Deliberate Self-Harm (DSH), Intentional Self-Injury, Parasuicide, Self-Inflicted Violence (SIV), and Self-Injury (SI) (Alderman, 1997; Babiker & Arnold, 1997; Gratz, 2001; Ross &McKay, 1979). Additional terms found in research and clinical literature include Self-Mutilation (Favazza, 1998), Self-Injurious Behaviour (SIB) (Brunner et al., 2013), and Non-Suicidal Self-Injury (NSSI) (Nock & Favazza, 2009). The range of language used in the literature can create some confusion as to what is being referenced (Babiker & Arnold, 1997; Chaney, 2017; Inckle, 2017; Lengel et al., 2021; Walls et al., 2010).

Consequently, there has been much consideration and contestation as to what behaviours should be defined as self-injury. Conterio and Lader (1999) considered a wide range of more usual activities such as dieting to fit into a pair of jeans, or scratching insect

bites, and asks “Where does one draw the line between the harmless things people do to their bodies and those that merit serious attention?” (p. 16). Human beings engage in a wide range of potentially harmful behaviours such as substance abuse, and over or under eating, depending on the particular conceptualisation of behaviours they may or may not fit under the definition of self-injury (Babiker & Arnold, 1997; Inckle, 2007; Ross & McKay, 1979). Nevertheless, there is a growing consensus on what does and does not constitute self-injury. The majority of researchers and specialists studying and working clinically with people who self-injure clearly differentiate between behaviours that result in unintentional injury or harm, and those behaviours that are purposefully done by the person to cause injury to themselves (Fliege et al., 2009; Nock, 2010; Ross & McKay, 1979).

For the purposes of the literature review there are several criteria for distinguishing self-injurious behaviours from those considered as normal or indirect. These are based on: the severity of physical damage, psychological intents prior to and during the act, the directness of the injuring, and the degree of social acceptability of the behaviour Walsh and Rosen (1988, pp. 31-33), and Ross and McKay, (1979, pp. 9-17). Therefore, activities such as ear piercing, would not be considered as self-injury because the level of physical injury is minimal, there is likely little to no mental or emotional concern, and is generally considered socially acceptable. Harmful practices such as eating disorders, are considered indirect forms of harm (Claes & Vandereycken, 2007; Ross & McKay, 1979), and were therefore not included in the literature review. As examples of self-injury Nock (2010) listed a range of behaviours that fit these criteria, they include: cutting or carving oneself, scratching or scraping the skin until it bleeds, burning the skin, inserting objects into the body, hitting oneself, biting oneself, picking at wounds to prevent them from healing, or pulling out one’s hair. Also excluded was literature where suicide was the unequivocal intent. As suicide and

self-injury are terms that are regularly linked together in the literature it is important to clarify this relationship.

Self-Injury and Its Relation to Suicide

Many of the acts of self-injury including cutting, tightening ligatures, and ingesting corrosive materials are also recognisable methods of suicide (Rayner & Warner, 2003). Furthermore, self-injury has been shown to increase the risk of suicide (Kiekens et al., 2018). Castellví et al. (2017) illustrate this connection, they conducted a comprehensive review of available literature in six databases to investigate the potential link between previous self-injurious thoughts and behaviours (SITB) and suicide. Data on 1,122,054 individuals, adolescents and young adults, across 29 articles were included in their meta-analysis. Their findings suggested that previous experiences of self-injurious thoughts and behaviours, was an indication of one of the strongest risk factors for death by suicide. Although much of the research on self-injury focusses on adolescents, Klonsky (2011) found in his study on a random sample of 439 adults that a third of the participants had started self-injuring after they were eighteen. Moreover, he also discovered that people who began to self-injure at an earlier age continued to do so into adulthood. Hamza and Willoughby (2016) conducted a longitudinal study on 940 emerging adults in college. They discovered that between 17% and 38% of this research group engaged in self-injurious acts. Their findings further suggest that, where self-injury was present in the first year in college, it showed an increased risk for suicide. They concluded that their findings were consistent with other literature that indicates self-injury is associated with an increased risk for suicide (Grandclerc et al., 2016; Hamza et al., 2012; Kiekens et al., 2018; Whitlock et al., 2013).

Self-Injury and Theories of Suicide

There is a large and growing body of literature on theories of suicide (Selby et al., 2017), including: Durkheim's sociological theory (O'Connor & Sheehy, 2001); Hopelessness theory (Beck et al., 1985); Psychache theory (Shneidman, 1998); Escape theory (Baumeister, 1990); Emotional dysregulation theory (Linehan, 1993); Interpersonal-psychological theory (Joiner, 2005); and Ideation-to-action theory (Klonsky & May, 2014). For the purposes of this present study, it is important to consider theories that shed light on the relationship between self-injury and suicide.

In his 'Interpersonal-psychological theory of suicide', Joiner (2005) asserts that only when someone has both the desire to die by suicide and the capability to act on that wish will they engage in significant suicidal behaviour. He thus differentiates between suicidal ideation and suicidal behaviours, and highlights the distinction between those who may want to die by suicide and those who are capable of taking their own life (Selby et al., 2017). Considering that self-injury is often accompanied by emotional distress, which may heighten the risk for suicidal thoughts, and increase the individual's suicidal capability through habituation to self-inflicted pain and self-aggression, from the perspective of the 'Interpersonal-psychological theory of suicide', self-injury is arguably a meaningful risk factor for suicide (Klonsky et al., 2013). This habituation also includes the person's adaptation to fear, where they become less fearful about the consequences of their actions. The more an individual engages in self-injurious behaviours, the more they feel relief rather than pain, thereby increasing their capability for suicide (Selby et al., 2017).

Building on the work of Joiner (2005), Klonsky and May (2014) proposed the 'Ideation-to-action' theory of suicide. Similarly to Joiner, they distinguish between suicidal ideation and suicide attempts, each being a discrete process with distinct explanations (Klonsky & May, 2015). They view pain - emotional or psychological - as being a key reason

for the evolution of suicidal ideation, as it conceivably leads an individual to believe they are penalised for being alive. Although they agree with Joiner's theory that capability is central to suicidality, they take a more detailed view of what capability consists of. They suggest there are three distinctive variables that influence suicidal capacity: dispositional - genetic factors, such as sensitivity to pain; acquired - habituation to experiences such as pain and fear; and practical - having the knowledge to take one's life and access to fatal means. Considering these variables and self-injury, the presence of emotional or psychological pain is often an element in an individual's self-injuring (Babiker & Arnold 1997; Inckle, 2010; Nock et al., 2006), and self-injurious behaviours can intensify these emotions (Gunnarsson, 2020; Inckle, 2014). The act of self-injury can include cutting, tying ligatures around the body - including the neck, and swallowing corrosive liquids; all of these methods are potentially lethal (Rayner & Warner, 2003). The role of self-injury in habituation has previously been explained.

In each of these theories, self-injury is considered an integral part of the dynamics that can lead someone from suicidal ideation to attempting to end their life. From this integrated perspective, self-injury is part of a continuum and not a separate element. This accords with other extant literature (Bunting et al., 2016; Cole-King & O'Neill, 2018; O'Connor & Armitage, 2003; Stanley et al., 1992; Wester et al., 2016). These theories on suicide further underscore the relationship between self-injury and the risk of suicide, thereby increasing the ambiguity and concerns clinicians will likely have when working with people who self-injure.

Functions of Self-Injury

Despite this, the literature also illustrates the many positive aspects, purposes and often life-preserving functions that self-injury plays in a person's life (Babiker & Arnold,

1997; Edmondson et al., 2016; Inckle, 2010; Muehlenkamp, 2006; Suyemoto, 1998; Turp, 1999). These include emotional regulation, emotional expression, communication, self-cleansing, self-punishment and mitigating dissociation and distraction from flashbacks (Alderman, 1997; Babiker & Arnold, 1997; Chapman & Dixon-Gordon, 2007; Edmondson et al., 2016; Inckle 2010; Klonsky, 2007; Nock et al., 2006; Reeves, 2010). Another significant finding on the benefits of self-injury in the research by Edmondson et al. (2016) showed that it helped to define the self through giving the person who self-injures a degree of personal agency in their life. Similarly, Inckle (2017) recorded how self-injuring could provide someone with a sense of self-ownership. Heslop and Macaulay (2009) also speak to this feeling of autonomy, and found that through taking their emotions out on themselves it was a way for the individual to protect others. The relationship between self-injury and suicide is complex, and though self-injury has been shown to indicate an increased risk of suicide, for the individual self-injuring they may have no suicidal intent (Baker et al., 2013; Curtis, 2018; Inckle, 2010), and instead they may well benefit from the range of functions that self-injury bestows on them.

The extent to which self-injury is directly connected to suicidal intent has also been unclear within definitions. Edmondson et al., (2016) highlight general differences between clinicians and researchers in the USA and Western Europe. They point out that in the USA, self-injury is customarily associated with non-suicidal intentions. As such, the term non-suicidal-self-injury (NSSI) (Nock & Favazza, 2009) is widely used and describes an act of self-injury where no suicidal intent or ideation is present. Whereas in Western Europe, it is thought that making such an explicit division between self-injury and suicidal intent is not always possible (Edmondson et al., 2016).

It is arguable that the ambiguity with regard to the relationship between self-injury and suicidal intent is also reflected in many definitions employed in the literature, through the

inclusion of the concept of 'conscious intent'. Favazza (1998) used the term self-mutilation to describe self-injurious behaviours that are deliberate, but without conscious suicidal intent (p. 260). Similarly, Reece (2005), asserts that cutting can be a volitional act but without conscious suicidal intention (p. 561). While (Craigen et. al, 2010) define both self-injury and self-harm as actions "without conscious suicidal intent" (pp. 4-6). This study is concerned with the work of psychotherapists, and arguably, the use of the word 'conscious', particularly as it relates to psychotherapy, does not emphatically rule out suicidal intent. In psychotherapy, an appreciation of the presence and impact of unconscious processes is often central to the understanding of human behaviour (Hunt, 1938; Lankton & Lankton, 1983; Tsikandilakis et al., 2019). Conceivably, for psychotherapists who appreciate the role of unconscious processes in human behaviour, these descriptions may cause some ambiguity in regard to the actual level of suicidal risk, as unconscious processes and evolving intentions are likely unknown (Erickson & Rossi, 1981). Though this study is focussed on psychotherapists working with self-injury presentations, the researcher agrees with the position that an explicit division between self-injury and suicidal intent cannot always be assumed.

A Functional Definition for the Present Study

In relation to choosing a definition to add to the narrative background of this research there was value in selecting one that has an established presence in research with psychotherapists for some continuity. In their study on working with clients who self-injure, Whisenhunt et al. (2014) adopted the following definition, "Self-injury is an act of physical self-harm that is done purposefully and without explicit intent to die." (p. 387). This definition has several strengths, it acknowledges the purpose in the behaviours, thus highlighting the functional aspects of self-injury for the individual. It utilises the concept of

explicitness rather than 'conscious' intent, thus by-passing the potential concerns mentioned with regard to the link with suicide. Though the inclusion of self-injury and self-harm provides a connection between two of the main terms used within the psychotherapy literature, it may create some dissonance. As Long et al. (2016) assert, the term 'self-harm' is more general and could incorporate broader behaviours that are indirectly harmful, and thus may not fit with the concept of self-injury, and they therefore adopt the Klonsky et al. (2013) definition: ''the intentional and direct injuring of one's body tissue without suicidal intent and for purposes not socially sanctioned'' (p. 231). This definition provides specificity through emphasising the direct damage to bodily tissue, and contextualises the behaviours as not being socially approved. However, the concept of purpose is unclear and the concern regarding suicidal intent is still present.

Therefore, a combination of these definitions provides a functional description for this study: 'Self-injury is an act of directly injuring one's body tissue that is done purposefully, without an explicit intent to die, and not socially sanctioned' (Klonsky et al. 2013; Whisenhunt et al. 2014). This definition also fits with the criteria for distinguishing self-injurious behaviours: it acknowledges the presence of psychological purposes, the directness of the act, and that it is socially unacceptable (Walsh & Rosen, 1988; Ross & McKay, 1979). The selected definition alongside the previously delineated self-injurious behaviours provide the descriptive backdrop for self-injury in this study.

The Language of Self-Injury

Considering the range of terminology present in the literature, the researcher acknowledges that a reasonable argument could be made for selecting different nomenclature for this study. Connors (2000) recognises that labels are useful in helping to organise our thinking and interpretations about these behaviours, however, he goes on to say that "What

matters about self-injury is the person who is doing it" (p. 30). Similarly, in their critique of the use of the term NSSI in research, Hasking and Boyes (2018) argue for the use of 'people who self-injure'. Humanising language where possible is important as the study is concerned with the supervisory experiences of supervisees who are working with 'people who self-injure'. The term 'people who self-injure' emphasises the personhood of the client the supervisee works with, and will be used, where appropriate, within the present study; though it would be unwieldy to utilise continually. Otherwise, in keeping with the selected definition the designation 'self-injury' will be employed.

The author recognises that the present study's research participants would likely use terminology they were familiar with. Similarly, throughout the thesis, quotations and references employing the differing language in the literature are used. The following section considers the literature pertinent to the experiences of clinicians working with self-injury to establish how this work relates to supervision.

Self-Injury: A Challenging Presentation

Self-injury as a presentation for psychotherapists and those working in the healthcare professions is considered emotionally demanding, difficult to comprehend, and hard to treat (Bosman & van Meijel, 2008; De Stefano et al., 2012; Favazza, 1989; Fleet & Mintz, 2013; Fox, 2011; Long & Jenkins, 2010; Mackay & Barrowclough, 2005; Muehlenkamp et al., 2013; Murphy et al., 2019; O'Connor & Glover, 2016; Thompson et al. 2008; Walsh, 2014; Whisenhunt et al, 2014). Encountering self-injury for many is vexing as it is counterintuitive to one's expectations that people should not purposely seek pain (Bechthold & Nuttgens, 2014). The very nature of self-injury can give rise to strong negative emotions, such as anger, fear, anxiety, repulsion and terror (Fleet & Mintz, 2013; Huband & Tantam, 2000; Rayner et al., 2005; Rayner & Warner, 2003). Indeed, emotive language regarding self-injury can be

found within professional descriptions of self-injury, as an example (Jobes, 2006) "These *notorious* [emphasis added] behaviors, often referred to as 'parasuicidal' behaviors, can prove *nightmarish* [emphasis added] to practitioners" (p. 90). Turp (1999) notes, that where the person has cut or mutilated themselves, these actions can elicit *"feelings of primitive horror* [emphasis added]*"* (p. 309) for the counsellor, and that such stark emotions can be very difficult to cope with. In the same vein, Fleet and Mintz (2013) in their research on counsellors' working with clients who self-injure noted that the majority of their interviewees experienced being shocked in their work. Perhaps unsurprisingly, when caring professionals are impacted negatively through working with self-injury presentations, this can potentially have negative consequences for people who self-injure attending these services (Baker et al., 2013; Pembroke, 1994; Taylor et al., 2009; Turp 1999).

Together, these studies outline how self-injury as a clinical presentation poses various personal, professional, and ethical challenges to psychotherapists and allied healthcare professionals, with potential consequences for the patient or client. Research on these issues, focussing on the contexts of allied healthcare professionals, and then psychotherapists, is examined.

Healthcare Professionals' Experiences and Responses to Working with Self-Injury

The aforementioned challenges can induce pejorative attitudes in caring professionals (Allen, 1995; Brophy, 2006; Inckle, 2010; McHale & Felton, 2010; Muehlenkamp et al., 2013; Saunders et al., 2012). Exploring this issue in allied healthcare professions, Saunders et al. (2012) conducted a systematic review of the literature pertaining to the attitudes and understanding of a range of clinical staff who provide services to people who self-injure. These studies included general nurses, mental health nurses, doctors, psychiatrists, occupational therapists, social workers and psychologists, from a variety of settings including

general hospitals, accident and emergency departments, and psychiatric hospitals. The study found, across countries, and within both older and more recent studies, there was a tendency to view people who self-injure negatively. These pejorative views included, seeing those who self-injure as manipulators, bothersome, merely attention seeking, and needlessly taking up time and space.

Karman et al. (2014) conducted a review of the literature that pertained exclusively to nurses' attitudes towards patients who self-injured, as they recognised that nurses were often the professionals who had both the initial and most extensive interactions with this patient cohort. The review included research concerning general and mental health nurses who worked in a range of healthcare contexts including, accident and emergency departments, inpatients wards and community mental health settings. Overall, they found that negative attitudes towards people who self-injure were common, with study participants expressing feelings of frustration, disgust, powerlessness, and anger. The same study also found that though some mental health nurses stated they had difficulties with demonstrating empathy to people who self-injure, the findings also indicated that mental health nurses appeared to have less negative attitudes than general nurses, which, was likely influenced by their training. Overall, these studies revealed that the challenges of working with people who self-injure seemed to give rise to pejorative attitudes towards this client group across personnel working in different disciplines in these healthcare professions.

The Impact of Attitudes on Client/Patient Treatment

This is an important concern as numerous studies over the years confirm that the attitudes of professionals working with people who self-injure had a noticeable impact on the client's treatment (Brophy, 2006; Clarke & Whittaker 1998; Huband & Tantam, 2000; Inckle, 2010; Saunders et al., 2012; Thompson et al., 2008). In a qualitative study conducted with

twelve community psychiatric nurses, Thompson et al. (2008) concluded that patients' care very much depended on the understanding nurses had about self-injury. Saunders et al. (2012) quoted one clinician working with clients who self-injure, "But with working in here, I have become cynical – you just get sick of it." (p. 211). Similarly, in their study on nurses working with people who self-injure, Rayner et al. (2005) highlighted that professionals can feel nothing they do makes a difference and therefore withdraw from the patient. Thus, the attitude and actions of the staff are not without consequence for service users.

In a systematic review of relevant literature over a sixteen-year period pertaining to psychiatric services, Bosman and van Meijel (2008) found that patients who self-injured felt their individual needs were dismissed and that their behaviour was judged as something which must be stopped. Consequently, some respondents reported these experiences as leading to "feelings of being misunderstood and to frustration, humiliation, and stigmatization." (p. 183). Taylor et al. (2009) conducted a systematic review of international literature concerning the attitudes that people who self-injured held about the clinical services they had attended and therefore the personnel they had interacted with. These services and personnel included general hospitals, accident and emergency departments, nurses, doctors, and psychiatrists. The findings showed that though the participants reported mixed experiences, the study found that across the different countries and healthcare systems, many participants' perceptions of their treatment were negative. These perceptions and experiences included: being treated differently to other patients, having their mental-health concerns ignored, being humiliated and sometimes intimidated, and the threat that anaesthetic would be withheld during stitching. A consistent recommendation from the participants was that all staff should have a good understanding of self-injury and know how to respond to people who have injured themselves. These issues illustrate the clear and profound impact of

professionals' attitudes on the treatment of clients; these are arguably important issues for supervision.

These findings outline a critical issue regarding the potential influence of negative attitudes held by professionals in these contexts towards people who self-injure, and the subsequent impact in how they are treated when under their care. Although it is outside the remit of the present study to explore in detail the nature or impact of supervision in these contexts individually, it is interesting to note that nurses' attitudes toward people who self-injure can be positively fostered through education and supervision (Saunders et al., 2012; Tofthagen et al., 2014); this finding has connotations for the present study. Similarly, in their study on mental health nurses' understanding and attitudes to people who self-injure, McGough et al. (2020) found that training, reflective practice and supervision were essential in supporting staff to be more positive in their work. Overall, the literature found in these kindred fields of experiential knowledge has much to offer in informing the current research.

Psychotherapists' Experiences and Responses to Working with Self-Injury

Psychotherapists, not unlike allied healthcare professionals, can finding working with clients who self-injure to be challenging (De Stefano et al., 2012; Fleet & Mintz, 2013; Fox, 2011; Long & Jenkins, 2010; Whisenhunt et al., 2014). Fleet and Mintz (2013) highlight the complex nature of the range of challenges working with clients who self-injure presents to the psychotherapist. In their phenomenological study of five experienced person-centred counsellors who work with clients who self-injured through burning and/or cutting, the analysis revealed an array of impacts and responsibilities, varying from handling the emotional effect, the need for personal robustness, the requirement to understand their client's behaviours, managing their own desire to 'stop' the client from self-injuring, to handling their perceptions of their client's progress. The study underscored 'duality roles' or

tensions, meaning that the counsellors found themselves caught between wanting to be non-directive and allow their client to find their own way, while also feeling under pressure to be more direct and provide advice in managing or indeed stopping their client's self-injuring. These different impacts and conflicts were often difficult for the counsellors to manage.

Fox (2011) interviewed six counsellors on their experiences of working with clients who self-injured, the counsellors reported they found these presentations complicated and challenging. Problematic issues included tensions between the counsellors' personal practices and the expectations of the organisation they worked in. The counsellors reported being confused and emotionally impacted by their client's actions, they also reported feeling disheartened in their work when a client did not stop self-injuring. Furthermore, the study highlights an emblematic psychotherapeutic issue for the counsellors, concerning how to manage their implicit and explicit communication to their clients regarding stopping self-injuring. Similar themes are reported in the Whisenhunt et al. (2014) grounded theory study of twelve counsellors working with clients who self-injure. This study concluded that the counsellors often had negative reactions to their clients' behaviour, felt pressure and responsibility towards them, were concerned about properly evaluating the level of risk, and overall found the work arduous and demanding, more so than with other client presentations.

Although supervision was not a specific research topic in these studies many of the authors recognised that the issues raised by the findings logically fall within the purview of supervision. Fox (2011) concluded her study by stating that the supervisory relationship is an excellent resource for receiving support and exploring treatment dilemmas, thus facilitating successful and ethical practice. The Whisenhunt et al. (2014) study stated that counsellors should seek supervisory support for their personal reactions, though it did not provide any details as to what this might entail. This view is supported by Long and Jenkins (2010) grounded theory study with eight participants, into counsellors' experiences of working with

self-harm, and their understanding of the nature of the therapeutic relationship with this client cohort. The study concluded that supervision was important in developing counsellor self-awareness and maintaining the therapeutic relationship with this client population. These recommendations underline the research author's beliefs that supervision is necessary to assist the psychotherapist to maintain their well-being and effectiveness in this work.

People who self-injure have affirmed that they have been helped through psychotherapy (Baker et al., 2013; Hambleton et al., 2020; Inckle 2010; Long et al., 2016). Nevertheless, clients have also described negative experiences while being treated psychotherapeutically (Brown & Kimball, 2013; Craigen & Foster, 2009; Inckle, 2017; Kelada et al., 2016; Smith et al., 1998); though contextually different to medical settings, their experiences were not dissimilar to those reported by patients outlined in the previous section of this study. Although no systematic review of the literature on this client cohort's experiences of psychotherapy was found, several studies did explore this issue.

In an investigation into the experiences of college counselling for 10 young women, aged between 18-23, who self-injured, Craigen et al. (2013) found that many of the participants felt disregarded and invalidated. Though some of the participants recognised that a college counselling service had limited resources, they still felt dismissed as they experienced a marked reluctance to work with them due to their self-injuring. Participants also reported experiencing being viewed as a liability, and overall the findings indicated that the primary focus of the counselling was to protect the college rather than prioritising the needs of the clients.

Brown and Kimball (2013) conducted a phenomenological study which consisted of eleven face-to-face, in-depth interviews, with people who self-injured. They focused on the experiences of the participant's treatment, what their recommendations to clinicians would be, and consequently considered the clinical implications for professionals. In their

experiences with psychotherapists, participants described incidences where they were criticised for their behaviour. They also reported being burdened by the need to educate their therapists on self-injury and felt that this interfered with their treatment process. The participants also related how experiencing a lack of trust and empathy could cause them to feel ashamed and consequently increase their need to self-injure. A key recommendation from this study was that supervisors and supervisees become more self-aware and better educated in regard to self-injury.

These studies provided insight into several important themes, including the complicated nature of self-injury presentations, the impact on the psychotherapist and the therapeutic work with the client. The same papers highlighted the often-complex ethical aspects inherent in these clinical presentations: the need to evaluate risk, considerations in respect of confidentiality, reporting, legalities, plus organisational policies or expectations. Moreover, psychotherapists frequently reported finding the work arduous. They were often left feeling confused, overwhelmed and personally impacted. Furthermore, they wanted to be able to understand and address self-injury more effectively, without which their sense of personal competency was often undermined. Additionally, there were other pressures within their clinical work such as handling negative feelings towards their clients, balancing their therapeutic principles with the desire, or need, to prevent their client self-injuring; all of which can adversely impact on the therapeutic relationship. These issues and concerns fall directly within the remit of supervision, which provides a context where the supervisee can gain perspective, understanding, support, and encouragement (Falender and Shafranske, 2004). The next section considers the extant literature on the supervisory context under investigation.

Research Literature on The Intersection of Supervision and Self-Injury

From the available literature, there is agreement that due to the complex nature of self-injury presentations, and the likely impact on the psychotherapist, efficacious supervision in this area is essential (Schiavone & Links, 2013). However, there are very few studies on supervision for psychotherapists working with people who present with self-injury. Hoffman and Kress (2008) noted that no published articles had directly addressed the intersection of supervision and psychotherapists working with client presentations of self-injury. In this review, no study was found that has since addressed this gap in the research literature. What we know about this issue is largely based upon research where psychotherapists have worked with people who self-injure and supervision is mentioned alongside this, and what has been extrapolated from clinical experiences. These few studies, clinical literature, and their implications for the present study are now outlined.

De Stefano et al. (2012) examined the experiences of 12 trainee students on a Canadian MA course in counselling psychology who worked with clients that self-injured. The participants were interviewed on a range of issues including their experience of supervision in this context. Overall, there was a mixed response regarding the value of supervision. The participants valued the general support they received and the guidance in navigating ethical issues around reporting and confidentiality. This aided in confidence building, and the trainee psychotherapists also welcomed how supervision helped them to stay open to hearing the client talk about their personal experiences. Nevertheless, when it came to issues specific to the client's presentation of self-injury many of the participants were dissatisfied with what supervision offered them. Essentially, the trainees were disappointed by the lack of precise education on self-injury, and on any specificity in how to address their client's self-injurious behaviour. The researchers highlighted one possible reason for this was that there may have been a lack of agreed goals for the supervision, which

led to a mismatch in expectations between the supervisees and the supervisors. What emerges from the study is a lack of clarity on the purpose of supervision, and the divergent needs, expectations and responsibilities when psychotherapists are faced with client presentations of self-injury and potential risk.

Fleet and Mintz (2013) set out to explore counsellors' experiences of working with clients who self-injure, including the impact this work had on them. While the participants were not specifically questioned about supervision, the counsellors frequently reported on the importance of supervision. Three of the five participants stated that supervision was essential for support and self-care of the counsellors. Another participant stated that supervision allowed her to address her own feelings, and the desire that the client should cease their injurious behaviour. Although the study did not directly enquire about what supervision should look like, it did highlight the type of concerns and dilemmas arising from this work that are suited to exploration in the supervision context.

De Stefano et al. (2012) and Fleet and Mintz (2013) are small studies, neither of which specifically researched the intersection of self-injury presentations and supervision. Though pertinent data was found, the two studies cannot reasonably be considered to have comprehensively illuminated this area.

Supervision for Psychotherapists Working with Self-Injury: Clinical Literature

While dedicated research is limited, several clinical sources address the issue of supervision for psychotherapists working with people who self-injure. In their recent book on addressing self-injury, Wester and Trepal (2017) included a chapter on supervision. The chapter dedicated itself to six supervisory issues in the context of working with self-injury. Firstly, they briefly covered the area of supervisor competence, stating that supervisors need to understand their own level of proficiency in this area, and if they had any concerns on this

to seek their own support or refer their supervisee to a more apposite supervisor. This is important, as it is the clearest declaration within the found literature that suggests the supervisor requires specialist knowledge and ability in this context and must take this into account when deciding to provide supervision. The authors also recommend that the supervisor utilises a supervision model to assist them to deliver supervision effectively. Interestingly, this is the only time such a recommendation was found in the literature review. The authors identified a number of areas that should be available within supervision, and they include: education on self-injury as an indispensable element in supervision, suggesting that it includes basic knowledge about self-injury, client assessment, and effective treatments. Following on, they assert that supervisors ought to be able to help the supervisee to distinguish between self-injury and suicidality, thereby assisting them with risk management. The chapter then briefly acknowledges potential variables, such as cultural differences or reporting protocols, that might exist in different counselling settings, including schools and residential treatment centres. The authors further highlight a substantial list of skills and knowledge that a supervisor working with supervisees and this presentation is required to have. The authors finish by exploring the area of dealing with the personal impacts of this work. They emphasise the need for the supervisor to pay attention to the care and well-being of the supervisee, also remarking how both the supervisor and the supervisee can have strong negative reactions to self-injury. This implies that a supervisor may have the challenge of supporting a supervisee with the difficult effects of this work whilst also dealing with their own impacts. They note that these effects have the potential to disrupt the supervisory relationship, which in turn can have consequences for the work with the client. This is potentially a very challenging and consequential set of dynamics for the supervisor and supervisee to manage. Through the inclusion of examples of interchanges with a supervisee and frameworks to utilise within supervision, the authors encourage the supervisor to

proactively address potential issues with their supervisee. They confirm the idea that supervision is core to ethical practice in this context. In keeping with this, the authors recommend that the supervisor monitor their own personal and professional development to maintain their competency. These multifaceted recommendations highlight the competencies and responsibilities of a supervisor, that the authors feel are necessary for efficacious supervision in this context.

In compiling this chapter, Wester and Trepal (2017) drew upon their own clinical experiences to make recommendations in these six areas of supervision. They also referenced research from allied professions such as nursing, and two key papers, De Stefano et al. (2012) and Hoffman and Kress (2008), all of which have been used to inform the present study. The limited research does, to a degree, support some of Wester and Trepal's ideas, but not others. For example, De Stefano et al. highlighted the need for the availability of education on responding to self-injury, however that research does not mention anything about the potential needs of supervisors. It can be argued, from a clinical perspective, that Wester and Trepal's recommendations likely hold merit, but there remains a paucity of research to support their assertions on these areas of supervision.

The clear lack of research at this critical intersection of self-injury and supervision prompted Hoffman and Kress (2008) to publish an article that considered potential supervisory issues. They suggested that there were several distinctive matters in the supervision of psychotherapists working with people who self-injured. The first of these, is the need for the supervisor to have direct knowledge of supervisee sessions, through video, audio or direct observation. This would allow the supervisor to discern the supervisees' reactions to self-injury material and provide the supervisor the opportunity to give informed feedback. They suggest that the supervisor actively question the supervisee on their thinking at that time, all of this demonstrates the author's belief that this is a substantive issue for

supervision. They also recommend the development of structured plans to help the supervisee deal with in-session self-injurious acts, as they recognise that such challenging incidents could occur. The authors see the supervisor as having the responsibility to ensure that such plans are developed, implying that a supervisor would have these specific competencies. Similar to Wester and Trepal (2017), they see a supervisor's knowledge and skills being central to supervision.

Overall, the authors also advocate for the supervisor to take a proactive stance in supervision, recommending that the supervisor should educate the supervisee about self-injury, enhance their skills to respond clinically, and assist the supervisee to process personal reactions. Here, they add that a supervisor might disclose their own previous reactions to clients in this work as a means to support the supervisee with this. It could be argued that this implies that the supervisor should have worked in this area also, which may not always be the case. Through recommendations for future research they also note how supervisor attitudes might influence the supervisee, and consequently the client, again highlighting potentially impactful supervisory dynamics.

However, this is an opinion piece, through which the authors highlight the paucity of research on this topic, and from the outset acknowledge that there are no dedicated studies to substantiate their ideas. Additionally, they highlight trainee psychotherapists and training courses more so than suggesting how these considerations might fit for experienced psychotherapists. This emphasis conveys a significant oversight, as arguably experienced psychotherapists will do much of the work with these presentations due to their challenging nature.

Further Clinical Considerations for Supervision

In an earlier attempt to address the issue of supervision in this context, Babiker and Arnold (1997) described probable issues for supervision in this context, many of which resonate with Wester and Trepal (2017) and Hoffman and Kress (2008). They outlined several likely issues that a supervisee could face in this work, including never having encountered self-injury before, having strong emotional reactions that they must contain in the therapy session, and dealing with negative feelings around manipulation by the client. They advance the necessity for a very engaged and educative style of supervision, which addresses the probable impact of this work on the psychotherapist, and any implications the supervisee's personal beliefs on self-injury may have for their approach to the client. Furthermore, they attend to the fact that supervising psychotherapists in this area may bring its own challenges for the supervisor. They stress that supervisors may find descriptions of a client self-injuring, personally traumatising and therefore will need to manage their own feelings while at the same time supporting the supervisee. Consequently, effects on the supervisor may impact the quality of the supervision process and supervisory relationship. Overall, they clearly stated that supervision for psychotherapists working with this client population is critical.

Further surmising that supervision for psychotherapists in this area may require particular components, Linehan (1993) advocates for supervisors to assist the supervisee with their personal reactions, treatment strategies, and to understand their on-going relationship with the client. Additionally, Walsh (2014) in his comprehensive book on methods for treating self-injury, states that supervision is essential to support therapists working with people who self-injure to avoid compassion fatigue. Also, as there is the potential for a client's suicide or serious injury, Reeves (2010) recommends that the supervisor takes a

proactive and educational role, facilitating the supervisee to develop proficiencies in their ability to manage risk.

In considering this clinical literature it is important to note that though these ideas may intuitively seem reasonable, they are not based on robust research. Babiker and Arnold (1997) have extensive experience of working in the area of self-injury, providing education and services for a range of people including psychotherapists. They draw upon this experience to make recommendations in relation to supervision. Though they include some research to bolster their ideas, the few studies they reference are not directly concerned with supervision for self-injury. Linehan (1993) established Dialectical Behaviour Therapy (DBT) to work with people who fit a diagnosis of Borderline Personality Disorder (BPD), and it is within this theoretical framework that she addresses working with self-injury. As such, these supervisory recommendations are written specifically for DBT psychotherapists to ensure they remain faithful to that approach. Though these recommendations can reasonably be extended beyond this cohort to other practitioners, this is not supported by research.

Walsh (2014) draws upon his own clinical experiences and that of other expert authors to provide an extensive practical guide for working with people who self-injure, though his recommendations on supervision reference only Linehan (1993) in support of his contentions. Counselling clients who are suicidal is the main focus of Reeves (2010) book, again the author draws upon his considerable experience in this area and highlights the importance of supervision for therapists. However, his emphasis is on clients who are presenting as suicidal, and attaining support with this issue. Though helpful in that context, it is a limited focus for supervision for working with the complexities of people who self-injure.

Though the inclusion of clinical findings has helped to inform the study, the lack of robust research to support these considerations further demonstrates the limitations inherent

in the overall literature. This present study will likely provide support, add or detract from these clinical findings and bring clarity to this supervision context.

Study Rationale, Aims and Objectives

Rationale for the Study

The review has shown that though this is an important clinical-supervision area for the field of psychotherapy it has been noticeably neglected by researchers. Self-injury is a prevalent and challenging clinical presentation, arguably requiring a meaningful level of skill and experience to respond to effectively. Significantly, the review did not find any dedicated study on the experiences of qualified psychotherapists bringing their work with people who self-injure to supervision. There are varied ideas within the reviewed literature that proffer suggestions as to what elements and processes are required, however, there is a noteworthy lack of specific research to support these contentions. The voices of qualified and experienced psychotherapy supervisees on what supervision in this context might entail, have until now, been absent. This study aims to address this gap through investigating this clinical-supervision intersection from the perspective of qualified and experienced psychotherapists. The research will do this by providing them with the opportunity to give voice to their supervisory experiences.

Aims and Objectives

Considering the above, the following aim and objectives were developed. The aim of the study, is to gain an in-depth understanding of the supervision experiences of qualified and experienced psychotherapists, where the focus of the supervision is their work with clients who self-injure. The objectives are: to gain an insight into the lived experience of psychotherapy supervisees in this context, to explore the meanings they attribute to this

experience, to examine what influence this supervisory experience has on the supervisee and potentially how they work with their clients. By addressing the aim and objectives, the expectation is that the study will illuminate this context and inform the psychotherapy field on this important clinical-supervision intersection.

Summary

This chapter has provided a comprehensive overview and critique on the literature pertaining to the intersection of self-injury and supervision. Through a process of comparison of definitions and a concise outline of supervision models, supervision has been described and delineated as it pertains to this study. This has provided a narrative background with regard to the supervision context in which to situate the current study. The extensive discourse on the nature of self-injury, coupled with the wide extent of terminology used in this area, was examined to provide clarity for the study. The literature clearly delineates the difficult personal and professional impacts, and the intricacies inherent in working clinically with people who self-injure.

Though there is a paucity of dedicated research on this clinical-supervision intersection, and while acknowledging the limitations of the reviewed literature, it is interesting to note that similar themes arise out of the research literature and the considerations of clinical experience. The literature suggests a list of knowledge, competencies and active approaches that should be available within supervision to meet those requirements successfully. However, as no dedicated research on the requirements of experienced psychotherapists in this supervision context was found, this implication is hypothetical and unconfirmed. The reviewed studies, in conjunction with the clinical literature, support the need for supervision for self-injury presentations.

Supervision is consistently recommended as an important source of support for psychotherapists working with people who self-injure. However, there is a significant paucity of studies on this clinical-supervisory intersection. This supervisory context has been under researched, particularly as it pertains to experienced and qualified psychotherapists, whose voices have been mostly neglected. The study aim and objectives were outlined to demonstrate how this study will address this gap and inform the psychotherapy field.

Chapter 3 Methodology

This chapter will elucidate the methodology chosen for this research, Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), a qualitative phenomenological approach. The process and rationale for its selection is delineated, including an overview of IPA's philosophical foundations and methodical underpinnings. The following section discusses the study sampling, presents the profile of the participants, and explains the recruitment process. The methods section describes how the data was gathered and analysed using the IPA analytic method. Thereafter, the issue of research ethics and ethical considerations for this study are explored. The chapter concludes with a reflexivity section, that includes a section on situating the researcher in relation to this study, followed by a summary.

Methodology

Methodology and the Aim of the Study

In considering the selection of a methodology it is essential to give deliberation to the aim of the study, as the methodology will shape the design and application of the research methods (Silverman, 2005). The aim of this study is to gain an in-depth understanding of the supervision experiences of psychotherapists, where the core concern of the supervision is their work with clients who self-injure. Therefore, this study focuses on the experiences of supervisees at the intersection of two substantial areas of psychotherapy. There are multiple theories and models of supervision (Bernard & Goodyear, 2014), each operating from its own principles. Additionally, as previously described in the literature review, there is no wholly agreed definition of self-injury (Lengel et al., 2021). Therefore, the author felt it was important to utilise an approach that was sensitive to researching the multifaceted nature of this intersection.

Qualitative approaches offer an effective way of investigating this context, as qualitative research pays attention to peoples many-world perspectives, is bound to the precept of contextuality, is concerned with exploration, and views the active involvement of the researcher as an indispensable component of discovery (Flick et al., 2004, pp. 3-11). Considering the lack of supervisee voices in the relevant literature, and the position of the researcher as a practitioner, the qualitative methodology can be applied thoughtfully to the experiences of the research participants, while also taking advantage of the realm of professional practice in which the researcher is immersed.

Furthermore, qualitative inquiry allows for deep and comprehensive consideration of germane experiences (McLeod, 2014). Essentially, qualitative research is interested with meaning and discovering how people make sense of their experiences and the world (Willig, 2004), and thus will assist in meeting the goals of the research. The researcher has therefore chosen the qualitative mode of enquiry as the most appropriate approach to meet the aims of this study. In addition, as the research is concerned with the exploration of personal experiences and meaning-making, a qualitative methodology rooted in phenomenology has been selected.

Phenomenology: An Overview

Phenomenology is a broad and diverse philosophical tradition, which originated with Edmund Husserl in the 1890's (Zahavi, 2008). It evolved and developed in varied ways, with many theorists adding to and enriching the domain, including Heidegger, Merleau-Ponty, Satre, and Gadamer (Kaufer & Chemero, 2015). Phenomenology is concerned with methodically connecting with and examining the essential aspects of experience. This contrasts with speculating or engaging in imaginary ideas about them, citing Husserl (p. 125), Mooney & Moran, (2002) asserted that things in the world should be experienced as they

naturally are, prior to any hypothesising on them. To achieve this, Husserl stated that we should adopt a phenomenological stance that suspends our natural attitude, to temporarily 'bracket off' our learned presuppositions, and engage in a process of phenomenological reduction, "Let us reduce till we reach the stream of pure consciousness" (Husserl 2014, p.172). Thus enabling us to penetrate through to the fundamental essence of things themselves (Finlay, 2011).

However, other phenomenologists, including Heidegger, did not consider it possible to completely separate oneself in this manner (Sloan & Bowe, 2013). Heidegger rejected Husserl's approach, "and in so doing provided the basis for a hermeneutics or the interpretative approach to the human sciences" (Baldwin, 2012, p. 673). He strongly believed that people are always naturally, contextually, engaged with the world, a concept known as intersubjectivity (Smith et al., 2009). Similarly, Merleau-Ponty (2012) asserts that it is not possible to achieve complete phenomenological reduction, as people cannot be distanced from the world but are always in its centre, and it is through our embodiment that the world is revealed to us.

Phenomenology affords the researcher a generous wellspring of positions regarding how to study, interpret and understand peoples lived experiences (Smith et al., 2009). Essentially, the author's reasons for choosing a phenomenological approach can be distilled into two fundamental premises. Firstly, with regard to what phenomenology does not pursue: phenomenology is distinct in its approach in that it does not wish to theorise on the behaviours or experiences in question (Finlay, 2011). Secondly, what phenomenology seeks to do: to draw out what it is to be a person, through a deep appreciation of the commonplace experience (Finlay, 2011). This study is concerned with exploring the experiences of supervisees in a challenging clinical-supervision intersection that is replete with various theories and definitions.

A phenomenological approach assists with stripping back these experiences to their personal essence. The adherence to this key theoretical stance of seeking to understand the individual's experience and their personal meaning of same is fundamental to the study aims. Therefore, a phenomenological approach was chosen to ensure that, in the first instance, the experiences of supervisees presenting self-injury casework in supervision can be illuminated and examined in-depth.

Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is a qualitative research methodology arising out of the field of psychology (Smith et al., 1999). It is a well-established methodology for qualitative research and one of the most commonly utilised means to examine 'lived experience' (Smith, 2011). As a phenomenological methodology, IPA is underpinned by the philosophical positions espoused by key phenomenologists including Husserl, Heidegger and Merleau-Ponty (Larkin et al., 2006). In essence, IPA combines ideas from each of their stances, "resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon" (Pietkiewicz & Smith, 2014, p. 8).

Nevertheless, one of main criticisms levelled at IPA is that it lacks a proper philosophical foundation in phenomenology and hermeneutics (Giorgi, 2010). In the same paper, Giorgi further contends that the philosophical process of phenomenology is not evident within the IPA method. Conversely, Smith (2010) refutes these assertions arguing that in the seminal book on IPA (Smith et al., 2009), principal theorists in phenomenology and hermeneutics are extensively considered and their influence in key underpinnings in the IPA approach is clearly evident.

Van Manen (2017) in his paper "But is it phenomenology?", also critiques IPA's authenticity as a phenomenological approach. He argues that essentially IPA is more concerned with psychological insights rather than phenomenological enquiry, labelling IPA as "interpretative psychological analysis" (p. 778). He disagrees with the idea that the study and examination of experience, which IPA is concerned with (Smith et al., 2009), is in itself phenomenology. He also takes issue with IPA's co-creation of meaning, viewing this in the sense of there being co-analysts, and therefore an example of what psychologists do. Crucially, he further states that when people make sense of their individual experiences, they are doing so from a psychological perspective and not a phenomenological one. This contrasts with reflecting phenomenologically and being concerned with seeking to reveal "the structural existential features of the experience" (Van Manen, 2018, p. 1963). However, Smith (2018) rejects Van Manen's characterisation of phenomenology and subsequent portrayal of IPA, asserting that phenomenology and experience are more complex and vibrant. He reaffirms the role of the IPA researcher as being hermeneutical, or double-hermeneutical, interpreting the material furnished by the interviewee.

Interestingly, Zahavi (2019a) agrees in part with Van Manen's criticisms of IPA, but also refutes his narrow characterisation of what constitutes phenomenological scholarship. This disagreement may be seen as part of what Zahavi (2019) states is "an ongoing controversy about how narrowly or broadly one should define what counts as phenomenological" (pp. 122-123). Resolving this dispute is outside of the remit of this study and the researcher accepted IPA's philosophical and theoretical foundations as outlined in (Smith et al., 2009).

In keeping with the aims of this study, IPA is primarily interested in examining and understanding the personal lived experience for participants of a particular phenomenon, emphasising the meaning-making that participants bring to these experiences is a central

tenet of this approach (Smith et al., 2009). IPA is notably beneficial when the area for research is intricate, and is concerned with process or originality (Smith & Osborn, 2015). Supervision is a dynamic process involving at least two psychotherapists (Hawkins & McMahon, 2020), and self-injury is often found to be a multifaceted clinical presentation (Nock & Favazza, 2009). Therefore, this is complex area under study and using IPA assists the researcher to investigate this clinical-supervision context. The IPA methodology affords the researcher an opportunity to gain an insight into the lived experience of supervisees presenting casework on self-injury, to explore the meanings they attribute to these encounters, and examine what influence this supervisory experience has on them, and thus inform the psychotherapy field regarding supervision in this context.

IPA: Core Underpinnings

To provide an overview of IPA, its core underpinnings (Smith et al., 2009), are outlined:

- Phenomenology
- Idiography
- Hermeneutics
- The structured analytic method

Philosophically in keeping with phenomenology, IPA commits itself to the pre-eminence of the participant as the expert on their lived experience, it maintains a focus on their meaning-making agency, and acknowledges their capacity to actively interpret their own world through their experiences (Smith et al., 2009). Through allowing and encouraging the participant to tell their story, in their own way and in detail, the IPA researcher is afforded an opportunity to understand the participant's experience (Reid et al., 2005). Consequently, IPA is also idiographic, initially eschewing the 'universal', and emphasising the 'particular',

the concept of idiography acknowledges that each person can be considered as a distinctive case (Ashworth, 2015). This principle directs the on-going research process, ensuring that each participant's data is studied in detail and privileged, before any examination of general themes in the overall data is considered (Smith et al., 1999).

Hermeneutics, the theory of interpretation, is a fundamental philosophical underpinning of IPA. Human beings interpret and make sense of the world from their own perspective, in other words, through their "historical and psychological reality" (Tappan, 1997, p. 649). It therefore follows that the interpretation that any individual, including the researcher, makes about the world is already influenced by their own beliefs, history and culture. This understanding is key when considering the circular dynamics of interpretation, where the person and their knowledge are necessarily interdependent in the establishment of their understanding (Tappan 1997).

Drawing on this understanding, the IPA researcher recognises that he is involved in a "double hermeneutic" (Smith & Osborn, 2015, p. 26). Essentially, this double hermeneutic can be considered as a two-stage interpretative process, in that the researcher seeks to make sense of the research participant's own sense-making of their experiences (Pietkiewicz & Smith, 2014). In effect, the researcher remains conscious that he seeks to understand detailed first-hand accounts of a participant's interpretation of their experiences, from his own acknowledged perspective, through a systematic intersubjective exploration (Smith & Osborn, 2015).

An additional feature of IPA is its structured analytic method, consisting of specified steps. These steps support and direct the researcher to carry out a rigorous and comprehensive exploration of the data. These steps are outlined below:

Table 1

Outline of IPA Analytic Steps

Step One	**Reading and re-reading**
Step Two	**Initial noting**
Step Three	**Developing emergent themes**
Step Four	**Searching for connections across emergent themes**
Step Five	**Moving to the next case**
Step Six	**Looking for patterns across cases**

Note. Adapted from Smith et al., 2009.

These well-defined steps are particularly useful for researchers who are tasked with dealing with the large amounts of data in a detailed and systematic manner (Smith et al., 2009). Although these steps are outlined linearly, this representation does not fully capture the iterative principle of conducting IPA analysis, that is, the repetition of these steps in order to examine the data ever closer. The concept of the hermeneutic circle assists in helping to draw attention to the iterative nature of IPA. The hermeneutic circle is concerned with explaining how the parts of the data can help to illuminate the whole and, in turn, the whole assists in structuring the parts. Longxi (2018) quotes Qian Zhongshu who describes the hermeneutic circle eloquently:

> By accumulating small parts, one comes to see the big whole, and by keeping the big whole in purview, one puts the small parts in place; one may explore the twigs to the roots, and also follow the roots to the twigs; coming and going repeatedly so that one may reach a comprehensive understanding without one-sidedness, and that is what "the hermeneutic circle" (der hermeneutische Zirkel) is all about (p. 118).

This enquiring approach allows the researcher to retain a sense of the individual, whilst also discovering thematic structures across participants. Essentially, this approach can be understood as both/and, rather than either/or, thinking (Smith & Eatough, 2006). The themes identified through the analysis provide the basis for IPA studies to consider how the data and findings relate to established theories and existing literature (Smith, 2004; Smith et al., 2009). Hence, IPA provides a position and method for gathering, analysing and interpreting qualitative data (Smith et al., 2009).

IPA Epistemology: The Researcher and The Study

IPA aligns with the researcher's epistemological stance. Though trained in several modes of therapy, his organising approaches are Ericksonian Psychotherapy (Zeig & Lankton, 2014; Short, et al., 2016) and Developmental Behavioural Modelling (DBM) (McWhirter, 1996; Iborra-Cuéllar & McWhirter, 2008). Both fields are committed to understanding the individual, recognising each client as a unique person and therefore privileging their experience through exquisite information-gathering, and eschewing theory. This matches with the phenomenological approach of seeking to understand the actual lived experience of the person without initially imposing a theory. Through this, an individualised model of each client is constructed. In DBM, model building skills are used to identify the specific needs of the situation and create answers that fit their idiosyncratic circumstances rather than applying a preconceived solution or theory (McWhirter, 1996). This type of approach is summed up by Milton Erickson in Erickson et al., (2000):

> Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behaviour. (p. xvii).

The building of an individual model also resonates with the idiographic and interpretative approach in IPA (Smith et al., 2009). Common to each of these therapeutic and research approaches is the appreciation of starting from a position of not-knowing, being curious, and constructing our understanding from this stance.

The researcher is also committed to the principle of accessibility, as through his experience in the community and voluntary sectors he has witnessed occasions where people have been ostracised from the knowledge industry due to the contexts in which they live and structural patterns of injustice, impacting on their educational engagement at various levels. This has imbued him with an appreciation of the value of inclusion. IPA is known for its accessible writing (Brocki & Wearden, 2006), and the researcher considers this to be an important element of fairness and justice, particularly for people who have not had the opportunity for comprehensive formal education.

Smith et al. (2009) note that a principal aim in selecting a specific qualitative approach must be that it reliably matches the epistemological position of the research question. As this study is concerned with gaining an in-depth understanding about particular persons in context, in this case, psychotherapy supervisees in supervision where the focus of that supervision is their work with self-injury; the epistemological underpinnings of IPA (Larkin et al., 2006), are well matched to the task. On this basis, and for the aforementioned reasons, IPA was selected as a suitable research methodology for this study.

Situating the Researcher

Reflexivity is core to IPA methodology and can be defined as the on-going practice of self-reflection that researchers employ to create awareness on how their own positions, beliefs, and feelings, interact with the data, and thus influence the research process

(Biggerstaff & Thompson, 2008). This enables them to be transparent and safeguard the credibility of their findings (Darawsheh & Stanley, 2014).

Consistent with the IPA double-hermeneutic principle, the researcher recognises that he is an active participant in the study. As mentioned, the author is an experienced psychotherapist and clinical supervisor, who has specialised in working in the area of self-injury for many years. A key issue for the researcher was to be aware of the influence of his natural and psychotherapeutic modes of thinking. This presented him with a challenge to manage his own preconceptions and not allow his own experiences in this clinical-supervision context to contaminate the research process. One potential risk was that the researcher could be over-empathic during an interview and strongly identify with the emotional aspect of the participant's story, consequently dropping his phenomenological attitude and presume understanding (Smith et al., 2009). The study author also acknowledged that he was interested in this supervisory context and it was important for him to consider the relevance of data which, though interesting and perhaps personally significant, did not refer to experiences consistent with the purpose of the study.

To address the above concerns, the researcher took time and effort to develop his phenomenological mind-set in thinking about and questioning the data. As an IPA researcher, it was critical that the author acknowledged his own assumptions and reflected on the positions he already held towards an area of practice he is deeply committed to. Principally, the researcher was continually cognisant of how he contributed to the construing of meaning throughout the study. To ameliorate this, the author actively engaged in a process of self-reflection during the study, with an emphasis on the clarity he reached through the on-going discussions with his academic supervisors. Appreciatively, both supervisors were sensitive to noticing potential bias, and provided an optimal space for the author to explore his perspectives and positioning. The researcher, as an additional part of rigorous practice, kept a

diary to help him understand how his values, suppositions, responses and conduct could influence the data gathering, analysis and findings (Mehra, 2002). The researcher, found much to support, regain and maintain his phenomenological stance though Francisco Valera's exhortation to approach this study as "an eternal beginner, always willing to start anew; this is the hallmark of phenomenology itself." (Varela, 2002, p. 118). This quote was affixed above the researcher's workstation.

The Study: Sampling and Procedure

Sampling

Kvale and Brinkmann (2014) state that there is a strong alignment between the research question and the research design. Therefore, the researcher ensured that the participants in the study were meaningfully chosen to fulfil the aims of the research.

With a commitment to comprehensive, individual examination, IPA research studies tend to work with smaller numbers of participants to enable the researcher to uncover a certain quintessence for each of the studies' contributors, resulting in richer exemplifications for the study. A purposive sample of 10 participants was recruited. This sample size is in keeping with IPA methodology for a professional doctorate (Hefferon & Gil-Rodriguez, 2011) and was recommended to the researcher as the optimal number for this present study (P. Flowers, personal communication, May 6, 2016). The goal of purposive sampling is to strategically ensure that the research participants and their respective experiences are pertinent to addressing the aims and objectives of the study (Bryman, 2008). Purposive sampling is customary in IPA, as the approach seeks to find a predominantly homogenous group that can represent a perspective regarding a specific phenomenon and context (Smith et al., 2009). To achieve this for the present study the inclusion and exclusion criteria are outlined.

Inclusion and Exclusion Criteria

The inclusion criteria consisted of qualified and practising psychotherapists, with a minimum of two years post-qualifying experience; and had worked with adult clients who self-injured, experience of bringing this client casework to psychotherapy supervision, and the willingness to engage in the study. Exclusion criteria entailed psychotherapists currently in training or qualified less than two years. The criteria for two years post-qualifying experience and the exclusion of trainees was intended to further enhance the specificity of the participant sample, as trainees or very newly qualified psychotherapists are likely to have different requirements or expectations of supervision in general. Additionally, the researcher would not include someone with whom he had a close personal or professional relationship.

Table 2

Participant profile

Participant Pseudonym	Gender (Self-stated)	Age Range	Years in supervised post qualified practice	Mode of psychotherapy (Self-stated)
Alison	Female	30 - 40	4	Person Centred Rogerian and Gestalt
Brenda	Female	40 - 50	16	Systemic Family Therapy
Caoimhe	Female	40 - 50	10	Humanistic and Integrative
Denise	Female	60 - 70	21	Humanistic and Integrative
Emma	Female	40 - 50	16	Art Therapy and Psychoanalytic
Fiona	Female	30 - 40	7	Psychodynamic

Grainne	Female	50 - 60	20	Humanistic and Integrative, and Clinical Psychologist
Helen	Female	30 - 40	6	Cognitive Behavioural and Clinical Psychologist
Ian	Male	50 - 60	24	Cognitive Analytic
Jason	Male	50 - 60	25	Cognitive Behavioural

Potential participants and their contact details were identified through the public databases of professional psychotherapy organisations, including: The Irish Association of Counselling and Psychotherapy, (IACP), The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP), Family Therapy Association of Ireland, (FTAI), and The Irish Association for Behavioural and Cognitive Psychotherapies, (IABCP). A recruitment advertisement that contained the contact details of the researcher was emailed to the members of these professional bodies. Further recruitment was conducted by the researcher making contact with the Association of Agency Based Counselling and Psychotherapy in Ireland (AACPI), a network of organisations providing community-based counselling and psychotherapy. The member organisations of the AACPI were asked to distribute the recruitment advertisement (Appendix B), and participant information sheet (Appendix C), to their members. Additionally, the researcher made use of social media - 'LinkedIn' and 'Facebook'. The recruitment advertisement, which contained contact details for the researcher, the participant information sheet, which presented an overview of the study, inclusion criteria, interview details and ethical considerations, were displayed by the author on these sites. The final recruitment method was through the process of snowballing (Burgess, 1982), which involved gaining potential interviewees through recommendations from other participants. The researcher, where appropriate, asked participants to distribute a

copy of the recruitment advertisement to their colleagues. Those colleagues who were interested in participating in the study contacted the researcher directly. A total of 10 participants were recruited: two through professional bodies, three through the AACPI, one via LinkedIn, and four through 'snowballing'.

The researcher replied to each potential participant by the means they had indicated in their initial contact and asked permission to contact them by phone. He then outlined the details of the study, ensured the person met the inclusion criteria, and answered any questions they had. When a potential participant confirmed that they were interested in taking part, the researcher, with their agreement, through email, supplied them with the participant information sheet. They were also furnished with a copy of the consent form (Appendix D) to read and sign if they were satisfied that all the requirements had been met. Following this, the researcher contacted the prospective participant by phone and during that conversation answered any remaining questions they had. He confirmed agreement with them to proceed, then arranged a date, time and an appropriate confidential location, mutually agreeable, to conduct the interview.

All interviews were recorded on a password protected digital audio recorder and subsequently transcribed by the researcher. There was an option of conducting a follow-up interview with each participant, the purpose of which was to allow the researcher to further explore areas that arose in the initial interview. This option was selected with the first interviewee as the researcher felt he had been overly cautious in pursuing some topics. Following every interview the researcher sent each participant a letter, by email, thanking them for their involvement.

Methods

Gathering the Data

Fundamentally the value of a study's contribution is contingent upon the data obtained, and the quality of that data will be determined by the effectiveness of the interview (Kvale, 2008). An effective interview is achieved through creating and conducting a purposeful and inquiring conversation; the goal of which is to collect data that is valuable and consistent with the study aims (Kvale, 2008). There are several principles that underpin qualitative interviews that fit with the aims of this study: the research participant's point of view is privileged, the process enables the participant to speak their mind, and interviews are concerned with gathering detailed data (Bryman, 2008; Denscombe, 2007).

To assist with gathering data that would coherently meet the aims of the study, the researcher used a semi-structured interview approach. Semi-structured, one-to-one interviews are a common method for data gathering in IPA. This approach offers the participant the opportunity to engage in a process and dialogue with the researcher through which they are enabled to give a rich first-person account of their experiences (Smith et al., 2009). It also allows the participant and researcher to clarify matters during the interview, and provides the opportunity for the participant to use their own words (Bless & Higson-Smith, 2000).

The researcher employed a schedule of questions (Appendix E) that consisted of the central topics important to explore with the participants (Smith et al., 2009). The objectives of the study were used to guide the design of the interview questions. Through discussions with the research supervisors, the questions were re-drafted until the schedule was agreed upon. The questions were designed to facilitate the participant to speak about their experiences in this clinical-supervision context. Designing a schedule allowed the researcher to consider the sensitivity of any question he might use. It also assisted him to manage any

potential biases by making him aware of any pre-conceived ideas he may have, and wanted to come up in the interview (Smith & Osborn, 2015).

The researcher is guided by the interview schedule and can adapt the order of the questions as suits the pattern of interchange with the participant. This naturalistic approach assists the interviewer to more readily establish rapport with the respondent. Establishing rapport is crucial to creating an ambiance whereby the participant feels comfortable to talk openly about their experiences (Smith et al., 2009). Furthermore, the establishment of a naturalistic context, allows the participant and researcher to more effortlessly explore and discuss personal experiences that emerge through the interview. The interview format assists with this and allows the participant space to consider their thoughts, express themselves deeply and feel heard (Reid et al., 2005). Accordingly, areas of interest can be pursued as they arise and the researcher can use prompts to help the interviewee expand on particularly relevant ideas or data. All of this allows for the uncovering of richer data, which is the mainstay of the approach. This was the borne out in the present study interviews, where the participants engaged in a deep collaborative exploration of their experiences, revealing rich, meaningful, personal data.

Wengraf (2001) highlights several disadvantages to the semi-structured interview approach: during the interview the investigator has less formal control over what happens and the researcher's attention must be on a number of tasks, including listening and seeking to understand the participant's answers, while also remaining mindful of gathering appropriate data within the time constraints of an interview. However, these potential disadvantages did not materialise in the actual interviews; paying attention to multiple tasks is inherent in the researcher's daily work and this allowed him to successfully manage these conditions. Through adopting a curious phenomenological mindset, the researcher felt comfortable not

seeking to ‘control’ the interviews; this assisted the participants to freely engage in the interview process as they saw fit.

Analysis: The IPA Analytic Method Outlined

In IPA, this procedure is focussed and underpinned by directing “our analytic attention towards our participants’ attempts to make sense of their experiences” (Smith et al., 2009, p. 79). Specific to the IPA analytic method are a number of core principles. As stated above, the analysis is iterative (Smith & Osborn, 2015), committing the researcher to an on-going interaction with the text; a constant cycle of reading and re-reading. This approach obliges the researcher to become flexible and creative in considering the data, and to be comfortable with continual revision. The researcher commits to listening to each individual transcript and be disciplined about valuing each participant and their experience. This is core to the idiographic approach to analysis in IPA, whereby the layers of complexity of the individual participant are captured and analysed before any move towards exploring emergent or general categories of ideas is undertaken (Smith, 2011). The IPA analytic process is intense and conceptually challenging, and at the same time helps to generate a dialogical relationship between the researcher and the data. It supports this process through a step-by-step approach that helps the researcher to organise and interpret the data. The researcher adhered to the established analytic process for IPA (Smith et al., 2009). The experience of applying these steps to the present study is described:

Application of the IPA Analytic Steps to the Study

Step 1: Beginning with the first participant, the researcher compared the interview transcript to the original recording to ensure accuracy. This step assisted the analyst to further familiarise himself with the participant’s voice and allow for an appreciation of their tonality,

verbal stresses, and cadence. The author then read and re-read the verbatim transcript. This allowed the researcher to obtain an overall understanding of the dynamics of the interview, to cultivate a perceptual appreciation of the participant's lived experience, and become initially curious about potential points of specific interest.

Step 2: Comprised of the author systematically recording what was interesting or significant in what the person had said regarding their supervision experiences. The researcher then examined each line of the script to capture the participant's idiosyncratic assertions and estimations. He then engaged in an exploratory coding process with the data. The researcher noted how the participant described their experiences and considered what they were addressing in that instance. The interviewee's use of language was scrutinised to capture how connotations and content are structured as they gave clues to potential underlying meanings. The coding then moved to a more conceptual and interrogative level. The researcher began to think in more abstract terms, asking questions of the data, as to its potential meanings, while simultaneously acknowledging himself as an active agent within the analytic process. Although this step was interpretative, the researcher remained cognisant of the importance of not reaching a conclusion on any aspect of the data but to continue generating possible interpretations.

Step 3: Involved the author searching for and developing themes within the evolving dataset, and encompassed an important shift away from using the transcript, to relying on the initial notes and exploratory coding. The researcher endeavoured to identify and map relationships between these codes within certain areas of the data and in the dataset as a whole. Fundamentally, the analyst's interpretation, in combination with the participant's original language and ideas, were reflected in these themes.

Step 4: Entailed the researcher mapping and exploring the previously identified emergent themes for connections and patterns. This allowed the author to consider how the

themes could fit together, and to then develop superordinate themes. A superordinate theme is one that draws themes together through a higher level of abstraction and contains the essence of the emergent themes. The analyst then created a table that displayed the most important and significant characteristics of the participant's data, including their use of language.

Step 5: The researcher repeated the same process for each participant interview. Key to this process was the analyst's commitment to the idiographic stance of IPA. The researcher attempted, in so far as possible to, 'bracket off' the influence of the preceding analyses and allowed new themes to organically emerge.

However, after completing this stage, the researcher noticed a difference in how he approached his first interview in comparison with the following ones. He felt he had been more reserved and hurried, thereby inhibiting the participant's opportunity to fully speak about their experiences. He approached his supervisors on this, and it was agreed he could contact the participant again. The participant was glad to do another interview under the same conditions as the first one. The interview allowed the participant to expand and add to what they had previously shared; they were happy to have had the opportunity to do so. The researcher added the new data to the participant's previous interview and brought it through the different analytic stages.

Step 6: The researcher searched for patterns across each of the participant's cases. This was done by bringing together each of the tables, checking for recurrent themes and theorising about how these themes might interrelate. Throughout this process, transcripts, coding and the development of emergent and superordinate themes were shared and discussed with the research supervisors to ensure conceptual clarity and consistency of the themes. As the researcher's interpretations evolved through the analytic process a number of

early themes were discarded. It became clearer that some themes, though stimulating, were unconnected to the emerging themes.

A crucial juncture occurred at this point when considering superordinate themes. The researcher found himself caught in a significant binary mind-set. The idea of using the concepts of 'positive experiences' and 'negative experiences' took hold, and remained persistent until he could regain an appropriate perspective. This was achieved chiefly through discussions with his research supervisors, with reminders to re-connect with key aspects of IPA. On reflection, it seems obvious that these concepts were not phenomenological and did not portray the essential experiences of the participants. However, the researcher noted after this period had passed that in his attempt to consider higher-order themes he had moved into a more objective way of thinking. This proved to be a key turning point, the researcher on the advice of his supervisors revisited his analysis through writing memos on each participant. The researcher was reminded to check how phenomenologically he was relating to the data and subsequent emergent themes. This process provided him with firmer ground to consider what superordinate theme(s) brought these subordinate together. Following this, the researcher organised the data into a table, which represented the 'higher order' concepts shared across the participants' accounts, and developed the two superordinate themes for the study.

Throughout the analysis, in-depth discussions in supervision assisted the researcher with rigour, clarity and transparency. The use of participant quotes provided evidence for the development of each subordinate and superordinate theme. These themes form the basis for the findings chapter of this thesis. An example of the analysis is provided in the appendices (Appendix G).

Quality of the study

Measuring quality in qualitative research is fundamentally important and needs to be assessed on criteria that supports but does not stifle qualitative inquiry (Sandelowski, 1993). With regard to IPA research, Smith (2003) highlighted the usefulness of Yardley's (2000) quality framework for this task. Yardley's criteria were therefore adopted to support and to evaluate the quality of the present study. The specific application of the framework to this study is reviewed in Chapter 6.

Ethics and Ethical Considerations

Ethical Approval

Ethical approval to conduct this study was obtained from the Dublin City University Research Ethics Committee (Appendix A). At its most fundamental level, it is universally agreed that research ethics is about ensuring that no harm comes to the participant (Hopf, 2004). However, with the dynamics inherent in the social, professional and personal interactions involved in qualitative research, this principle requires further consideration. Kvale (2008) asserts that research based on interviewing, "…requires a delicate balance between the interviewer's concern of pursuing interesting knowledge and ethical respect for the integrity of the interview subject" (p. 8). In order to achieve this balance and protect the participant from harm, this study is informed and led by Beauchamp and Childress' (2009) four ethical principles: Autonomy, Beneficence, Nonmaleficence, and Justice.

Autonomy: Anonymity, Confidentiality, and Consent

Autonomy refers to the ability and entitlement of each participant to make their own decisions and choices, essentially autonomy underpins the practice of informed consent (Delany, 2008). Throughout the study the researcher ensured that each participant was fully

informed on all aspects of their involvement. They were supplied with an information sheet outlining clearly the purpose of the research and what participation in the study would require of them.

The researcher explained to the participants how their data would be anonymised throughout the study using pseudonyms in all meetings, documentation, and that it would finally be disposed of securely. He included information on the limits of confidentiality with regard to court rulings, data protection, disclosure of unethical practice, and freedom of information. The researcher allowed time for the participants to ask any questions they had, and to ensure against any misinterpretations he took time to check their understanding of each of these issues. Only after this point did the researcher invite the participant to sign the form consenting to their involvement. Importantly, the participant was informed at the outset of the study that they may withdraw at any time, without any adverse consequences.

Maijala et al. (2003) emphasise that it is an ethical imperative that the reality of the participant's situation must be considered and addressed in an on-going manner. Likewise, in IPA, consent and ethics are not deemed as being fixed but are ever evolving (Smith et al., 2009). For instance, in the interview situation the researcher responded to the fluid nature of the context and verbally revisited consent with the participant if they begin to discuss particularly delicate and unforeseen material.

The author was aware that in order to reflect sincerely on their experiences, the participants would need to speak about encounters with their clients and clinical supervisors, some of which were likely emotive. This increased the potential for the participants to disclose information that could identify a 3rd party. The researcher recognised, in adhering to ethical obligations, that he had a responsibility to protect the anonymity of 3rd parties. Participants were also concerned with protecting the identity of their clients and supervisors during the interviews. The participants did not disclose any identifying information regarding

their clients. In general, they also referred to their supervisors in a non-identifying manner. Nonetheless, on a few occasions, a supervisor's first name was mentioned. The researcher looked to ensure 3rd party anonymity but to do so in such a way as to respect the professionalism of the interviewee. At an appropriate moment, the interviewer asked the participant to consider how they were answering, thereby calling upon the interviewee's own knowledge and self-awareness, and thus respecting their dignity as a professional. This approach worked well and maintained participant-researcher rapport. When transcribing the interview, the researcher removed the name mentioned.

As the present study was focused on supervision practice, there was the potential for disclosures of harmful supervision. This situation was explicitly addressed in the research ethics submission. If such a disclosure took place, the following steps would be taken: the researcher would pause the interview and bring this to the attention of the participant. The researcher would then seek to reach a consensus on how best to address this situation and, where necessary, bring this information to the attention of their professional body in a manner that would minimise any impact on the participant. The researcher would also discuss this disclosure and agreement with his supervisors for guidance. These points were included in the 'participant information sheet' and the 'informed consent form', and discussed with the interviewee prior to the beginning of the interview. However, in the researcher's view, there were no instances related where there was an example of harmful supervision, and therefore no action was required.

Considerations of Beneficence, Nonmaleficence and Justice

In her study examining the application of the Beauchamp and Childress (2009) principles, Page (2012) describes beneficence as the responsibility to deliver benefits and help to others in respect of their authentic pursuits, and non-maleficence as avoiding the

possibility of harm and future harm. Taking the principles of beneficence and nonmaleficence together, this study provided the participants with an opportunity to safely explore an issue of importance to them. Many of the participants said it was the first time they had an opportunity to reflect on these experiences, remarking how that turned out to be very helpful for them. The interviews took place in a respectful context, one which was private, and conducted by an interested and informed fellow professional. The idiographic and systematic nature of the study's approach ensured that the interviewee's voice was heard and incorporated into the final work. The participants also stated that they felt they had contributed to their own profession in a meaningful way. Alongside this, as outlined, the researcher ensured that their information was dealt with respectfully, safeguarding them from harm. As the participants were experienced professional psychotherapists, they did not constitute what is traditionally considered a vulnerable group (Shivayogi, 2013).

Nonetheless, as the area of self-injury can be emotive (Babiker & Arnold, 1997; Fleet & Mintz, 2013), the researcher was aware that during the interview the supervisee might become upset talking their experiences. On any occasion where this happened the researcher paused the interview, stopped recording, and gave the participant time to compose themselves. After a discussion, the researcher asked the interviewee if they wished to continue or end the interview. In all such cases the participant asked that the interview continue. The interviewer discussed whether they wanted to the avail of further support, none of the participants felt they needed any subsequent assistance but agreed to contact the researcher if that changed for them. The researcher had details for appropriate professional supports if the participant had required same. At the end of every interview the researcher debriefed with each of the participants to check on their well-being (Appendix F).

The final principle of justice is concerned with guaranteeing that each participant is treated in the same manner (Beauchamp & Childress, 2009). In effect, this required the

researcher to conscientiously follow all the principles and systematic procedures in IPA, ensuring that each participant was treated equally in the interview, and their data, from the time of collection to the final write up, was used accurately and fairly. The researcher worked closely with his supervisors throughout the study to confirm that he was authentically fulfilling these tasks.

Reflexivity

Interviewing Fellow Professionals

The researcher was mindful that the participants were seasoned psychotherapists who were being asked about their experiences of supervision in their role as a supervisee. As the researcher is also an experienced psychotherapist and clinical supervisor he was aware of the attendant dynamics inherent in interviewing fellow professionals, including issues arising out of comparable clinical roles - presuppositions, trust and rapport (Quinney et al., 2016).

In our interconnected-web-informed-world, it was not an unreasonable assumption that some participants may 'Google' the researcher and discover he has been involved in the field of self-injury for many years. This could furnish them with prior knowledge which could influence how they might answer some of the questions and therefore affect the outcome of the study; essentially there was the potential for the 'Hawthorne effect', whereby a participant may modify their responses (McCambridge et al, 2014). Coar and Sim's (2006) study on methodological issues when interviewing peers, noted that some participants felt they were being professionally inspected, which in turn could lead them to be especially heedful in dialogue with a professional colleague. Therefore, it was important from the first time the researcher contacted a participant that he was clear and open about who he was, what the study was about, and what it entailed. Complementary to these concerns, the researcher recognised the potential for a participant to value conversing about their

experiences with a peer who is interested in their field and would likely understand their professional context.

Summary

The chapter outlined the applicability of IPA as an appropriate methodology for conducting this research. The study was concerned with investigating the lived experience of professionals in a complex clinical-supervision context, by a fellow professional. IPA provided the researcher with a philosophical position that assisted him and the participants to explore these experiences at depth, while respecting both the individual and collective voice of the supervisees. Using IPA with this cohort helped to establish a context that supported the participants to share deep and personally meaningful experiences, thereby producing rich data. The IPA analytic structure was critical in supporting the researcher to analyse the data in a meticulous and organised fashion to arrive at the study findings. This included the facility to address some errors in the researcher's considerations. Furthermore, the recognition of the double hermeneutic alerted the researcher to be mindful of the influence of his lived-experience on the interpretive process.

The participants were carefully selected to ensure they could speak to the specific context under investigation. Ethical considerations, bolstered through strategic reflexive deliberations, pertinent to this study, provided a safe and respectful research experience for the participations. To ensure rigour and transparency, the clinical and supervisory experience of the researcher was made explicit to assist with attending to any potential bias. He also kept a diary throughout the life of the study to assist him in further developing his self-awareness and commitment to the phenomenological mind-set. All of this afforded him rich material to discuss with his supervisors. The critical importance of these on-going discussions with the research supervisors was noted.

Chapter 4 Findings

The chapter describes the key findings of this study that explored the experiences of supervisees where their work with people who self-injure was the focus of supervision. The relationship of the participant's clinical context to their supervisory experiences was found to be pivotal. Two superordinate themes and six subordinate themes were identified. Participant quotes are used extensively to illustrate these themes and to remain close to the accounts of their experiences. All names used are pseudonyms. Following the introduction, the chapter is organised through delineating the broader and inter-related clinical context, the two superordinate themes, their subordinate themes, followed by a chapter summary.

The superordinate themes, 'Being in it together' and 'Being on my own', capture contrary or contrasting experiences. All the participants described supervisory experiences in this context explicated by the theme of 'Being in it together', whilst all but two of the same participants described experiences captured through the theme of 'Being on my own'. The first superordinate theme, 'Being in it together', describes the participants' overall experience of supervision as being a context where they could openly explore their concerns and obtain the assistance they wanted. Essentially, the participants described the compelling experience that their supervisor was actively with them in responding to the challenges that this presentation and client group engendered. The second superordinate theme, 'Being on my own', describes the scope of supervisory experiences where the participants felt their needs were not met and where their expectations of supervision went unfulfilled. Overall, these experiences left the participants feeling they were alone with the often-deep concerns and intense impacts that materialised when working with their clients who self-injured. The superordinate and subordinate themes are outlined below:

Table 3

Superordinate and Subordinate Themes

Superordinate Theme	**Subordinate Themes**
Being in it Together	Feeling Attended to and Reassured
	Being Educated and Guided
	Becoming Unstuck and Empowered
Superordinate Theme	**Subordinate Themes**
Being on my Own	Feeling Abandoned
	Feeling Frustrated and Dissatisfied
	Being Disheartened and Withdrawing

The language used by the participants was often revealing, helping to enrich their descriptions and further illuminate their lived experience. Their choice of emotive words and expressions reflects the intensity, impact, and importance of both the clinical work and their supervisory encounters. Their language is both commented on and highlighted as it illuminates the participant's voice and contributes to the findings.

The Broader Clinical Context: Participants' Experiences Working with Self-Injury

The participants' depictions of self-injury and their own reactions provides some insight into how profound the challenge of working with this clinical presentation could be for them. As an example, many of the participants spoke about being horrified by the nature of self-injurious acts: "…the horror of facing that" (Denise), "…the nature of it being so horrendous" (Emma). Their choice of words also underscores the impact that this work had on them, they expressed their feelings in very stark terms, "I felt a bit of revulsion, at the

idea of the blood touching the skin" (Grainne); "When it (self-injury) was mentioned I'd almost have a freak out inside (laughter)" (Alison); and "(I) Needed to really talk about my experience of being in the room with that client and how scary it was" (Caoimhe). Such personal disclosures, by experienced psychotherapists, help to convey the significance of the challenges, feelings and states of mind of the participants when they engaged in this work.

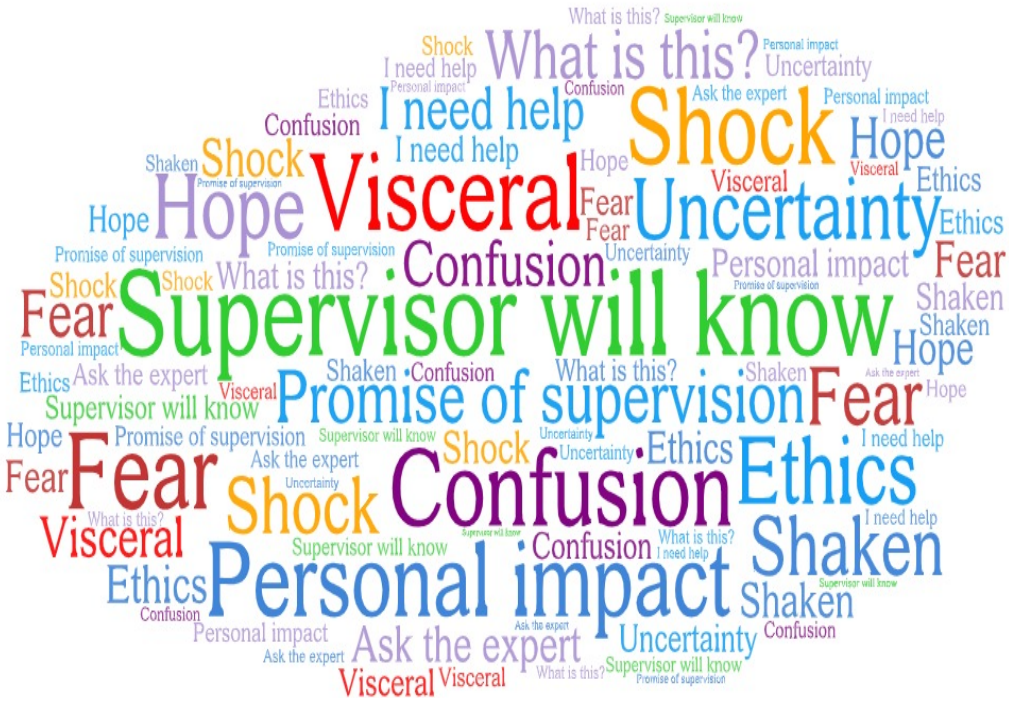
The participants' need for assistance in supervision was significantly predicated on their dedication to their client's well-being. Their language signifies their conceptualisation of the severity of their client's struggles and desire for therapeutic support. The participant's descriptions, both literal and metaphoric, helped to give voice to this: "Because you have in front of you a human in pain. You deal with human suffering" (Ian); "Self-injury is so intimate, it's nearly more intimate than sex in lots of ways because you are actually going deep into the shadow, deep into where this person is hurt" (Grainne). These descriptions provide a window into how the participants visualised the lives of their clients.

The participants' language is non-clinical, unvarnished, unambiguously revealing the depth of their emotional engagement. It further illuminates how the participants construed the challenges and responsibilities they faced when working with people who self-injured, thereby providing a greater appreciation of the experiences they brought into supervision. Their language also provides a window into the lived-reality of the broader context the participants worked within and in which their supervisory experiences occurred. Supervision did not take place as an isolated encounter, but within this broader context, as a central inter-related component in the participant's work with their clients who self-injured. The participant's testimonies, arising from their clinical context, highlighted the impacts of the intense challenges, concerns, and hopes they were left holding following their psychotherapeutic work with this client population. These remained with them, and are illustrated as a 'cloud' in Figure 2, that followed and weighed upon the participants, which

they subsequently brought to supervision with the expectation they would receive the support and direction they needed.

Figure 2

Cloud: the weight of the clinical context



Note: This word-cloud was produced using all participant transcripts and the researcher's analytic notes.

The Promise of Supervision

A central component of this ‘cloud’ was the belief that the participant’s supervisor, the expert, will know what to do and be able to support them. For the participants, supervision held a ‘promise’ that it would assist them in dealing with the residual and still ‘live’ impacts of their therapeutic-work, and prepare them to respond effectively to their clients in future sessions. The participants were seasoned practitioners, and they inherited a conceptual idea of what supervision was designed to deliver from their training. More so,

they previously experienced positive and effective supervision when they had brought other clinical presentations. They had also built trusting and beneficial relationships with their supervisors. This conceptual and experiential knowledge set them up to expect supervision to meet their needs, as expressed in their interviews. They believed that supervision would assist them with their struggles and equip them for future sessions, thus enabling them to meet their responsibilities, help their clients, and maintain their own well-being, all of which can be conceptualised as the 'promise of supervision'. How well that 'promise' was kept or broken, in the eyes of the participants, was critical in their experience of supervision.

Superordinate Theme: Being in it Together

The first superordinate theme, 'Being in it together' captures the participants' supervisory experiences where they felt they had a strong alliance with their supervisors in their work with clients who were self-injuring. They told how their supervisors were receptive and non-judgemental towards them irrespective of what they brought to supervision, how they paid attention to their doubts, fears, and well-being. Through this they described being supported and very much 'feeling attended to and reassured' by their supervisors. The participants spoke about being unsure about this presentation and not always knowing how best to respond clinically. In supervision, they gained a greater understanding about self-injury through being taught by their supervisors, they also felt the benefit of their supervisors' active clinical direction, essentially experiencing 'being educated and guided'. Many participants described, how at times, they became mired in this work. The narratives about self-injury, or previous experiences of working with this presentation, left them feeling unwilling or unable to engage in this work. For others, clients' self-injurious acts, such as self-cutting, often had a debilitating and visceral impact on them. Through supervision they were assisted in moving out of these positions, in effect

experiencing ‘becoming unstuck and empowered’ to work with this client population. Irrespective of the complexity of the issues and challenges they brought to supervision they felt that they were facing them in partnership with their supervisor. For the participants, this collaboration was crucial to their overall effectiveness and well-being.

Feeling Attended To and Reassured

> The presence. The awareness. The listening. The being there. And I know she’s not my therapist but it really helps in terms of how one is in the self with one’s clients, to have that connection and to have that response. (Emma).

This theme describes how the participants found supervision to be a place where they were actively responded to and supported. In this context, they could unreservedly articulate any concerns they had about the impacts and challenges this client presentation held for them. Having such a reassuring context was particularly important to enable the participants’ to be free in themselves to seek support with the intensity of the work. They described feeling heard, understood, and validated by their supervisors. “So, I feel when I go I can get it all out and leave it there, and not be worried about what she thinks about me as therapist or that she is judging me” (Alison).

The participants spoke about self-injury presentations frequently impacting them in very particular ways. They were left feeling unsure, troubled, and at times distressed, by their reactions in the therapy room. They described experiences in supervision of bringing this material and having their concerns acknowledged by their supervisors and being helped to understand their reactions in this context:

> Okay, I went to supervision. I said “Look, she showed me these cuts and I was blank, nothing to say” and she [supervisor] said “Of course you had nothing to say. That’s the norm actually”. (Ian).

Through this Ian was more able to understand his strong reactions, find relief, and re-ground himself: "Ah yes, 'thank you' (laughs). You know brings you back... and giving me that validation, the fact that I did have that reaction was exactly ok" (Ian).

Working with clients who were knowingly injuring themselves impacted many of the participants personally, they recoiled at the idea of it and struggled when these feelings arose for them. They described how supervision provided them with a place where these effects, often outside of their own awareness, were recognised and responded to. They experienced being looked after and felt that during supervision these personal needs were actively addressed:

> So, it's not just listening to what I say but she [supervisor] would be attentive to my reaction and she would bring attention to that. And she would explore that. So, it wouldn't be something I consciously intend to say or bring up. She would notice something I did or reacted, or she would bring my attention to that and say 'what's that about' and probe that. (Grainne).

This attentiveness to their reactions and subsequent processing of same assisted the participants to re-evaluate their responses in an insightful and developmental manner. "I think empathy for myself because it was hard for me to hear when he said it (describing client's self-cutting) and there have been triggers for me" (Denise).

Many of the participants were troubled about unsympathetic and disagreeable thoughts they were having about their clients. They were cognisant of developing disapproving feelings towards their clients because of their injuring or when they did not stop their self-injurious behaviours even after significant amounts of therapy. "Mmm…it's a big deal to say I'm disappointed by my client…Yeah. It's a huge thing" (Caoimhe). They were concerned about disclosing such views in supervision as they were worried that they would be judged negatively. However, they described how their supervisor reacted

thoughtfully and with consideration: “She responded with kindness and understanding and normalise[d] it” (Caoimhe). Having such feelings was an anathema to the participants and their view of themselves as caring professionals. Helen described the relief she felt by feeling able to openly acknowledge her thoughts about her client and have this issue heeded:

> I just think that for me it was hard to say, so I think for me saying it in supervision there was a relief, like I felt guilty for saying it… having the thought that this was not true because I guess like we always believe our clients are doing the best. (Helen).

The participants were mindful of exploring and defusing their own negativities, availing of the support of their supervisor to shield their clients from any adverse contamination. They recognised how their supervisor’s understanding of these dynamics helped them to do this:

> I felt like he understood why I was bringing this to supervision, (…) that I really felt the next therapeutic appointment would be so important for her [client] and I guess how to not allow my frustration to seep into the therapeutic environment. So I felt like they were contained... in supervision and I felt like they were kind of soothed and I found a way to kind of like vent them, they were understood. (Helen).

The participants often worked with clients who were in very distressed states while in the therapy room. The participants spoke about the impact of this and how they became very fearful in these situations. Having an attentive supervision space to bring these experiences proved to be of immense benefit. They felt grounded by their supervisor and the participants were left feeling enfolded in the supervisory space: “So I felt very held that time because it was a really frightening experience for me to go through because the client was absolutely terrified” (Fiona).

Conducting this work, the participants were acutely aware that there was the potential for critical injury or the death of a client. These fears weighed on the participants’

minds, “Look, the bottom line is at the back of my mind I had... there is like a severe possibility that I’ll be in the coroner’s court with this woman’s family explaining.” (Jason). They understood that such a situation would likely give rise to significant repercussions that could adversely affect their career and themselves personally.

Fears about their client’s safety, and about potential consequences if they ‘got it wrong’ often plagued them following clinical sessions. The participants valued the committed support of their supervisors to all these concerns and felt deeply reassured:

> I was still left with that feeling of, have I done enough? Is this person safe? All of those things and of course you know that stays with you until you can bring it to supervision and my experience of bringing it to supervision was really positive. (Fiona).

The participants cherished their supervisor’s composure in the face of the self-injury material and descriptions they brought to supervision, the steadiness of the supervisor proved to be a useful exemplar for the participants. Alison was very aware that self-injury presentations could evoke strong reactions, “I suppose my experience has been that people tend to kind of freak out when they hear it”. However, her supervisor remained self-possessed and present with her. She spoke about how her supervisor’s manner had a calming impact on her:

> And like without doing anything, just her presence. I think she’s quite solid in herself, so in her being that, it kind of calms me down. So, I find when I go in I’m a bit (makes a ‘manic’ noise) and when I leave I’m a lot more centred. (Alison).

Similarly, Fiona’s description of the positive impact that her supervisor’s demeanour had on her while relating very difficult material highlighted the importance of her supervisor’s fortitude.

> But she was able to survive the shock of hearing it from me and to hold it and could take it and normalise it, which I think helped me then to survive it the next time I experienced it. (Fiona).

Fiona's language, her use of the words 'shock' and 'survive', provide an insight into her somewhat, life and death, conceptualisation of engaging with self-injury.

Having a robust supervision context permitted the participants to be open in supervision, consequently they were able to engage fully in the process. "…it felt like I wasn't having to hide something. If I needed to talk about something it would come up and if I had any difficulty I would be able to voice it" (Brenda).

It is clear from supervisee statements that the role of the supervisor has a notable impact on their feelings surrounding their own ability to deal with challenging situations. Where the supervisor is attentive, calm and collected, this influences the supervisee's personal sense of capability. Overall, supervision provided support and a bulwark against the burdens of the often-complex nature and emotional intensity of this work, leaving the participants with the feeling that their supervisors were at their side.

Being Educated and Guided

> And then also there was you know kind of ideas also coming from her about things that I might not have you know kind of seen... a different perspective on things (Caoimhe).

'Being educated and guided' refers to the participant's experiences of being directly taught about self-injury and illustrates the impact of their supervisor's active explorations. When asked about specific education for working with this client group, all the participants reported that they had received no training or a nominal amount, but nothing which they felt was adequate for their requirements. They described feeling unsure about self-injury and

how to respond effectively to their clients' behaviours. This uncertainty was central to them bringing self-injury material to supervision. This theme captures the experiences of the participants being directly educated about self-injury by their supervisors and guided by them in their clinical work. In the context of working with people who self-injured, participants spoke ardently about the necessity of supervision being a context where they could receive education and guidance.

> I think actually for me that's really a big part of supervision (…) I often kind of stop and think when she says that and think yeah, but that's quite an important part of supervision for me the teaching part. (Emma).

Participants spoke of how helpful it was to be directly instructed on what self-injury was and was not. At times, many of them were distressed by self-injury presentations, worrying about the possibility of suicide, and they described how the educative function of supervision was vital in helping them alleviate their anxieties:

> Horrified because it was in front of me because I could see how deep it was… one of the first things I heard was... positive things I heard to stop the horror was to say, but it was not (an) intent to die. Okay, great! And then it was a coping mechanism. Great! And it was a relief of the anxiety. Great!! So, to have those understanding[s] did help me. (Ian).

This formative approach came in many different guises, such as explicit teaching on the varied aspects of self-injury and included being directed to material relevant to their client-work. "She's kind of really knowledgeable and... she can say 'Oh I was at this conference and I don't know where the paper is but so and so..." (Emma).

All the participants felt that an especially important element of supervision was the facility to gain an accurate understanding of their clients' behaviours. Comprehending what

functions self-injury held for their client was central for the participants, they felt that the client's individual circumstances really needed to be understood.

> Do you understand self-harm? [….] Don't just look at the broad theme or diagnosis. Look at the self-harm [...] know in detail why every piece of cutting occurs and what are the thoughts behind it and then work back on your formulation. (Jason).

The participants described the value they found in their supervisors' questioning of their clinical work and especially on the nature of their client's self-injurious behaviours. Whilst many of the participants came to realise self-injury was not always life-threatening, they were uncertain at times of the actual level of risk and were unsure about how to react appropriately. The participants found their supervisor's focus on the injurious behaviours of their client to be especially beneficial:

> It was only in supervision when the supervisor said to me 'yeah but how often is this client doing this? And have you seen any of the wounds and are they deep? And when is she doing it? And when did this start?' And when I actually thought about it, God I hadn't asked any of these questions and actually when I went back [to the client], when we really delved down, was when we discovered actually this is very problematic, it's happening every day. The wounds were becoming really bad. You know it was a dangerous behaviour (…) I thought, wow, gosh I've totally missed that you know and I think it just goes to show that the supervision is that third eye. (Fiona).

Through her supervisor's questioning, Fiona examined her previous assumptions and was stunned when she realised she had not accurately explored the seriousness of her client's injuring. Fiona's use of the metaphor 'third eye' elegantly articulated the role of supervisory oversight. Here, oversight entailed her supervisor exploring the client's self-injuring in detail. For Fiona, this type of intervention highlighted the value of supervision in this

context. Overall, the participants appreciated being guided to reflect on their work more strategically.

> I find that very useful to have that kind of reflective space, for someone to be asking, prompting me to think about the client, reflection for me which might have... how the session went? What I might have done? What I might do? What's going on in the room? That kind of thing. (Caoimhe).

All the participants felt it was important that their supervisor had the experience of being with clients who self-injured. They described feeling more secure during supervision when they discovered that their supervisor had a history of working clinically with this client population, and felt that their supervisor would therefore have a greater appreciation of their experiences.

> …because I know that she gets what it's like if somebody comes in and they are presenting because of self-injuring, so she knows what that's like…so I think that that's important for me because it's... although her experiences might be different she knows what it's like to sit with a client and I just think that that's really important. I just think that having experience is key. (Alison).

Similarly, Caoimhe highlighted the importance of knowing her supervisor had worked with people who self-injure as it demonstrated that her supervisor was both experienced and not adverse to working with this presentation.

> She has worked with people who self-injure and I guess some people don't want to work with people who... do you know what I mean? So, she had the experience of it and that would come up in our conversation so she was, as a supervisor, you know more experienced than me so there was ah...helpful (Caoimhe).

Taken as a whole, the participants appreciated their supervisor's teaching, guidance and active engagement. This helped them in their clinical work, nurtured their expertise and further cemented their felt sense of alliance with their supervisors.

Becoming Unstuck and Empowered

> So it's just it's a whole different ball game really than someone coming who is feeling down or sad or has relationships, (…) it was heavier than what I was used to (Alison).

'Becoming unstuck and empowered', denotes those experiences whereby supervision empowered the participants to move out of, or beyond, a state of 'stuckness' induced by the ideas, previous experiences or the visceral impact of the presentation. Several participants were concerned with the very idea of working with a client who was self-injuring and avoided doing so, while others, because of previous experiences, considered giving up working with this client population. In addition, each participant reported how the often-visceral nature of self-injury presentations frequently led them to feeling mired or floundering in their clinical work. They described experiences in supervision of 'being freed' from this state of 'stuckness' and empowered to move forward in their work. "Sometimes I'm full up, full up of self-injury (laughs), makes it easier then to leave it there [supervision] and then go to work, so yeah" (Alison).

The participants were not immune to being influenced by the widespread adverse narratives about self-injury being a risky and arduous presentation. As a consequence of this pejorative discourse many of the participants had significant anxieties about working with this client population. For example, one participant, Jason, though a very seasoned psychotherapist, described his reluctance to work with a client presenting with self-injury. "Like I definitely delayed seeing her and made a case for not seeing her… so that early

experience was pretty negative" (Jason). However, during supervision he was challenged to justify his position and consequently, following his supervisor's intervention he saw the client and despite his initial reluctance found that working with her was really positive, "So it was under duress that I brought this poor woman in and it turned out to be a really, really good experience" (Jason). This proved to be a turning point and a significantly formative experience for Jason. Since going through this process coupled with the encouragement and support of his supervisor, he was never again reluctant to work with a client who self-injured. "Since then I have never hesitated. That wouldn't be a reason... but self-harm now would never be a criterion that I would baulk at in terms of assessing the client and doing treatment" (Jason).

All the participants spoke about having previously difficult clinical or supervisory experiences in the context of working with this clinical population. Many of these experiences had an impact on their sense of competency and willingness to work with people who self-injured. They shared how supervision played a crucial role in helping them surmount these challenges.

> So, when he [client] came to me, because I was feeling so inadequate from my previous experience, I actually refused to take him on…I had a different supervisor again and when I brought it to supervision she said was that really unfair. She challenged me differently, and she said 'really, he has reached out to you and because it hasn't worked with him and other people it doesn't mean it won't with you', and she was more helpful really. (Grainne).

Through her supervisor's candid approach, Grainne came to realise what was keeping her from moving from her position, "Well she was very challenging and she just got me to explore what I could live with and what I couldn't live with" (Grainne). Consequently, she

came to a better understanding of what was keeping her stuck, thereby empowering her to move forward with the client.

The acts of self-injury by their clients, such as cutting, often had a deeply emotional and disabling effect on the participants, impacting their ability to work effectively. For some, the visceral nature of self-injury, the type of wounding, overwhelmed them and impeded their abilities as psychotherapists. They explained how their supervisor's responses enabled them to move beyond these circumstances. For example, of note for Denise was the impact on her of a female client's self-cutting of her genitalia, and descriptions thereof, and how it affected her in the work. Although Denise was embarrassed to talk about this material, nonetheless she knew that these were critical issues requiring support. She described how important supervision was for her when faced with this challenge:

> I've had the experience of having really good supervision and knowing what support I need because there is the visceral piece, that is the piece where your stomach turns you know and that's just human you know… but you need to bring that to somebody because they need to tell you if the stomach-turning is getting too much and it's stealing your empathy and your ability to work. (Denise).

Denise's use of language, the depiction of how her stomach might turn, and how such an experience could disrupt her empathy and therapeutic self, provides a graphic description of the consequences of the emotional intensity and human response to such self-injury. As a consequence of her supervisor's intervention in helping her engage in a discussion on what was happening for her, Denise was able to re-evaluate her situation and left her feeling more empowered, "I felt very professional. I felt that I had handled it really well and I had done really good service for the client" (Denise).

Several participants described at times becoming very enmeshed in their client's often painful circumstances, such that they felt the need to 'fix' the self-injuring quickly.

They described how their supervisor facilitated them to take a step back and reconsider the situation. They stated how this enabled them to reassess themselves, liberating them from their somewhat limited perspective, allowing them to move forward.

> I feel sometimes I have a tendency to jump in there and get very involved with my clients and I think with this supervisor that I have, she's very much about taking a step back and assessing what's going on, and that I'm not there to fix (….) So in terms of that she's quite good. So I left kind of thinking 'Okay, this is what I need to do'…which was really good. (Alison).

For Alison, through her supervisor's facilitation, getting her to slow things down and encouragement to not rush to fix things, allowed Alison to re-evaluate her approach and proceed in a more informed way.

These types of supervisory experiences allowed the participants to feel freer and clearer in their work. They understood the importance of having a way forward, as they often felt there was potential that their sense of stuckness could exacerbate their client's experiences of feeling stuck in their life and with these behaviours. They found supervision valuable when they could explore these feelings and develop strategies to move through such an impasse:

> Now if I go out of supervision having a way how to deal with it, fantastic. If I have questions which help me to move on, that's good too, you know… It's just the being stuck that I don't like because if somebody presents to you, they may be stuck, and then I'm stuck too. Not good. (Helen).

Often burdened by challenges or difficult experiences encountered in this therapeutic context, the participants became reluctant, or doubtful in their ability to work with people who injured themselves. However, through supervision they were assisted to overcome these blocks, become reinvigorated and empowered again as psychotherapists.

Superordinate Theme: Being on My Own

The second superordinate theme, 'Being on my own' reflects the experiences of most of the participants who felt they were alone in this work. They came to supervision with the expectation of receiving support and guidance on clinical and personal issues that were significantly impacting them. However, from their perspective, they described how their supervisors withdrew from them, did not listen to them, and either refused or were unable to assist them. In essence, both during and following supervision, they described 'feeling abandoned' in the intense challenges of their work. The participants also felt 'frustrated and dissatisfied' with supervision. They described feeling 'frustrated' by the paucity of assistance they received, with many of them feeling 'disappointed' that these supervisory encounters were a waste of time. Furthermore, they noted that supervision was an expensive undertaking but they were left feeling cheated when their 'investment' went unmet. These disappointing experiences led many of the participants to view supervision in an appreciably diminished light. Additionally, following difficult exchanges with their supervisors they reported feeling discouraged, or demoralised, and questioned their own competence as therapists. Consequently, they decided to protect themselves from future negative entanglements and refrained from fully engaging in supervision with this material, generally becoming 'disheartened and withdrawing'. Over half of the participants left supervisors they had readily worked with for many years.

Feeling Abandoned

> Well that was the difficulty I faced in my supervision, the ability [of the supervisor} to stay with it. That particular piece, you know she stayed with some other really very complex and difficult things. But just that particular gap, really difficult (laughs) at the time, horrible. (Emma).

This theme highlights supervisory experiences the participants described as difficult and unexpected, leaving them feeling that they were left to deal with this clinical presentation completely by themselves. The participants looked to supervision for assistance with the complexities of self-injury presentations and had hoped to be supported.

> I had no clue and nothing to fall back into. I was without a skeleton, I thought my supervisor would be my cushion. I just kept falling and hoped that there was a soft landing for both myself and the client. It was that kind of feeling. There was no nothing at my back you know. (Denise).

Whilst attempting to discuss and explore their concerns, participants found their supervisors to be unwilling to engage, or were unhelpful. This often left them feeling abandoned both during and following supervision. For example, Emma spoke about her experience in supervision where she detailed some gory self-injurious content. Emma described how she felt deserted and alone when her supervisor physically withdrew from her: "She would be kind of be retreating into her chair you know or behind her scarf you know... but yeah, it's that... the absences. It was *terrible lonely* [emphasis added]" (Emma). She spoke about being left feeling dreadfully distressed, "I actually went out to the car and wept one day and I just didn't have enough tissues…it really was that sense of *just bleak* [emphasis added]" (Emma). Emma's tonality in describing this encounter helps to reveal the depth of her sense of feeling abandoned. This is further emphasised in the symbolism of there not being enough tissues to contain her tears.

Many of the participants spoke about feeling deserted because of their supervisor's unwillingness to engage with them on their concerns. They were particularly afraid of making a mistake that could lead to the serious injury, death or suicide of their client. Denise brought a case to supervision where she was unsure whether she should be working psychotherapeutically with a client who was self-injuring. She needed to discuss her

uncertainty and explore some potential ethical conflicts as her client was adamant that working therapeutically was in her best interests. However, Denise described being left feeling alone and uncertain when her supervisor refused to explore her concerns:

> He had nothing. He offered me nothing in supervision, he said, 'did you get her to a psychiatrist?' (….) So, he didn't even discuss it, he asked me no questions. He clearly didn't want to listen. So, I felt very abandoned. And I said I don't know what to do. (Denise).

Following supervision, Denise felt very forlorn, being very aware of the needs of her client and the potential risks inherent in this case. "So, I just felt like alone with this woman who is looking to me to hold her, I didn't know whether… was I holding her well enough? And if I didn't, how much a risk she was?" (Denise).

Many of the participants reported feeling alone and consequently overwhelmed when issues of personal impact were not addressed during supervision. They told how working with self-injury presentations was often acutely emotionally distressing. Despite this, room to explore these issues was not always provided by her supervisor. This left these participants isolated with their own struggles, vulnerable to exhaustion and burn-out. Caoimhe reported how her supervision sessions principally focussed on the clinical aspects of the work, but no space was provided to explore her personal needs, "And [I] would go into supervision and it was just very focused on the case conceptualisation and then what to do, but I guess the bit that... my own personal struggles weren't brought into it" (Caoimhe). For Caoimhe, the absence of any opportunity to explore these needs had a critical impact on her, "I think that was intense and after a while I found myself feeling burnt out...feeling like I didn't want to take on any more clients and I didn't want to go in" (Caoimhe).

The participants also reported that there were blocks in supervision following difficult exchanges with their supervisors when they presented this material.

> I said, you know there was an awful lot that was going on before, that meant I felt I was quite alone with the client (….) He said he needed to go for supervision (Interviewee Shouting!) or to speak to one of his colleagues about the way he had handled it, he couldn't really understand either, but I suppose, I suppose, we never really spoke about it again. (Brenda).

Consequently, the participants felt that they were not being properly supported, resulting in them being left on their own with these issues. For Brenda that unresolved incident and the resultant 'wall of silence' distanced her from supervision, "Well you're kind of then very much alone, you feel like you're not getting supervision in some ways because there shouldn't be any barriers, so emh…like you should be able to just pluck anything out" (Brenda).

This sense of 'feeling abandoned' stood in direct contrast to the participants' hopes and needs for support. Without the opportunity to be heard and have their needs met in supervision the participants felt they were on their own in this work. Bearing in mind the impact this clinical presentation engendered, this had considerable consequences, affecting their confidence and well-being.

Feeling Frustrated and Dissatisfied

> I had to connect in with work colleagues and try and get some support around what was happening in terms of the client, not the supervision piece. So yeah just frustrated and a waste of time, yeah. (Alison).

'Feeling frustrated and dissatisfied' describes the participants often intense vexation and disappointment with their supervision experiences. They assumed they would be able to receive the support they needed and expected to be provided with effective supervision. Additionally, supervision had a cost to the participants in time and money, in many cases

they believed they had not received the service they had paid for. The levels of frustration experienced by the participants affected them in a variety of ways, leaving them upset by what had happened, annoyed at the waste of time, or feeling that their service to their clients was diminished. Moreover, these experiences undermined their view of supervision, leaving them to question the ability of supervisors to deal with this presentation.

When supervision failed to meet the participants' expectations they often felt deeply disgruntled. Core to this was their level of need and the critical nature of the support they sought. Despite attempting to obtain guidance on clinical matters with potentially serious consequences they were often left exasperated:

> … I didn't know if it was deliberate self-harm or whether it was accidental self-harm. I wasn't clear myself and I wanted to tease it out a bit, but sure that never happened really, it was just a waste of time, do you know (in a low voice)… it was very frustrating yeah very frustrating, yeah, I didn't try that again, a waste of time. Been better off meeting a friend for coffee (laughs) do you know. (Grainne).

Grainne's repetition of the word 'frustrating', her tonality, combined with the description of supervision being less useful, in this case, than seeing a friend, and it all being a waste of time, communicates the intensity of her feelings.

The participants described several reasons as to why they felt 'frustrated' about not receiving the guidance they needed. These ranged from the participant's perception that the supervisors did not have the knowledge they needed, were unable to engage with the material, or had a limited appreciation of different psychotherapeutic approaches. Essentially, they were frustrated and disappointed' because their expectations of what a supervisor should be able to provide went unmet, "I think and just feeling that the expert will know and tell you (laughs) and explain or ... yeah." (Emma). One participant described being stymied in supervision as she and her supervisor were conceptualising the work from

two very distinct theoretical positions. “But I think in terms of maybe advice or guidance about where the therapy goes, the direction, I think there’s a frustration because we are maybe thinking about that from different perspectives” (Helen). Whilst the participant recognised this clash of priorities emanated from their dissimilar theoretical models, she remained ‘frustrated and disappointed’ with the unsupportive situation she found herself in and sought to hide her frustration in the room, becoming resentful towards her supervisor:

> So, I’ll be like I guess kind of keeping a neutral expression on my face or maybe nod as if I totally agree (laughs) and it’s not that I guess I don’t agree I just feel like that’s not why I’m working with this client and you just don’t get it or maybe don’t appreciate this approach. (Helen).

Other participants were unable or unwilling to hide their levels of frustration and this led to more pronounced difficulties between themselves and their supervisors. As an example, Denise was so frustrated with the inadequate responses from her supervisor that she told him, in blunt terms, what she thought of him, “I was just *so angry* [emphasis added] with that supervisor, I still can't remember what I ended up on *such a row* [emphasis added] with him you know, basically told him *he was useless* [emphasis added]” (Denise). The tone and demeanour of this interchange between Denise and her supervisor illustrates the depth of her frustration and disappointment.

The issue of payment and value for money was important for the participants. They observed how expensive the service cost and that they also spent time in going to supervision. Essentially, they had invested in a professional service that they felt did not deliver what they needed and this was a source of vexation for them:

> So yeah when I left I was annoyed often. I had just paid quite a lot of money because they charged quite a lot of money because they thought they were you know (laughter) ...they were expensive…And then I had paid all this money and I hadn’t

got value for money. I didn't feel like, ...I had come out just the same as I had gone in really (laughter). So I was often annoyed and irritated (laughter). (Caoimhe).

The participants were strongly committed to delivering an effective service to their clients and saw supervision as an important element to enhance that. However, the participants, were aggrieved by the circumstances they had to navigate within supervision and the absence of useful outcomes:

> …because I want to provide a good service to my clients and then when you're in, you want to get something that you're able to bring back at least, but if you're not getting that, it's a bit kind of a bit pissed off… so in a sense you feel like a bit like the life's been sucked out of you, so rather than being fucking resourced by your supervisor, pardon my French… and leaving feeling, that was a waste of time. (Alison).

Alison's use of the phrases 'pissed off', 'life's been sucked out of you' and 'a waste of time', along with the employment of the expletive 'fucking', explicitly demonstrates the level of her frustration and disappointment with these circumstances.

The participants' commitment to their clients remained foremost in their minds. They recognised that when material was troubling them which they could not get resolved in supervision they could become exasperated. The participants were cognisant that this frustration was a potential issue in their client's lives and was now something they had to manage in their client work. They worried that the frustration and disappointment that arose in supervision could contaminate the therapeutic space.

> I think if I'd had a different supervisor and I was able to process some of that stuff it might have helped my client. There was like this big unsaid thing, unsaid piece, that I was carrying around, maybe they're carrying around too. And then the frustration,

me feeling frustrated, maybe that was also reflected in what they're experiencing with other people in their family being frustrating with them. (Caoimhe).

These frustrating experiences, from the participants' perspectives, revealed some significant limitations in their individual supervisors' abilities to deal with this presentation. For some of the participants they saw their supervisors in a new and somewhat disappointing light: "And I suppose this is the piece (…) scope of practice. You know I didn't know that she had so little experience in that area until later. Or tolerance for that area maybe" (Emma). For others, it also led them to question the effectiveness of supervisors in this context more generally, "…there is probably more people like this out there who are supervisors and don't have that basic level of understanding [about self-injury]" (Alison).

The failure, in the participants' minds, of supervision to meet their needs was profoundly frustrating and disappointing. To them, this failure also impacted their ability to meet their clients' requirements. These experiences undermined their opinion of their supervisors and supervision, for this context, in general.

Being Disheartened and Withdrawing

If you don't feel safe, if you don't have a safe space to do that then it's not going to come out and it could have a negative effect on therapist and the client work (Caoimhe).

'Being disheartened and withdrawing' illustrates the impact that certain difficult supervision experiences had on the participants. Some incidents left them feeling vulnerable, silenced and demoralised. They questioned their own competence and some considered ceasing to work with this client population. Particularly disheartening for many of the participants were those experiences where they felt their supervisors' conduct was out of character with their customary approach. The participants feared a repeat of these difficult incidents and chose to protect themselves. Moreover, for half of the participants they

resolved these difficult situations by actively leaving their supervisor or allowing circumstances to terminate the supervisory relationship.

The participants described the profoundly disheartening effects that a range of difficult supervisory encounters had on them. These difficult supervisory sessions impacted their self-belief, leaving them to feel doubtful about themselves, for example, Helen a very seasoned practitioner shared:

> (….) and then I kind of try and talk myself into that he's probably right and you should listen to what he's saying and he's got more experience and I guess I try and talk myself around to that, I guess my original feeling is wrong (laughter). (Helen).

Caoimhe spoke about the impact that her experiences had on her sense of safety, thereby affecting her ability to be open in supervision and undermining her sense of competence.

> I just felt very intimidated by her [supervisor] and then I didn't feel safe. So there wasn't a feeling … that it's okay to reveal your difficulties and that you might explore together things. (….) So yeah, I did used to come out feeling quite upset and quite ... just doubtful of myself. (Caoimhe).

Grainne talked about the debilitating impact of her supervisor's behaviour towards her when she took on a case where a client was extensively injuring herself. She recognised this was a serious situation and brought it directly to supervision. She described her supervisor's immediate reaction, "I rushed to supervision and she kind of tore strips off me for seeing her [client]" (Grainne). The effects of this stayed with her long after the session, shattering her confidence and self-belief.

> Oh yeah, I think it had a long term [*sic*], I think I was a month getting over it, yeah. I think it had a devastating impact on me, yeah and certainly I didn't take any clients on for quite a while after it. I didn't feel very capable; Jesus I began to wonder was I safe to work with anybody… she made me feel that inadequate really. (Grainne).

In general, the participants had enjoyed collaborative working relations with their supervisors. For many, this changed when they brought self-injury material to supervision. They unexpectedly found themselves at loggerheads in supervision, alarmed by their supervisor's atypical behaviour. These experiences detrimentally impacted them and the often-well-established relationships they had with their supervisor. "You know self-injury, the supervision emh… things began to unravel, we took up such different positions in relation to how to respond which I had never experienced before with him" (Brenda). The participants felt demoralised through these experiences and lost respect towards their supervisor. Alison described being taken aback when her supervisor expressed his incredulity that anyone would have a desire to intentionally injure themselves. "Well, he actually said that he couldn't understand why somebody would want to hurt themselves" (Alison). She went on to describe her bewilderment at her supervisor's stance, "So how was this person going to help me in any way if they couldn't wrap their head around it?" (Alison). Ultimately this experience had a significant impact on Alison, her language poignantly illustrated her embodied sense of demoralisation and detachment: *"*I think at that time, a part of me just shut down, it was like 'Okay, what's the point in this?'… I think I just felt real like (exhales) you know like almost deflated" (Alison).

Such disheartening incidences left the participants feeling vulnerable and they found different ways to guard themselves from further difficulties. Following a tempestuous interaction with her supervisor Denise described how she had lost trust in her supervisor. This loss of trust led her to circumvent any possible repetition of these difficulties. She intentionally held back important clinical information, and found herself questioning everything he did during supervision:

> I didn't trust him anymore. So, trust was very impacted. So, I would just like kind of reporting in nothing more than management. You know when he asked me questions

> I could hear in my head weighing up to answer him or not, 'what did he want the information for?' (Denise).

Supervision had been a place that provided the participants with support, this changed as a consequence of these difficult interactions. Many of them described how they needed to protect themselves and refused to bring self-injury material to supervision:

> So I didn't bring self-injury because I just didn't want to go through the whole thing again (laughter) … I was going in terrified, nearly hoping they [clients] would say they were suicidal, rather than self-injury, because the suicide piece there is lots of procedures in place, but around the self-harm there was really kind of nothing, so it's like 'oh shit'. (Alison).

Alison's deep fear about the possible repetition of her difficult encounter with her supervisor prejudiced her clinical work, exemplified through the description of 'going in terrified', and her potential preference to have a suicidal client, rather than one who was self-injuring.

The participants recognised that withholding details and cases from their supervisors meant they were engaging in a form of duplicity outside of the expected standards for a supervisee, and that the discomfort arising from this course of action was now part of their supervisory experiences. "I selected my cases wisely because I just felt… emh…which isn't right, it isn't a good idea for me to be doing that…Well I felt I was kind of being a bit devious. I wasn't open" (Brenda).

Ultimately, many of the participants chose to stop working with their supervisors. This was not always an easy course of action for them, for example, one interviewee described the personal conflict she experienced in arriving at the decision to leave her supervisor. She acknowledged the previously useful work they had done together and the good relationship they had enjoyed. Nonetheless, she recognised the disruption that self-

injury presentations had wrought on their relationship and in the end, was thankful to have secured a new supervisor:

> I'm sorry about that because we'd had a good beginning (….) I'd had all kind of standard issues of depression and things of trauma up to, up to this point… That was OK, but the cutting brought something other. (Denise).

Due to the breakdown in the relationships, many participants felt unable to tackle their concerns and needs openly with their supervisor. They eventually left their supervisor when a set of circumstances arose that provided an opportunity for them to make changes.

> I felt relieved (laughs)... I felt kind of slightly intimidated or I kind of felt like I was then stuck in this supervisory relationship that wasn't very useful to me… So it wasn't until I was ill and I (laughs) got to a point that I actually had to leave that I said like, oh yeah, okay I'm not going to go back to that one (laughter). (Caoimhe).

Caoimhe's continued laughter whilst describing this situation was indicative of the intense relief she still felt after all this time.

Although the participants felt immediate relief when they ceased to work with their supervisors, they also spoke about how the effects of these experiences remained with them long after:

> But it was terribly lonely and that was really difficult, so it was really difficult on all kinds of levels and it was great to be out of that I have to say (laughs) but you know like I couldn't drive down a certain road for about two years afterwards because I was just thinking, oh, that never got handled properly you know. (Emma).

Through these experiences, supervision became a place to dread for many of the participants. One which impacted them adversely, significantly undermined their supervisory relationships, and ultimately, a context they needed to leave.

Giving Voice: The Last Word

A significant constant for the participants was their deep appreciation of apposite supervision and the need for a solid supervisory relationship when working with people who self-injure. All of the participants felt strongly about this, Jason's description helps to encapsulate their position, "So, I think it is key. I wouldn't touch anyone now without supervision, self-harm like" (Jason). His language further attests to the centrality of his supervisor in this work, "…and with [supervisor] who I would trust with my life and have trusted her with my career for years" (Jason). In regard to the necessity of supervision with this presentation, Jason's language was absolute. Through expressing his feelings in this manner Jason demonstrates the significant trust he has in his supervisor through the metaphor of placing his life and career in her hands. Symbolically, on behalf of his fellow participants, considering the clinical context they have come from, and will return to, Jason emphasises the yearning for an effective and solid supervisory relationship.

Summary

The findings revealed significant and wide-ranging experiences for the participants when presenting self-injury casework in supervision. The influence of the participant's clinical context on supervision was shown to be pivotal. Their clinical experiences often left them feeling fearful, confused, and uncertain in themselves. The supervisees needed and expected support in supervision with the multifaceted challenges of this work; essentially, they were looking for the 'promise of supervision' to be fulfilled. When their expectations were met, the participants had the exquisite sense of 'Being in it together' with their supervisor. This experience reassured and empowered the supervisees in themselves and in their approach to their clinical work, thus confirming, for them, the value of supervision. However, when their expectations went unmet, the participants were left with the dismaying

sense of ‘Being on my own’. Effectively, for these supervisees, the promise of supervision as a place of support was negated. They were left alone with the burdens of this clinical work, which at times were significantly added to by their supervision experiences. Supervision, a context that is designed to be safe and supportive, could also become a place to dread for the supervisee.

A key finding was that bringing self-injury content to supervision and the resultant dynamics between the supervisee and supervisor could appreciably affect well established supervisory relationships. The esteem in which a supervisee held their supervisor could be augmented, or was shown to be precarious at times. The emotional impact of these supervision encounters on the participants was noteworthy. The study showed this impact remained with the participants for many years after. Throughout the study findings, the participant’s language ‘gave voice’ to the depth and importance of their supervisory experiences.

Overall, the findings revealed that this supervisory context could be unpredictable, significantly impact the participants, and undermine their trust in supervision. Nonetheless, the study has also shown that supervisees valued supervision in assisting them in their work with clients who self-injure.

Chapter 5 Discussion

This chapter discusses the findings of the present study and situates them in relation to the extant literature pertinent to the intersection of self-injury and supervision. The challenges of the clinical context for the participants are outlined, revealing how these experiences generated a constellation of needs that were transferred into supervision. These needs are outlined and discussed. A summary of key practices important to the supervisees' experiences of supervision is provided. The chapter continues by discussing the profound impact of the participants' supervision experiences. Potential reasons for, and implications of this are discussed, including: examining the influence of and on the supervisory alliance; the impact on the participants with regard to their expectations being met, and the promise of supervision; and considerations related to the supervisor. The chapter finishes with a reflexive statement on the researcher's hermeneutical position, and concludes with a summary.

Context Matters: A Challenging Presentation

The study set out to illuminate the experiences of the participants when they brought self-injury material to supervision. A central aspect revealed through the research was the explicit interrelatedness of the supervisees' experiences in supervision with their clinical experiences, as referenced repeatedly by participants. The participants' accounts of their work with this client population were consistent with the findings of previous studies, outlined in the literature review that indicate psychotherapists who work with clients who self-injure find it to be a challenging presentation (Babiker & Arnold, 1997; De Stefano et al., 2012; Hoffman & Kress, 2008; Fox, 2011; Long & Jenkins, 2010; Muehlenkamp et al., 2013; Wester & Trepal 2017). The present study has added to this literature by revealing the continued interrelatedness and influence of these challenges on the supervision context. The

participants' experiences of the broader clinical context and the subsequent concerns this gave rise to, remained to the fore when attending supervision.

The participant accounts highlight the challenges they experienced working in this context. These included: personal impacts, such as fear and shock, their general uncertainty about the nature of self-injury, having to manage meaningful concerns about the risk to a client's well-being or suicide, and being unsure how to proceed clinically. As outlined in the literature review these findings resonate with established research. Favazza (1989) stated that self-injury was the most problematic client presentation for clinicians. He proposed that therapists can be significantly impacted by this work, experiencing a range of feelings, including: horror, betrayal and anger. Klonsky and Weinberg (2009), and Fleet and Mintz (2013) note that clinicians can react to self-injury with feelings of shock, disgust, blame, sadness, anxiety, and frustration. Chapman et al. (2006) affirm the idea that self-injury presentations are often experienced as difficult to understand. Additionally, Walsh (2014) highlights several other potential physiological impacts on the psychotherapist, including increased heart rate, feeling nauseated, being agitated, and undergoing sleep disturbance. Furthermore, the concern for the well-being of the client, with the potential for serious injury, or the death of a client through suicide, often elicits increased anxiety in a psychotherapist, (Fleet & Mintz, 2013; Long, 2018). Considering the level of challenge in this work, it is arguably a significant burden for the psychotherapist to manage on their own. With the combination of the likely personal impacts, and the uncertainty of how best to respond to the clients' therapeutic needs and safety, it is conceivable that such a burden would give rise to potential self-doubt, and the desire to share this load in supervision.

Bearing in mind the participants' accounts, and the findings of previous studies, it is understandable that the impact of this broader clinical context permeated throughout the findings. Context provides meaning, without an appreciation of the wider contexts of

people's lives "words and actions have no meaning", and much understanding is lost (Bateson, 1988, p. 15). IPA incorporates Heidegger's view that someone is forever a 'person-in-context' (Smith et al., 2009). In the case of this study the supervision context operates in an interrelated manner with the broader psychotherapeutic context. The phenomenological experiences of the participants, explicated through the superordinate themes of 'Being on my own' and 'Being in it together' are understood more fully when the clinical circumstances the supervisees have experienced, and will return to, are appreciated as a wider context in which to consider their supervision experiences. The support needs engendered by the clinical challenges encountered by the participants influenced their experiences of supervision; these will now be examined.

A Constellation of Needs

The challenges experienced in this clinical context were a considerable burden for the participant to deal with on their own. Supervision was understood by them to be the place where this burden could be addressed. The participants expected their supervisor to attend to the effects of the previous clinical experiences, and, to prepare them for future sessions with their clients. Essentially, the challenges experienced by the participants were revealed in supervision as a constellation of needs, these were: to be personally supported, educated, and clinically guided. The participants' experiences of how these needs were responded to in supervision are now discussed.

The Need for Personal Support

The findings of this study show that receiving support in supervision for the adverse personal impacts of this work was essential. When the participants did receive this support they 'felt attended to and reassured' and described being able to leave much of these adverse

effects behind them in supervision. They were empowered to manage the emotional impacts, and overall were assisted in preserving their well-being. These findings match those observed in earlier studies that highlight the importance of supervision in supporting the well-being of clinicians who work with people who self-injure (Fox, 2011; Rayner et al., 2005; Yakeley & Burbridge-James, 2018). Conversely, when this need was not met, the present findings revealed that the participants felt they were left on their own to deal with these impacts, thus contributing to their sense of 'feeling abandoned' by their supervisor. This left an already impacted supervisee to deal with the effects on their own and therefore increased the possibility of burnout for the participant. This finding corroborates Reeves (2010, p. 58) who suggested there is the potential for 'burnout' (Maslach & Jackson, 1981), and 'vicarious traumatisation' (McCann & Pearlman, 1990), when working with this client cohort. This potential is further highlighted by Pearlman and Saakvitne (1995) who argue that the presentation of distressing material, worrying client behaviours, and the nature of the client population increase the potential for vicarious traumatisation. On-going exposure to these experiences arguably creates the real risk of vicarious traumatisation for the supervisee and needs to be addressed in supervision.

A central aspect of supervision is the provision of support to the psychotherapist to enable them to deal with the impacts of their work and help them to maintain their well-being (Dupre et al., 2014; Scaife & Inskipp, 2008). More specifically, Walsh (2014) states that regular supervision that attends to these personal needs is necessary to support clinicians who work with this clinical population to counteract burnout. There are important implications for the psychotherapy field because of the dangers of burnout for the psychotherapist, but also the client. Maslach and Jackson (1981) have highlighted that burnout can often lead the clinician to develop negative feelings towards the client. In their paper on the effects on counsellors who work with another challenging presentation, sexual violence, Sommer and

Cox (2005) highlight the concern that not attending to the personal impacts of such work in supervision can mean that these effects can contaminate client sessions. These findings have important implications for ensuring that the need for personal support is accepted as an indispensable feature of supervision for self-injury presentations.

A key feature arising out of the participant accounts was the supervisors initiating a discussion on the supervisee's well-being. The study highlighted the value supervisees placed on their supervisor taking a proactive role in inquiring about their welfare. There are several possible explanations for this. Firstly, it demonstrated that the supervisor is interested in this aspect of the supervisee's experience, and it is a valued item for supervision. It is also reasonable to surmise that supervisees who are impacted by this work may not realise to what extent they are affected unless they are facilitated to reflect on this possibility. Additionally, as experienced psychotherapists, they may be embarrassed to divulge that they are finding this work personally difficult. Nonetheless, if their supervisor attends to this aspect by routinely asking the supervisee about their welfare it is more likely that such impacts are seen as normal and easier to disclose. Sommer and Cox (2005) suggested that regular attention to supervisees' well-being could enhance the effectiveness of supervision. This approach was also recognised by Pearlman and Saakvitne (1995), who recommended in their seminal book on therapists working with trauma, that supervisors should recognise the benefit of having a supervision consultation which focuses entirely on the issues of burnout, self-care and the professional well-being of the supervisee. Considering the potential impacts of burnout on the supervisee and subsequently the client, the argument can be made that failing to actively provide personal support in this supervision context is unethical.

Support for the Visceral Impact

The study found that the participants needed specific support with the visceral impact of the physical manifestations of self-injury. Blood, bruising, wounds, scarring, the bodily nature of self-injury, and their clients' descriptions of same, often elicited substantial emotional responses. The language used by the participants gave testimony to the effects this had on them, they described feeling horrified, shocked and scared. These findings are consistent with those of other studies that found that the physical manifestations of self-injury often provoke strong emotional reactions in the clinician (De Stefano et al., 2012; Fleet & Mintz, 2013; Fox, 2011; Long & Jenkins, 2010; Walsh, 2014). The findings of the present study revealed that a central feature of personal support was their supervisor's normalising of these reactions to this feature of the client work. The study showed that 'being attended to' in this way can assist in 'reassuring' and steadying the supervisee.

The visceral impact is a distinctive feature of working with people who self-injure and gives rise to potential issues for supervision. This clinical aspect places demands on the psychotherapist to manage difficult reactions during and after the provision of therapy, and could leave them with some anticipatory concerns for future client sessions. Secondly, they must find a way to effectively communicate these impacts in supervision to obtain the support they need. This may be a challenge within the supervision process to establish a shared understanding of what it is like for the supervisee to sit in a room with a client looking at someone who is scarred from cutting or burning themselves, for example. Yet the study demonstrates that this visual feature of working with clients who self-injure is central to understanding the idiosyncratic demands of this work on the supervisee. The findings of the study indicate that a supervision space conducive to facilitating the supervisee to relate these aspects of their experiences is crucial to support their well-being and clinical responsibilities.

Being Educated About Self-Injury

The findings indicated that being educated about self-injury was a critical element in the participants' experiences of supervision. Many participants struggled to comprehend their client's self-injuring, which contributed to their sense of confusion. For the participants, a key contributor to this was that any prior training they received had failed to adequately prepare them to work with self-injury. This deficit in understanding self-injury gave rise to significant anxiety for the participants about working with this presentation, sometimes leaving them feeling stuck and unable to engage with clients who self-injure. Similarly, across the healthcare professions a deficit in understanding self-injury with often concomitant negative preconceptions was associated with adverse feelings and attitudes towards working with this clinical population (McHale & Felton, 2010; Taylor et al., 2009); these issues are borne out in the present study.

Participants in the current study described the benefits of receiving relevant education during supervision in helping to alleviate their concerns and develop a more informed contextual perspective. Hoffman and Kress (2008) and Whisenhunt et al. (2014) emphasise the importance of education on self-injury for psychotherapists to assist them to better understand how they might consider their approach to this area of work. This also accords with research from allied healthcare contexts, which found that specific education on self-injury induced a more constructive attitude towards this clinical presentation (McGough et al., 2020; Saunders et al., 2012; Tofthagen et al., 2014). In their study on the relationship between self-injury knowledge and staff attitudes, cited in the literature review, Saunders et al. (2012) found that, across all healthcare professions education on self-injury had a positive effect on staff attitudes towards people who self-injure. Furthermore, in their research with clients who self-injured and had received professional help, Brown and Kimball (2012) determined that clinicians working with this clinical population should learn about the nature

of self-injury. This resonates with the recommendation of Boie and Lopez (2011) in their study on supervision for counsellors who work with eating-disorders, they assert that supervisees would benefit being taught about the uniqueness of this correspondingly distinct and challenging clinical presentation, to support them in their therapeutic work. This finding of the present study has important implications for considering the availability of comprehensive education on self-injury in supervision and the related consequences for clinical work.

Key to the participant's transformation in their perception of their client's behaviours was being instructed on the functions of self-injury. This proved helpful in illuminating the complexity of the presentation rather than seeing it simply as something that is incomprehensible or without value to the client. Previous studies have revealed the evolving understanding on the important functions self-injury plays in a client's life. These include: affect regulation, emotional expression, communication, a sense of cleansing, self-punishment, a method of dealing with stress, survival, mitigating disassociation, displacement, and distraction (Alderman, 1997; Chapman & Dixon-Gordon, 2007; Klonsky, 2007; Nock & Prinstein, 2004; Rayner & Warner 2003; Reeves, 2010). Learning about the important functions of self-injury can help to re-orientate the supervisee to see beyond the client's injuring, 'become unstuck' from their own fears, and 'empowered' to engage with the client meaningfully. Furthermore, it can be of assistance in countering the often-prevailing negative myths surrounding self-injury. Long (2018) argues that uninformed dominant discourses can become internalised and contribute to maintaining stigmatised views of people who self-injure. This has important implications for supporting the supervisee in their work. The stance the psychotherapist works from in regard to self-injury, for instance, as a form of manipulation versus a meaningful function, is an important issue to clarify in supervision. The supervisee's position will influence the therapeutic experience of the client and could

impact the outcome of the therapy, this is borne out in previous research (Himber, 1994; Nafisi & Stanley, 2007; Suyemoto, 1998). This educational approach can play an important role in facilitating the supervisee to move away from potentially pejorative ideas of self-injury and encourage them to discover the functions it serves in their client's life. Conceivably, this will enable the supervisee to build their capacity to work more meaningfully with this presentation and provide added benefit for the client.

As a general precept, education can be considered as a central component in supervision (Bernard & Goodyear, 2014; Falender & Shafranske, 2004; Scaife & Inskipp, 2008). This educational component is particularly important in the context of self-injury presentations, as studies across the helping professions, including counselling and psychotherapy, highlight the general unavailability of adequate training (Duggan et al., 2011; McCarthy & Gijbels, 2010; Winter et al., 2014). The present study shows that education in this supervision context needs to address the pertinent gaps in supervisees' knowledge as they pertain to their specific client work. This finding supports the assertion of Bernard and Goodyear (2014) that although the provision of education is a general principle of supervision, teaching in supervision should be based on the needs of the individual supervisee and the client they are working with.

The present study showed that when relevant education was not available to the participants in supervision it contributed to them 'feeling frustrated and dissatisfied'. Where this facility is absent in supervision it can mean that supervisees must source this learning elsewhere. There may be advantages to this in that they will take more responsibility for their own development. Conversely, there are potential pitfalls with regard to the quality of learning they access without informed guidance. There might also be issues with how urgent their need is before an up-coming client session. It is also probable that the facility to have an educational discussion within supervision has the advantage of promoting a shared

understanding between the supervisee and supervisor. At times, this was revealed to be lacking in the present study findings. Furthermore, if a supervisee has lost some confidence through not understanding the complexities of the presentation, then gaining insight through a more formal approach within the supervision context will likely be more beneficial for them. This could increase their sense of their supervisor being with them in this context. This finding has implications for supervision as it emphasises the importance of the availability of pertinent education in supervision for this clinical presentation.

Being Clinically Guided

All the participants highlighted the importance of their supervisor actively guiding them and providing clinical direction. The participants clearly articulated that they were often confounded by complexities of the presentation and could therefore be uncertain how best to respond clinically. This finding is in agreement with De Stefano et al. (2012) which showed that supervisees felt strongly that they needed explicit direction from their supervisor to enable them to better respond to their client's self-injuring. However, that study was carried out with trainee psychotherapists. The current study's findings demonstrated that the need for clinical direction was to be found with qualified and experienced psychotherapists. This finding has not previously been described in research literature.

The importance of receiving clinical direction during supervision was identified in this study, regardless of the participants' different theoretical orientations. Additionally, the participants spoke about needing such guidance from their supervisor, recalling both earlier and current practice. This indicated that irrespective of the amount of experience they had working with clients who self-injure, they still wanted support in how to respond to them clinically. That seasoned practitioners felt they still needed direct guidance from their supervisors was also recognised by Dupre et al. (2014) in their investigation of the

supervision experiences of counsellors who delivered crisis counselling, which arguably can resonate, at times, with the experience of working with people who self-injure. Similarly, Boie and Lopez (2011) in their paper on supervision for counsellors working with eating disorders, state that supervision has a role in providing the supervisee with the necessary skills to address the idiosyncratic aspects of that client presentation. Though not specific to self-injury presentations, Hawkins and McMahon (2020) noted that the teaching of specific skills can assist with a supervisee's client-work.

With regard to self-injury, Wester and Trepal (2017) suggest that the supervisor should be able to assist the supervisee in areas of clinical direction. Walsh (2014) states that supervision should include the teaching of skills that will support the supervisee to address the client's self-injuring. Additionally, Reeves (2010) recommends that the supervisor take a developmental role, facilitating the supervisee to cultivate understanding and proficiencies. Similarly, Linehan (1993) also advocates for supervisors to actively help bring new perspectives for supervisees treating individuals who self-injure, and Hoffman and Kress (2008) argue that it is essential for the supervisor to assist the supervisee to manage the complex range of clinical treatment issues. There has been a paucity of applicable research to support these assertions. The findings of the present study confirm the need for pertinent clinical guidance to be available in this supervision context, and thus supports the experiential clinical evidence outlined in the literature review.

Clinical Guidance – Content Matters: Engaging With Self-Injury Material

An issue that stands out when examining the contrasting experiences captured through the analysis, was the significant difference in how self-injury material was engaged with in supervision. Consistently, across those times where the participants experienced 'Being in it together' with their supervisor, there was a meaningful engagement with the client's self-

injuring. From the participant's accounts, they especially valued their supervisors' detailed probing of the injurious behaviours of the client: asking questions concerning how they hurt themselves, how deep the wounds were, how often the client injured themselves. This type of exploration facilitated the supervisees to reflect on their work, unearthed vital details, and left them better informed about their clients. The participants were also reassured they had not overlooked something crucial to their client's safety. Reflective practice is a key element within supervision for supervisee development (Creaner, 2014), and Falender and Shafranske (2017, p. 21) contend that reflective practice is instigated through a supervisor's use of questioning. Given the multifaceted nature of self-injury, the findings reveal the important benefits for supervisees being facilitated to reflect on this aspect of their work in this type of detail.

Contrastingly, in those experiences where the participants felt they were 'On their own' there appeared to be a lack of detailed engagement with self-injury material. The participants described a variety of responses to their presentation of self-injury that included: disbelief that someone would harm themselves, the supervisor physically retreating in the room, and a reluctance to discuss the case, and therefore the detail of their client's behaviours. Through the literature review, the study has shown that the client's self-injuring is core to the challenges presented by this clinical presentation. Therefore it is arguable that not engaging in detail with this material could leave a considerable gap in the value of supervision for the supervisee. This finding has important implications to ensure that this type of exploration is facilitated within supervision. It would likely create a more client-centred attitude in supervision, in contrast to a discussion of self-injury as a separate uncontextualised behaviour. This approach is supported by Hasking et al. (2019) who noted that responding to self-injury in supervision without fully exploring the client's situation can have a detrimental impact on the therapeutic work.

There may also be further benefits for supervisees and their supervisors through practising this type of detailed examination, as doing so could assist them to create a supervision environment that is conducive to engaging with self-injury material in depth. Additionally, where the supervisee is empowered to determine the exact details of their clients self-injuring this would allow for a more accurate shared understanding of the pertinent clinical issues within supervision. This has meaningful implications with regard to assisting with the assessment and management of risk, and is thus arguably an ethical concern if such explorations are overlooked. It is also conceivable that such engagement would counteract any sense of 'being stuck' for the supervisee and 'empower them' to connect openly with their client. The findings indicate that there should be an appreciation of the value of this type of information gathering, and the facility to engage in this detailed exploration of self-injury material within supervision.

The Need for A Safe Space

Considering the findings as a whole, the study demonstrated that participants needed supervision to be a safe context. This enabled them to disclose the impacts of their clinical experiences and attain the support they required. These circumstances necessitated experienced professionals (supervisees) to disclose their vulnerabilities to a fellow professional (supervisor). This is consistent with Hoffman and Kress (2008) who stress the need for supervision to be an empathetic and supportive setting for supervisees working with people who self-injure.

The findings show there were several elements that facilitated the participants to experience supervision as a secure context. This included having their feelings validated by their supervisor, and being invited to understand that these types of emotions and negative self-judgements were not unusual in this work. The findings also showed that their

supervisor's proactive engagement with their well-being was key, as behaviourally the supervisor was 'attending to' the supervisees' welfare, and demonstrating that such discussions will be accommodated. Additionally, the supervisor's robustness when listening to the descriptions of their clients' self-injuring was a significant component in assisting the participants to feel reassured and remain open in supervision. Through being met with this example of equilibrium in the face of self-injury material, that they had experienced as shocking, the supervisees learned that this situation was manageable. These findings match Dupre et al. (2014) who assert that the supervisor has a responsibility to aid in the construction of a safe supervision context to enable a supervisee, who is faced with difficult material, to manage and learn from these experiences.

The importance of supervision being a safe context to support the supervisee to attend to their well-being, learning, creativity and clinical management has been previously established (Beddoe & Davys, 2016; Hewson, 2001). The present study findings further support the idea of Barnett and Molzon (2014) that a safe supervision space is essential to enable supervisees to report on their perceived deficits, an important element when working in this clinical context. The present research has shown that the establishment of a safe context happens in the interaction between the supervisee and supervisor. The findings highlighted the central components of validation, normalisation, proactive attention, and robustness, in that interaction. These components, appeared to have been decisive in the creation of a safe context, empowering the participants to be feel reassured and be open; thus, contributing to their sense of 'Being in it together' with their supervisor.

Conversely, when supervision was experienced as 'Being on my own' the components outlined to establish a safe context do not appear to have been entirely in place. For some of the participants there was a lack of attention paid to their personal well-being. This meant that their personal impacts went unaddressed, conceivably their feelings were

thus invalidated, and this undermined their sense of being safe with further self-disclosure. Several of the participants received harsh judgements about their clinical decisions, which further undermined their self-belief and sense of security. In addition, the perceived inability of their supervisor to engage with self-injury content was central in undermining a sense of safety, as it stymied any further exploration of the critical issues the participants needed assistance with. Where a supervisor is perceived as retreating from the subject matter, it is arguable that they give the message that it is too hard to deal with, or perhaps creates a situation where the supervisee may feel guilty for upsetting someone they have built a valuable relationship with. Individually, or together, these conditions would likely mitigate against a supervisee feeling safe enough to be open about their concerns. Thus, contributing to their sense of 'feeling abandoned', 'frustrated and dissatisfied', 'disheartened and wanting to withdraw'.

The supervisees need to feel safe enough to be open in supervision was even more pronounced when it came to sharing their negative feelings towards their clients. The findings show that in their clinical work the participants could be disappointed or fearful of a client. Their accounts illustrate how deeply uncomfortable they were in thinking or feeling this way. Shaw and Sandy (2016) noted that negative judgements towards people who self-injured were commonly accompanied by feelings of anger and frustration towards this client group. Possessing these types of undesirable feelings towards clients is fundamentally inconsistent with a psychotherapist's sense of being a caring professional (Etherington, 2000). Consequently, the supervisee can be concerned about disclosing these feelings as they fear they might be judged in a detrimental light. At the same time, they know that possessing such undesirable feelings towards clients is an essential issue for supervision. Therefore, it is conceivable that supervisees can be caught in a significant dilemma. This potential conflict could further generate uncertainty that may be transferred into their client work if not

addressed through supervision. A safe supervision space where these feelings can be articulated to allow such concerns to be addressed is critical, this accords with established literature (Babiker & Arnold, 1997; Etherington, 2000; Wester & Trepal, 2017).

If a supervisee does not feel safe enough to express these worries, they will be left holding them. This increases the chance of their work being adversely affected, thereby potentially disrupting the therapeutic relationship. In their study on what clients find helpful Long et al. (2016) underscore the importance of the therapeutic alliance when working with clients who self-injure. Similarly, Nafisi and Stanley (2007) stress the importance of a positive relationship to enable therapeutic progress. They note that adverse feelings and judgments can jeopardise the therapeutic alliance and consequently impede or damage the client's progress or well-being. Participants in the current study found it helpful to explore their undesirable feelings and the resultant adverse self-judgements, and for the most part were met with an empathetic response from their supervisors. This facility enabled them to process these feelings and 'leave them behind', thus negating potential harmful impacts on their clients. In addition, the findings suggest that being responded to in this empathetic manner can generate a level of stability and reassurance for the supervisees. These findings have critical implications for supervision practice so as to ensure apposite support for supervisees' constructive participation in future client sessions.

Summarising Key Practices

The study highlighted the value participants placed on the manner in which their supervisors met their needs. The participants especially esteemed an active, or pro-active, approach from their supervisor. As mentioned, this included those experiences where the supervisor initiated questions about the supervisees well-being, offered direct education on self-injury, provided clinical guidance, or helped them overcome their 'stuckness'. The value

of the supervisor taking an overall proactive approach is consistent with recommendations in extant literature (Hoffman & Kress 2008; Reeves 2010; Wester & Trepal 2017). The participants also valued their supervisors' steadiness while engaging with them in this context. Sommer and Cox (2005) highlighted how the combination of elements outlined, contributed to the sense of helpful supervision for supervisees working with the challenging clinical presentation of sexual violence. The present study also suggests that the presence or absence of this type of active and steady approach has meaningful implications for a supervisee's sense of themselves and their supervisor 'Being in it together', or that they are 'On their own' with the challenges of this work.

These findings have implications for supervision as they reveal helpful supervisory practices that support supervisees working with people who self-injure. They imply that it is beneficial for supervisees in this context that the supervisor takes a proactive approach and can model steadiness in the face of self-injury material.

Profound Impact – Being Together or Alone

This section delineates the profound impact the experience of supervision had on the participants. The language used, the often-unrestrained expressions employed, and the passion by which they are delivered by the participants, highlights the intensity of these effects. These impacts were observed throughout the range of the participant's experiences, irrespective of whether they felt supervision was successful or not. Where they experienced 'Being in it together' with their supervisor, the effect was to leave the participants feeling grounded, safer in their work, more empowered as a psychotherapist, and better able to respond to their clients' needs. Whereas in those circumstances in which the participants experienced 'Being on my own', they were left 'feeling abandoned', uncertain in themselves, and sometimes deeply distressed. These experiences left them feeling disheartened, and for

many, this undermined their confidence in doing their work. The findings of the current study are consistent with those of De Stefano et al. (2012) who noted that supervisees in their study had mixed reactions to supervision, these ranged from feeling more confident in themselves, to being disappointed in supervision. However, the detailed findings of the impact of supervision revealed in the present study have not previously been described. Interestingly, in their research De Stefano et al. (2012) remarked upon the absence of comprehensive narratives of these supervision experiences, particularly at the time that clients acknowledged their self-injuring. The details in the present findings are important as they show that supervision in the context of self-injury presentations can have a profound impact on the supervisee, and in turn, make or break supervision. This was an unexpected finding, and it is difficult to fully explain, nonetheless they are likely related to several factors: these are outlined and discussed.

The Supervisory Alliance

The participants' accounts demonstrated their yearning for supervision support with the challenges of this clinical work. They were also committed to helping their clients, whom they often experienced as being in distress. This combination of challenge and conscientiousness generated meaningful stress for them. As supervisees, they often engaged in supervision while feeding-forward into future client sessions, hoping and expecting that their supervisor would resource them.

The superordinate themes, 'Being in it together' and 'Being on my own', draw attention to the resultant connection the supervisee had with their supervisor after presenting self-injury material. The felt sense of 'Being in it together' conveys the experience of an alliance, of a deep collaboration in the face of the challenges of this work. Whereas experiences expressed through the theme of 'Being on my own', calls attention to a sense of

isolation, of a supervisee 'feeling abandoned' with the burden of the concerns and impacts evoked in this work. These contrasting lived experiences, as expressed by the participants, convey a sense of either being enfolded, or somewhat excluded, from the promise of supervision due to how the supervisory alliance was impacted. These findings, within this context, support the idea of the supervisory relationship as a fundamental component of effective supervision (Borders et al., 2014; Falender & Shafranske, 2007). In his paper summarising twenty-eight years of supervision research and practice Ellis (2010) contended that "good supervision is about the relationship" (p. 106). He also found that the levels of supervisee anxiety were either higher or lower depending on the nature of this working alliance. Nevertheless, the function that relationship plays to enable supervisee proficiency is not clear (Falender & Shafranske, 2010). Furthermore, Pope and Vasquez (2011) caution against the supervisor relying on a good supervisory relationship alone as this may inadvertently lead them to work outside their competence.

It is important to bear in mind that the term 'relationship' is a nominalisation of the process of relating (Bandler & Grinder, 1975). Segal (1986) describes a nominalisation as "…language [that] allows us to convert actions or processes into things" (p. 33), and can therefore obscure the complex interactional processes involved (Ziółkowska, 2012). This dynamic is emphasised by Duck (1994) who argues that relationships are never fully settled but are being continually re-constructed. Watzlawick and Weakland (1980, p. 9) highlight that the level of importance a relationship holds for someone is key to its sustainability. Additionally, Bavelas, quoted in (Haugh et al., 2021) states that relationships can be thought of as the joint managing of an asset that is expected to benefit each relational partner. The findings of the present study revealed some of the behavioural and content components of the supervisory interactions that were significant in how a supervisee perceived the value of the supervision relationship. The findings attest that, 'feeling attended to and reassured', 'being

educated and guided', 'becoming unstuck and empowered' - proactively and steadily in supervision, were valuable relational experiences, particularly so in this context where there were significant levels of anxiety. Conversely, where a participant experienced 'feeling abandoned', 'feeling frustrated and dissatisfied', and 'disheartened', this devalued and undermined their connection to their supervisor, and left the supervisees wanting to 'withdraw' from them. These are profound impacts. It can thus be hypothesised that when faced with this presentation, the supervisee has a strong need to be in a beneficially effective alliance, and thus not feel they are on their own.

Appreciating that the term 'relationship' is a nominalisation, creates opportunities to consider the dynamics of interrelating that can add value to a supervisory relationship for the supervisee, and therefore arguably the supervisor. For instance, McMahon (2014) proposes four principles that can assist with guiding the supervision relationship that resonate with the findings of the present study. Summarising aspects of these: Principle one, "Offering emotional presence and sensitivity" (p. 338), highlights the importance of the supervisee knowing that supervision is a safe place for them to be emotionally open about their vulnerabilities and uncertainties. The second principle "Valuing both vulnerability and competence" (p. 340), appreciates the impact psychotherapeutic work can have on the supervisee's sense of competence, and the importance of being able to have that acknowledged. This principle also recognises how facilitating detailed discussions on the supervisee's client work can help challenge rigid presuppositions and increase their learning. Principle three, "Offering knowledge and experience with humility" (p. 341), identifies the value of the supervisor sharing their experiences and knowledge appropriately. The final principle is concerned with "Developing a relationship to support continued personal and professional growth" (p. 342), and recommends that the supervisee must feel safe enough to ask to have their needs met, and to express any concerns they have about the supervisory

relationship. It is worth considering that these guiding principles can contribute to the practice of supervision in this clinical-supervision intersection. Interestingly, one key element mentioned in principle four is that the supervisee needs to have 'somewhere to go', thus resonating with the experience of the supervisee 'Being in it together' with their supervisor.

A good supervisory relationship permits the supervisee to engage more fully in supervision and get their needs met (Bernard & Goodyear, 2014). The findings of the present study indicate that a supervisory relationship, which is dynamically experienced by the supervisee as 'Being in it together', helps them to feel grounded, reassured, and more able to do their work. These findings have implications for considering what are some of the interactive dynamics, guiding principles, tasks and components, of a beneficial supervisory relationship in this context.

Profound Impact and Ruptures in Supervision

The study showed that many of the participants found their experiences of supervision difficult and troubling. The findings revealed how these experiences engendered significant ruptures in their supervisory relationships. The participants' views of their supervisor changed after these encounters. De Stefano et al. (2017) confirm that the esteem in which a supervisee holds their supervisor is vulnerable to change after perceived unsatisfactory supervision. Crucially the findings show that when the participants experienced a troubling encounter with their supervisor they resolved to avoid a repeat of the situation, rather than try to resolve it. Where there was substantial disagreement, or hurtful interactions, as revealed in the findings, this led to a loss of trust in the supervisor. Without this trust, re-establishing a positive alliance likely seemed beyond the supervisee's capacity. Additionally, where the participant's accounts deemed supervision to be a waste of time, the supervisees may have

felt there was no benefit in trying to mend the relationship, as continuing with the same supervisor would not have been of value to them.

Rather, they engaged in different strategies to ensure they minimised the risk of a recurrence of these difficulties. One response was a pseudo-engagement in supervision (De Stefano et al., 2017), though attending supervision they chose to provide inexact information or not to disclose material about self-injury. The findings corroborate the ideas of Webb and Wheeler (1998), who identified several factors that increased the likelihood of supervisee non-disclosure. These included, being disapproved of by their supervisor, judged negatively on their abilities, or feeling unable to expose their own vulnerabilities. These factors reflect the experiences of almost all the participants, who consequently were left 'disheartened and withdrew' following their difficult supervision sessions.

A further contributory element to the participants' difficult experiences and reluctance to disclose information, were their struggles with the clinical directions they received from their supervisors. At times, they felt their supervisor had an inadequate understanding of the situation, yet had requested they proceed in a direction they themselves felt would be detrimental to their client-work. This confirms the findings of Webb and Wheeler (1998) who found there was an escalation in levels of non-disclosure when the supervisee perceived the supervisor's clinical direction as being inappropriate for the work with their client. This finding also resonates with Creaner and Timulak (2016) who state that when the supervisee perceives the supervisor as being insufficiently experienced in a particular context it hindered supervisee disclosure.

Supervision is a participatory act (Falender & Shafranske, 2004), and non-disclosure is a serious concern as it undermines the ability of the supervisor to fulfil their responsibilities. Therefore, it is important that supervisees and supervisors engaging in supervision in this context have an appreciation of the possibilities for these types of ruptures

to occur; bearing in mind the potential for the supervisee to be profoundly impacted, and the attendant risks this may have for clients.

Map and Territory: Considering Differing Perspectives

One framework for considering these disruptive predicaments is the possibility that the supervisee and supervisor were responding to the client's self-injuring from distinct perspectives. The designation 'self-injury' is a term that offers a general idea of what might be occurring, though essentially says very little about the precise behaviours and circumstances of an individual client, as Korzypki (1994) states, 'Words are not the things they represent" (p. 751). The current study demonstrated that many of the supervisees found themselves at variance with their supervisor over how best to proceed clinically with a client. Through examining the participant accounts this disparity can be considered through the lens of a 'Map and Territory' (Korzybski, 1994) mismatch. Many participant accounts suggest that the supervisee was responding more directly to the actual circumstances of their client (territory), whilst the supervisor was potentially reacting to a more general concept of self-injury as a high risk, suicidal, or immutable presentation (map). As mentioned in the literature review the historical discourse surrounding self-injury perpetuated a number of adverse misconceptions, associating self-injury with attention-seeking, manipulation, a sign that someone has borderline personality disorder, that it is an attempt at suicide, and a presentation that contains a high level of risk (Alderman, 1997; Babiker & Arnold, 1997; Conterio & Lader, 1999; Sutton, 1999; Jeffery & Warm, 2002; Klonsky et al., 2014; Reeves, 2010; Whitlock & Caicedo, 2009). The influence of these ideas characterising self-injury as a risky or immutable presentation may shed some light on the seemingly uncompromising nature of the disagreements that many of the participants encountered with their supervisor.

Perhaps a key indication of this mismatch were the competing concerns about the client's safety, level of risk of suicide or serious injury, against the need to respect the client's wishes, and provide them with effective therapy. A key role for the supervisor is to contribute to safeguarding the well-being of the client (Alfonsson et al., 2017; Borders et al., 2014), while, as the participants' accounts attest, the psychotherapist may well be more focussed on assisting their client therapeutically. This is a complex issue for supervision as the exact relationship between self-injury and the risk of suicide for any individual client is uncertain. Recalling the literature review, self-injury has a multitude of purposes, including functions that arguably support self-preservation (Edmondson et al., 2016; Klonsky & Muehlenkamp, 2006; Whisenhunt et al. 2014). Nevertheless, contemporary theories of suicide, and research on self-injury and suicide has shown that, in general, there is an increased risk of a client who engages in self-injury ending their life (Castellví et al., 2017; Joiner, 2005; Klonsky & May 2014; Whitlock et al., 2013).

The current study highlighted the considerable difficulties that emerged when an impasse occurred between the supervisor and supervisee on how to respond clinically. It may become problematic, from the supervisee's perspective, if they experience their supervisor as having a bias towards safety based solely on the notion of self-injury as a risky presentation rather than considering the actual circumstances of the client. Prospective concerns, for either the supervisee or supervisor, about a client's safety can significantly impact how they respond, as fears fomented by suicidal risk can supplant treatment (Rogers & Soyka 2004). This would appear to be a potentially critical dynamic for a supervisee and supervisor to be aware of. How this uncertainty is managed is likely to be a key issue in supervision and highlights the need for detailed information gathering.

This map/territory mismatch was also arguably at play on those occasions where supervisees did not wish to work with this presentation without ever meeting the client. On

these occasions their supervisor assisted them to become ‘unstuck and empowered’ by working through their concerns and at times challenging them to see the client. This allowed participants to discover what was actually happening and come to a decision as to whether they should work with a client that was informed by actual experience, rather than unexamined assumptions or previous experiences. In each of those cases the participants chose to work with the clients after they met them, and from their accounts this appeared to have helped their own development. Overall, this map/territory framework can be helpful in this supervision context by clarifying what type of information the supervisee and supervisor are utilising in their discussions and decision making.

The Promise of Supervision: Met or Broken

A further factor that may have influenced the levels of impact on the supervisee could conceivably be considered through the concept of the ‘promise of supervision’. Interestingly, the participants did not mention supervision contracts in any of their accounts. Though this does not rule out the possibility that such contracts existed, it does suggest that these were not foremost in the mind of the participant when they related their experiences. Nevertheless, participants clearly held expectations of supervision, that for some, were not experienced as being met. Explicit contracts create clarity for the supervisee and supervisor (Milne & Reiser, 2017), and thus help to diminish the possibility for supervisee disappointment and ruptures in the supervisory relationship (Creaner, 2014; Ellis, 2010). In the absence of such clarity, it was likely that the supervisee felt they would receive the same level of assistance as they had previously, possibly leading them to see this as something due, or promised to them, by their supervisor. Arguably, this dynamic was to the fore when the cost of supervision, in terms of money and time, was raised as an issue by several participants. Though perhaps out of the conscious awareness of the supervisee, the concept of a promise kept or broken, may

contribute to understanding the contrasting nature of the participants' experiences. Where a promise is kept, particularly in challenging circumstances, this will likely enhance the esteem in which a supervisee holds their supervisor and increase the supervisee's confidence in supervision as a space where their needs can be met. In contrast, where a promise is 'broken', and the supervisee is anxious, lost, and craves support, conceivably this could be felt as a betrayal, and may impact on the supervisee's subsequent trust in the supervisory space. Such circumstances might have, partially at least, contributed to the profound impacts experienced by the participants.

Supervisee Expectations: Being met

The current study found that the participants were significantly impacted depending on how well they felt their expectations for supervision were met. The participants came to supervision with the anticipation that their supervisor would be able to meet their needs, as they had done hitherto. Their accounts referred to previous supervisory occasions, with other clinical presentations, where their supervisor could assist them. The findings of this study show that when the participants had their needs met, as expected, they viewed both their supervisor and supervision in a positive light. Conversely, when the same participants had supervision experiences that did not match their expectations they often felt negatively towards their supervisor and supervision. An interesting aspect of the findings that illuminated this aspect was the literal 'worth' the participants ascribed to their supervision encounters. Several of the participants highlighted the 'value for money' aspect of their supervision experiences. They handed over money for supervision and were aggrieved if they did not receive the service they had paid for, irrespective of the content. This monetary aspect can be understood as a formal illustration of the supervisee's expectation that supervision should meet their needs.

Although having expectations met, or not, is a predictor of satisfaction with supervision (Dawson & Akhurst, 2014; De Stefano et al., 2012; Ladany et al., 1999; West & Clark, 2004), what the current study also revealed was the contrast between these experiences as the depth of the emotional responses to these different encounters underscore. The participants often lauded their supervisor and supervision when their expectations were met. Thus, it can be argued that the supervisees experienced their supervisor as per usual, or indeed exceptionally, notwithstanding self-injury content. Although no current agreed description exists for 'exceptional supervision' (Ellis et al., 2015), it is somewhat explicated through the idea of "Wow" supervision, where supervision was experienced as "the best, profound, powerful, exceptional, or inspirational" (Ellis et al., 2015, p. 623). The present study indicates that several of the participant's descriptions could arguably fit these types of experience. These findings could contribute to this conceptual area, as it suggests that 'exceptional supervision' is supervision that 'Wow's the supervisee where their needs and expectations are significant, in a context that is distinctively challenging, and shown to have a strong potential for unsatisfactory supervision experiences.

Supervisee Expectations: Not being met

Most of the participants had supervision experiences where their expectations were not met. In their accounts, the participants described behaviours from their supervisor, such as retreating physically or communicatively from the supervisory process, and being unable, or unwilling, to engage with them on their needs. Additionally, these responses from their supervisor were out of character with previous experiences, and unanticipated. These difficult and unexpected experiences impacted them appreciably. The findings observed in this study resonate with previous studies that examined the effects of inadequate or harmful supervision on the supervisee (Ammirati & Kaslow, 2017; Ellis et al., 2014). The participants did not feel

that supervision met all the basic obligations related to their role, and could therefore be described as ‘inadequate supervision’. Furthermore, some participant accounts match descriptions of the impact of ‘harmful supervision’, including feeling intimated and demoralised, such that they questioned their ability to work with this client population in the future, and overall felt ‘disheartened and withdrew’. While inadequate and harmful supervision experiences are not uncommon, (Ammirati & Kaslow, 2017; Ellis et al., 2014; Ellis et al., 2015) of interest in this study was that prior to bringing self-injury material the participants stated they generally had good encounters in supervision.

These findings may be explained by several factors. The participants were disappointed that their supervisor was not automatically able to sufficiently help them with their needs. They had assumed that someone who is a supervisor would have the ability to assist them in working with any clinical presentation they brought. This unexamined expectation of the universally expert supervisor is consistent with the findings of De Stefano et al. (2017), who in their study examining the supervision experiences of counsellors with regard to power, found that there was the general assumption that supervisors knew how to work with all complex and challenging presentations. Additionally, the participants’ previous experiences of supervision primed their expectations to assume all would be well, as it was previously. Although the participants’ accounts indicated they found self-injury presentations to be more challenging than other clinical presentations, this did not seem to influence their expectations for supervision. This being the case, it is arguable that the participants were working from an established, but unexamined, personal standard for supervision. Conceivably, this standard was either respected or violated, depending on the match between the expectation and the lived reality, and as such contributed to the profoundness of the impact. In view of the complexities of working with self-injury, basing expectations of

supervision on previously satisfactory experiences with other presentations is not necessarily constructive.

Overall, these findings highlight the importance of appreciating the sensitivities for the supervisee, between the interplay of their expectations for supervision, the perceived realisation of same, and the potential impact on them. This further suggests that in the case of this clinical presentation, supervisees could benefit from reflecting on their assumptions and expectations in this context. There may be scope to do this through revisiting the formal, or informal, supervision contract that exists.

Profound Impact and The Supervisor

The participant accounts provide some indication of the effects self-injury content may have had on their supervisors. Though the study did not investigate the supervisors' experiences, this data is worth discussing briefly as it suggests possible aspects that influenced supervision, especially those that contributed to the participants' experiences of 'Being on my own'. The participants' descriptions of some of their supervisors' behaviours, such as hiding behind their scarf, suggests that the material had an adverse impact on the supervisor. That being the case, it is arguable that the supervisor would be less able to conduct themselves as they had in previous supervision sessions and fulfil their responsibilities. Consequently, this could impact the supervisees' experience of their supervisor and supervision. As studies have shown, self-injury presentations induce significant reactions in professionals, and it is reasonable to consider that supervisors are similarly susceptible. Based on their clinical experiences, Babiker and Arnold (1997) and Wester and Trepal (2017), raised the concern that listening to descriptions of self-injury out of the context of the therapy room has the potential to leave the supervisor vulnerable to indirect traumatisation.

As previously outlined, the challenging nature of this clinical work, particularly with the possibility of the serious injury or death of a client, would plausibly induce a heightened sense of responsibility for the supervisor. This proposition accords with previous research. In their study conducted with seasoned psychotherapy supervisors, Glover and Philbin (2017) found that added levels of supervisors' anxiety are interwoven with their sense of increased responsibility. It is also conceivable that this increased sense of responsibility could lead to the supervisor to neglect their own needs. For example, Counselman and Abernethy (2011) in their paper on supervisor reactions note that during supervision where there is distressing material, the supervisor may prioritise supporting their supervisee but neglect to take time to make sense of it for themselves, to their own detriment.

These circumstances likely leave a supervisor more prone to indirect traumatisation. Pearlman and Saakvitne's (1995) work on vicarious traumatisation indicates that professionals impacted by their work are more inclined to react defensively. Data from the present study suggests that some supervisors may have been affected by the challenges of supervising this work. However, this proposition must be interpreted with caution as the study did not gather data directly from supervisors. Moreover, to what degree these possible impacts had on a supervisor's ability to fulfil their role was not established by this study. Nevertheless, these are potentially important dynamics to be aware of in this supervision context and warrant further investigation.

Perceptions of The Expert Supervisor

An important finding with regard to supervisors, was the participants' general perception that supervisors were better equipped to support them if they had worked therapeutically with self-injury. Each participant recommended that any supervisor providing supervision on this issue should have this clinical experience. However, several of the

supervisors with whom some of the participants experienced difficulties, had worked therapeutically with people who self-injured. This suggests that although a supervisor has relevant clinical experience, that factor does not guarantee a satisfactory experience of supervision for the supervisee. Although having apposite clinical experience may increase the likelihood of a supervisor being more proficient in this context, the present study did not confirm that. As the findings have revealed, the challenges of this presentation gave rise to a constellation of supervision needs, therefore it is also reasonable to argue that no singular element guarantees satisfactory supervision.

This finding does raise the question as to what combination of elements contribute to a supervisor being 'expert' enough to support the supervisee. Though this merits further investigation, the study indicated that having the proficiency to proactively address the outlined constellation of needs, along with the supervisor's steadiness while engaging with self-injury material, are essential components. This accords with the evidence arising out of clinical practice (Babiker & Arnold, 1997; Hoffman & Kress, 2008; Linehan, 1993; Walsh, 2014; Wester & Trepal, 2017).

The present study findings suggest there is a requirement for supervisors to be aware of their own capacity in regard to supervising this clinical work. The participants saw their supervisors as experts because of their supervisory role and previous ability to help them with other presentations. However, as their experiences attest, many of the supervisees discovered that their supervisors were unable to meet their expectations. Despite this being the case, what is notably absent in the findings is any active recognition by a supervisor that this work was beyond their capabilities. Though the study did not gather information directly from supervisors, the absence of such candour in the participant accounts is noteworthy, and exploring how this issue might be addressed is worth discussing briefly.

The concept of humility in supervision is seen as a fundamental component of good supervision practice (Watkins et al., 2018). Drawing upon previous research they state that: "Four cardinal features define humility: (a) openness; (b) willingness and ability to accurately assess one's own personal characteristics and achievements; (c) ability to recognize one's own imperfections, mistakes, and limitations; and (d) other-orientation" (p. 60). These features parallel Bateson's (2000) view that humility is not a moral principle but rather an element of a scientific mindset (p. 444).

Recalling McMahon (2014), principle three recognises the value of supervisor humility with regard to working appropriately within their limits. McMahon (2020) develops this idea of supervisor humility further, proposing five reflective touchstones that can assist a supervisor: attend to myself: what do I personally bring to my supervisory work?; attend to unconscious interpersonal dynamics: what dynamics may be active in my supervisory relationships?; attend to developmental dynamics: is my supervisory work developmentally sensitive?; attend to power dynamics: how is power experienced and shared in my supervisory relationships?; and attend to my limits: how do I engage with uncertainty in my supervision practice? (p. 180). Though the constraints of this study do not allow for an in-depth examination of these ideas, they have much to offer in facilitating a supervisor to consider their capacity to engage in supervising work with people who self-injure. For example, under touchstone five, the first proposed reflective question for a supervisor is: How comfortable am I with not knowing, and with sharing my uncertainty with my supervisees? (p. 192). Using this question could facilitate a supervisor to reflect on their capacity to support a supervisee working with people who self-injure, and to engage in an open conversation with them to establish whether they are a good 'fit' for this work. Furthermore, taking this approach, underpinned by the concept of humility, could alter the perception of the supervisor as an 'expert' and facilitate a more realistic conversation based

on ‘expertise’, thus breaking barriers to good practice. The findings have shown that a supervisory relationship, where there is appropriate supervisor expertise, brings much to the broader context highlighted in this study. Bateson (2000) captures the systemic value in this, “A certain humility becomes appropriate, tempered by the dignity or joy of being part of something much bigger” (pp. 467-468). Further study on the influence of humility in this supervisory context would be beneficial.

Profound Impact: Implications

Several important issues arise from these findings. Supervision could become a context supervisees dread rather than being a place of support. Thus, serious clinical dilemmas could not be addressed, resulting in the loss of effective oversight, and the protective functions of supervision (Falender & Shafranske, 2004). There are potentially serious consequences for the supervisee and already vulnerable clients with this situation. Turp (1999) notes in situations where practitioners have been impacted by this work and do not receive suitable support there is an increased possibility of inhumane treatment. Secondly, these disruptive supervision experiences had a significant emotional impact on the supervisee, leaving some of them to feel unsafe, or so disempowered they avoided working with clients who self-injured. Notably, the effects of these difficult experiences did not end on the completion of a supervision session. They had a continuing adverse influence on the participant’s self-appraisal and view of supervision. This finding accords with Guest and Beutler (1988), who observed that difficult supervision experiences can continue to impact the supervisee many years later. However, what was unexpected was the intensity of ‘negative’ emotions that remained with the participants years after these incidents, as demonstrated in the participant accounts. This has potential consequences for the well-being of a supervisee, which is the antithesis of the purpose of supervision (Bernard & Goodyear,

2014; Inskipp & Proctor, 1994). It also poses a risk to their relationship with supervision in the future.

The impact of these difficult experiences and the subsequent choice by the participants not to disclose client self-injury material very likely contributed to the participants' sense of 'Being on my own'. This disruption to supervision, the resultant loss of trust in their supervisor and the reluctance of the supervisees to resolve the situation, led many of them to terminate their supervision relationship. Although a small sample, it is worth noting that over half the participants chose to cease working with their supervisor after these experiences. For some of these participants this was a difficult decision as they had previously enjoyed good working relations with their supervisor before the issues that arose with presenting self-injury material.

Given these findings, it is critical to consider how the distinctive aspects of this clinical presentation, alongside the anxieties and needs of a supervisee, can increase the probability for perceived, or actual, inadequate or harmful supervision. These findings have important implications for developing a greater awareness and understanding of the sensitivities that come with supervising psychotherapists working with this client cohort. Though many of the supervisees were profoundly impacted by a range of lonely, frustrating, dissatisfying, and disheartening experiences, leading them to withdraw from established relationships, all the participants were adamant that supervision was indispensable when conducting this work. This is further evidenced by the fact that those participants who left their supervisor sought out supervision that could meet their needs and expectations.

Reflective statement

Within the field(s) of psychotherapy several theories exist that can be related to the dynamics between the supervisee and supervisor. These include: isomorphism (White & Russell, 1997); transference and countertransference (Arundale & Bandler Bellman, 2011); parallel process (Watkins, 2012); cybernetics (Keeney, 1983), schismogenisis (Bateson, 2000); transderivational phenomena (Dilts, 1990; Mathison & Tosey, 2009). Each of these processes will find favour with practitioners from different backgrounds. The author acknowledges that these ideas can, and will likely, be applied to these findings. Nevertheless, applying any of these theories has, in the researcher's mind, the potential to constrain the discussion of the present study, as each of these ideas may be more manifest in one school of psychotherapy than another. Additionally, as to what level of influence any of these processes had, one over another, on a particular aspect of the lived experience of the participants is beyond the scope of this research to properly establish. Cassidy et al. (2010) in their considerations of how IPA findings relate to therapeutic practice, caution against precipitously "trapping what emerges into systems and frameworks that fit current discourses" (p. 267) as this risks misconstruing the participants' lived reality.

Remaining consistent with the hermeneutical position of the researcher, privileging the participants' voice, and his interpreted meaning of their story as it illuminates this context, the author will leave it to the reader to bring their own interpretative stance informed by these theories, as appropriate.

Summary

This chapter discussed the findings of the study and situated the findings within the existing literature, detailing areas that support and add to previous research. The study revealed important elements associated with this clinical-supervision intersection, which included a constellation of needs arising out of the participants' clinical experiences that were transferred into the supervision context. Additionally, as the findings demonstrated, there were key elements expressed by the participants as being particularly important for them. These included: personal support, a safe space to explore professional struggles including incongruous judgements towards their clients, an empathetic response to the visceral impact of the client's self-injuring, education on self-injury, clinical guidance, and the necessity for a steady and proactive stance by their supervisors in supporting them. The findings also show that the dynamics inherent in this context have the potential to impact the supervisee profoundly. In addition, the findings draw attention to the nature of those interactions, and the implications for supervision depending on the extent to which the supervisee felt their expectations were met. The profound impacts on both the supervisees and their supervisory relationships were examined in detail. Additionally, the place of the supervisor in this context was also considered, including an overview on the concept of supervisor humility. Overall, these findings highlight that this is a complex and sensitive clinical-supervision intersection. Though there were contrasting experiences, the findings indicate that supervision can support supervisees when working with people who self-injure.

Chapter 6 Conclusion

This chapter commences with an overview of the strengths, limitations and transferability of the study. An evaluation of the quality of the research based on Yardley's (2000) framework is outlined. The chapter summarises the key contributions of the study and suggestions for future research are offered. The chapter next delineates several implications for psychotherapy training, and practice and policy implications for the supervision field. Considerations for the application of terminology are also proposed. A personal reflection on the experience of conducting this study is provided, followed by a concluding summary.

Strengths and Limitations of The Study

The study has several key strengths. The literature review revealed the paucity of research on this area, thereby highlighting the gap in knowledge in this important clinical-supervisory intersection. The study set out to investigate what supervisees' experience was in this context, and succeeded in doing so. Overall, as a qualitative and phenomenological study, the present research managed to organise and distil the essence of the data, whilst also conserving the levels of complexity that emerged from the participants, thereby allowing for a level of accessibility.

As a methodology, IPA seeks to illuminate a particular context at depth (Smith et al., 2009). This study uncovered rich data in respect of the context it sought to investigate. Of note was the level of candour of the participants. They chose to share detailed thoughts and feelings which illuminated the depth of their experiences. Within the context under investigation, the participants revealed much about themselves as professionals who struggled with their own sense of self-confidence and competency. They acknowledged their gratitude when they received the support they expected and needed. The participants also conceded to being overwhelmed, anxious and needing personal support. Furthermore, the

participants openly stated they had vented emotionally during supervision, and possessed negative judgements about their supervisors and clients, thus sharing their personal and professional vulnerabilities. These findings resonate with Smith (2019) who reflects that IPA has been shown to be especially helpful examining participants' perceptions of personally significant experiences. Taken together, the richness of the data, and the comprehensive analysis, has contributed to the field's knowledge of this clinical-supervision intersection.

The author acknowledges a number of limitations. As most of the participants had been in practice for many years, there is the possibility that some of them may have trained in supervision. The author did not establish whether any of the participants were now supervisors themselves and recognises that this may have influenced a participant's reflection on their experiences. The study is somewhat limited by the lack of previous research literature for comparison. There was a responsibility on the author to balance the inclusion of such literature to support and critique the study findings but to show wisdom on not straying too far from the focus of the study. For instance, though including literature from crisis supervision or the area of DBT for BDP as analogous challenging clinical presentations was helpful, there is also the danger of conflating such presentations with self-injury, and perpetuating myths. Not all people who self-injure are in crisis, nor fit a diagnosis of Borderline Personality Disorder (Andover et al., 2017). Therefore, the present research was somewhat constrained by the limited number of pertinent studies in being able to make comparisons with research literature in some areas.

Transferability

This is a small-scale qualitative study and as such the findings would not be considered appropriate to generalise to practitioners in specific contexts across the psychotherapy fields (Polit & Beck, 2010). However, the concept of transferability is more

fitting to qualitative research such as the present study (Timulak & Elliott, 2018; Tracy, 2010). Transferability rests with the idiosyncratic interpretation of the reader, who will construct their own meaning from the information presented in a study, and decide to embrace something that the study has identified (Smith, 2018). Consistent with the goals of IPA, this study has provided rich descriptions, a contextualised analysis, and given voice to the participants' stories (Smith et al., 2009). Referencing the storied nature of studies, Tracy (2000) asserts that transferability is attained when the story contained in the study intersects with the life of the reader and they "intuitively transfer the research" (p. 845) to their own situation.

Through this there are several prospective areas for transferability. The findings have the potential to inform supervision for self-injury presentations across the different schools of psychotherapy and supervisory approaches. This also provides practitioners who adhere to different frameworks an opportunity to bring their theoretical perspectives to the study. Aspects of the research might also be useful to clinicians in allied healthcare fields, just as elements of studies in those contexts were useful in informing this present research. The findings and narrative of the study could contribute to the work of groups in the community, voluntary, and education sectors. The research findings may also resonate with supervision practice for other challenging presentations, such as trauma, eating disorders, or crisis.

Quality of the Study

As stated in chapter 3 the quality of the present study is assessed using the four principles described by Yardley (2000): sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance. Sensitivity to context involves a comprehensive engagement with the extant relevant literature to formulate the aims of the study in order to address an identified gap in the field's understanding. Additionally, this

principle emphasises sensitivity to the participant's perspectives, any ethical issues, and where relevant, socio-cultural settings of the study. Commitment and rigour stresses the development of methodological competence, meticulous data collection, comprehensive analysis, and an overall in-depth engagement with the topic. Coherence and transparency refer to the lucidity and authority of the study, the fit between theory and chosen method, researcher reflexivity, the use of transparent methods and data presentation. The impact and importance of the study signifies how the research makes a contribution to the field of study, theoretically and/or practically.

Sensitivity to Context

The author engaged comprehensively with both research and clinical literature on the research topic. He also explored relevant literature from other areas beyond psychotherapy, including psychiatry, mental health and nursing to ensure that he was as informed as possible on extant theoretical and empirical knowledge. This informed him with regard to the design of the research question and the study.

The researcher has specialised in working with people who self-injure for over twenty years, is an experienced supervisor, and as a supervisee, has brought self-injury material to supervision. He is also credited with advising on a supervision chapter in a published book on cognitive behavioural therapy (Hughes, Herron & Younge, 2014). The researcher has delivered many workshops on self-injury, and is quoted in a published book on the subject (Inckle, 2010). Overall, the researcher has gained considerable insight into the nature of working with people who self-injure, and pertinent supervision, and could appreciate the sensitivities of the context being investigated with the participants.

The researcher was aware that he was asking professional colleagues to talk about an area that the literature had identified as being challenging. Adhering to the research

methodology he ensured that the interviews took an exploratory approach, thus enabling the participants, who were experienced professionals, to give voice to their experiences. The author has participated in several research studies where the researcher was a professional peer and therefore had some awareness of the potential sensitivities involved.

Commitment and Rigour

The researcher committed to applying the methodical approach of IPA rigorously. Significant consideration was given to the selection of the study participants with the recognition that a homogenous sample who could speak to this research question was critical. Through the development of the inclusion and exclusion criteria an appropriate group was recruited.

The researcher followed the analytic IPA steps meticulously to ensure that the data was explored thoroughly and to conserve both the idiographic and common patterns that emerged. The interviews generated significant amounts of data, which covered the subject matter comprehensively and at the depth needed to illuminate the context under investigation. A key feature of the study was a prolonged immersion in the data by the researcher. The data was thoroughly explored, with prospective themes examined and discussed in significant detail between the researcher and the research supervisors. Overall, the researcher and research supervisors met regularly and critically reviewed each aspect of the study throughout the duration of the research.

Coherence and Transparency

From initial conception to the final write-up, the current study was led by IPA principles and methods to achieve a coherent whole; as outlined in Chapter 3. Each step of the research was checked by the researcher and in discussion with the research supervisors, to

ensure there was consistent fit between the theory being employed and the actions being carried out. This necessitated the drafting and redrafting of material throughout the life of the study, which fits with the iterative ethos of IPA. Through this process, the study sought to offer a clear argument on the research question and the context under investigation.

The researcher used a process diary to assist him in his considerations and decision making. Consistent with IPA, there is a transparent record of the steps taken to arrive at the research findings, the study provides a worked example of the analysis, and employed extensive use of participant quotes to ground the study in their narrated experiences. The study, at different stages of its development, was presented at three international conferences, one dedicated to supervision, and two others concerned with researching and responding to self-injury, and thus was discussed by recognised experts in these areas.

As stated earlier in chapter three, the double-hermeneutic is a key principle in IPA and explicitly acknowledges that the researcher's background and beliefs will influence his interpretations and thus the analytic process. Throughout the study, the researcher was aware that the considerable experience he had of working in this context could influence how he engaged with the participants' accounts. However, as a psychotherapist who practises self-awareness the author was cognisant of these potential biases. Throughout the study, he openly engaged with his research supervisors on this issue, they in turn actively highlighted potential blind-spots and biases. The supervisors also came from different therapeutic backgrounds and experiences. The researcher noted a favourite quote in his process diary, "A clash of doctrines is not a disaster - it is an opportunity" (North Whitehead, 1970, p. 186). This dynamic assisted the researcher's explorations, as these differing perspectives necessitated in-depth discussion to arrive at evidence informed clarity.

Impact and Importance

The study has addressed a significant gap in the literature on this important clinical-supervision context, and specifically the experiences of qualified psychotherapists, as supervisees. Through this, the study has enriched the existing understanding of some of the important needs and expectations that supervisees have when they bring self-injury material to supervision.

Self-injury is a significant issue in society today. Whereas self-injury is different for everyone, for many people who engage in self-injurious behaviours they can be very vulnerable, including having a statistical higher potential for suicide (Castellví et al., 2017; Hamza & Willoughby, 2016). The study has helped to highlight some of the impacts on the psychotherapist who works with people who self-injure, thereby allowing a greater potential for supervision to assist with the development and well-being of the psychotherapist. This in turn may potentially help to contribute to safer and more effective psychotherapy for this client population. The present study has practical implications for the field of psychotherapy and supervision practice in this context. It could inform supervisors regarding the likely needs of supervisees. The findings can also offer pragmatic learnings for the furtherance of training for psychotherapy and supervision. Furthermore, as mentioned, the study has the potential to inform people in other contexts that work with self-injury.

Overall, the study has the potential to make a positive contribution both theoretically and practically in appropriate contexts. Nevertheless, another contribution of the study is the discovery of the paucity of research literature on this clinical-supervision intersection and the opportunities this highlights to conduct further studies on this context.

Key Contributions of the Study

This study is the first of its kind to principally focus on the intersection of self-injury presentations and supervision. It has addressed a significant gap in the research on supervision for qualified and experienced psychotherapists in this supervisory context. The present study has placed the voices of these supervisees centrally in the conversation concerning this important clinical-supervision intersection. It has also confirmed extant research that states that experienced psychotherapists find working with clients who self-injure to be particularly challenging (Fleet & Mintz, 2013; Fox, 2011; Long & Jenkins, 2010; Whisenhunt et al, 2014). The study extends the evidence about this concern as it highlights the challenges of this work from the perspective of the supervisee and demonstrated how these challenges are transferred into the supervisory context.

The research makes several contributions to our understanding of this supervision context. It has helped to identify components of supervision that support supervisees working with clients who self-injure, these are: being personally supported, highlighting the specific importance for assistance with the visceral impact, a distinctive feature of self-injury presentations; being educated about self-injury, what it is, what it is not, and its functions; receiving clinical guidance, including the facility to engage in detail with self-injury material. Additionally, supervision needs to be a safe context where the supervisee can be fully open, including being able to disclose distressing beliefs about themselves or their clients and get these needs met. The study has also shown that this sense of safety is established though a pro-active engagement with the supervisee's needs, and a stable demeanour, from the supervisor.

The study also revealed a heightened potential for this supervisory context to profoundly impact the supervisee, enhancing or limiting their engagement with their supervisor and supervision. The findings have drawn attention to factors entwined in this,

these include: the influence of, and on, the supervisory relationship; the experience of the supervisee as to how well their expectations were met. Other components were also revealed: an inconsistency as to how self-injury was being related to, either within the actual situation of the client or the general concept of self-injury. The role of the supervisor was considered, highlighting an unexamined assumption that a supervisor should be able to meet all the supervisees' needs, irrespective of this content area. The study raised the issue of how this work may impact the supervisor and the potential consequences for the supervision process. The research has confirmed what is known about these issues within the limited research studies such as De Stefano et al. (2012). Importantly, the present research has confirmed much of the considerations and recommendations arising out of the clinical literature, thereby providing a research base to corroborate clinical evidence (Babiker & Arnold, 1997; Hoffman & Kress, 2008; Linehan, 1993; Reeves, 2010; Walsh, 2014; Wester & Trepal, 2017). Overall, the study has demonstrated the complexities inherent in this supervisory context, detailing those areas that require sensitive consideration. Although the study revealed that supervisees can experience supervision at this intersection as unsatisfactory, the findings also established that supervisees found supervision to be indispensable and helpful when working with clients who self-injure.

Recommendations and Implications

Recommendations for Future Research

A natural development of this research would be to conduct an equivalent qualitative study on the experiences of supervisors in this context. This would allow the voices of supervisors to be heard and considered. It would be interesting to include the experiences of supervisors with that of supervisees, thereby giving us a more complete understanding of this context. This could also be enhanced through studies with supervisee and supervisor dyads.

Additionally, quantitative studies investigating larger numbers could help to reveal the scale and frequency of important issues raised in this present study. This could include a comparison of levels of satisfaction with supervision prior to and after the presentation of self-injury material, matters that contribute to this, the identified needs in this context, and the degree to which they are deemed important. Overall, this is an important issue for future studies as it would extend our knowledge about this complex clinical-supervision intersection and begin to provide more complete data that could inform the field on what is helpful or not in assisting the delivery of successful supervision in this context; thereby contributing to the well-being of supervisees, supervisors, and clients.

The present study focussed on supervisees who worked with adults, which is different to providing psychotherapy with adolescents or children who self-injure. Compared to working with adults there are differences with regard to levels of capacity of the client, duty of care of the psychotherapist and supervisor, and the potential involvement of parents or carers. Each of these aspects are liable to introduce distinctive dynamics in both clinical practice and subsequent supervision. Therefore, further and separate studies, where the focus is on supervisees working with adolescents and those working with children are needed. This should also be extended to researching supervisors who provide supervision to supervisees who present case-work for each of these populations, or again, applicable supervision dyads. Other qualitative and quantitative approaches focussed on those supervisees and supervisors working with case material from these clinical populations are likely to further inform the field on critical aspects of supervision, such as needs, expectations, and the issues surrounding duties of care, that are particular to these contexts.

The study has revealed the complex nature of this supervision context. As noted in the literature review, supervision models have been developed to assist with the delivery of

effective supervision. Studies examining the efficacy of different models of supervision in assisting with the delivery of supervision at this intersection would be useful.

Implications for Psychotherapy Training

Whereas the study was specifically concerned with the experiences of supervisees within this supervision context, the findings suggest that these experiences are influenced by the psychotherapist's level of knowledge and skills in working clinically with clients who self-injure. Accordingly, there is a need to consider the provision of training for psychotherapists to support them in this work. The study findings indicate several areas that could be worthwhile to include in any such training: A section that assists the psychotherapist to manage their well-being through highlighting the challenging elements of this presentation; education on self-injury, its functions, the dispelling of myths, and specific skills to respond to a client's self-injuring, such as assessing risk, and exploring the purposes of their client's self-injuring. These components match what is recommend in established literature (De Stefano et al., 2012; Long, 2018; Reeves, 2010; Turp, 1999; Wester & Trepal, 2017). Additionally, such training could help offset the risk highlighted by West (2010) in their paper on providing supervision to counsellors and psychotherapists working with trauma, that without specialist training the clinician may rely too heavily on the supervisor for dedicated education. The training could also facilitate the supervisee to reflect on their needs and expectations of supervision. This could assist the supervisee to make these explicit to their supervisor and allow for a dialogue as to their suitability for supervising this work. Overall, such training could empower the supervisees in their client work, help address the weight of expectation that falls to supervision, and diminish the potential for adverse experiences in supervision.

The Field of Supervision: Implications for Practice and Policy

The present study has provided the field of supervision with in-depth data on real-world dynamics, experiences, and the impacts of supervision for supervisees working with people who self-injure. These findings have important implications for developing apposite supervision practice and policy for this clinical context. These implications concern the supervisee, supervisor, and professional bodies.

Supervisees have a role in assisting their supervisor to support them. The supervisees have a responsibility to reflect on their requirements for supervision and ensure they articulate these needs to their supervisors; this is in keeping with what is already recommended for good supervisee practice (Hawkins & McMahon, 2020; Milne & Reiser, 2017). Given the comprehensive nature of supervisees' needs, it would be unhelpful to presume that a supervisor would necessarily know all that was expected of them without making this explicit. As an example, in their pre-supervision reflections, it would be important for the supervisee to take note of material they felt reluctant to share (Falender & Shafranske, 2004; Hawkins & McMahon, 2020). This may include negative judgements about clients, the personal impact they have experienced, doubts about their ability to work with a particular client or this client population in general (Etherington, 2000; Knox, 2015).

Where a supervisee finds some aspect of this work difficult to articulate, such as the visceral impact of a client's scars, they could consider using creative methods, such as art, to help express what it is like to witness such wounds (Lahad, 2000). As self-injury is a multifaceted presentation, the use of diagrams to organise their sense of what is going on for the client and how this conceptualisation directs them to respond, would be helpful with informing the supervisor. This visual conceptualisation, where appropriate, could be shared, or constructed, in cooperation with the client, thereby including client feedback in the supervision session, which, has also been shown to increase supervisee satisfaction with their

supervision experiences (Grossl et al., 2014). Engaging with the client in this manner can also provide useful insights into the relationship between the supervisee and client, that could be shared with the supervisor.

The supervisor has a responsibility to meet the supervision needs of the supervisee (Inskipp & Proctor, 1994). As evident in this present study, these needs can be multifaceted and change over time, therefore in keeping with recommended practice, it is incumbent on the supervisor to ensure they stay informed about the supervisee's ongoing supervisory requirements (Falender et al., 2014). This can include responding to present issues, such as the personal impact of the work, and developing the supervisee's proficiencies in working with this clinical presentation (Wester & Trepal, 2017). As noted, the present research findings further support the idea that creating a safe supervision context is critical for the supervisee to obtain the support they need (Barnett & Molzon, 2014; Beddoe & Davys, 2016; Hewson, 2001). The study has shown this was primarily influenced by the supervisor through their ability to proactively and steadily respond to the needs of the supervisee. This necessitates a supervisor to be competent and comfortable in supervising this work (Babiker & Arnold, 1997). The sense of safety for the supervisee could be reinforced through the supervisor modelling openness and vulnerability, where appropriate. Additionally, the supervisor could provide space at the end of supervision for feedback from the supervisee on how they experienced the session and their supervisory interactions. This would further ensure there were regular discussions on the relationship between the supervisee and supervisor, a critical element in good practice (Borders et al., 2014).

It would also be helpful for a supervisor to reflect on their own beliefs about self-injury and consider if these viewpoints could potentially impact their ability to provide support to a supervisee. The findings have identified distinct competencies that contribute to successful supervision in this context, including, knowledge about self-injury, clinical insight

in how to assist the supervisee to respond to their client's needs, the ability to provide personal support, robustness in the face of the visceral impacts and to be proactive in supporting the supervisee. A supervisor considering supporting a supervisee working with people who self-injure should review whether they have the requisite requirements (Wester & Trepal, 2017); this might best be done in conversation with a consultant supervisor. As mentioned previously, informing this exploration through the use of humility touchstone practises (McMahon, 2020) could usefully assist with this discussion.

As a matter of policy, the supervisor also needs to stay up to date with research and training in self-injury to remain competent. They should also be aware of the impact this work has on them, as the findings have indicated there may be a risk for vicarious traumatisation. In this context, it might be a useful personal policy for the supervisor to regularly discuss their well-being with a consultant supervisor. Ethical practice in supervision necessitates the self-care and continued wellness of the supervisor (Barnett & Molzon, 2014).

Good contracting is the joint responsibility of the supervisee and supervisor (Watkins, 2018). The present study produced results that demonstrated the importance of expectations being met. The 'promise of supervision' should be an informed one, and the contract can be considered as a formally agreed promise that can underpin supervision and support the supervisory relationship. Given the potential impact on the supervisory relationship when expectations are not met, the contract needs to be re-evaluated regularly (Thomas, 2007). When issues of self-injury are brought to supervision, it is recommended that the contract be revisited to discuss the potential challenges and supervisory needs elicited by this presentation, and how the supervisee's requirements might best be met.

Professional bodies have a role to play in ensuring good supervision practice (Borders et al., 2014; Werth et al., 2009). Supervisors who are members of these bodies agree to a set of principles designed to meet legal, ethical, and good practice standards. The study findings

may have some policy implications for these bodies and their guidelines. A common principle found in these standards is that the supervisor must work within their competency. It might be useful to include research-informed examples of common competencies specific to self-injury. Providing this type of detail would arguably help clarify what is meant by the general term 'competency'. It could also ensure that a supervisor considers, in-depth, their capacity to provide safe and effective supervision for this, and other, challenging presentations.

In addition, a professional body could consider it a policy to have a consultant supervisor who has relevant expertise to assist a supervisor who is supervising self-injury work, or other clinical presentations, that require specialist knowledge and expertise. As mentioned, the consultant could help with facilitating a supervisor to review their competency and beliefs in this area. They could also assist with mitigating potential vicarious impact, provide extra expertise as required, and ensure the contract is being adhered to, thus helping to address potential supervisory ruptures. It also follows that a professional body makes certain their own rules for supervisees seeking supervision do not, paradoxically, preclude or constrain their members from accessing apposite supervision support, and allows for collaboration with other professional bodies and accrediting organisations, where such expertise is available.

Implications for Supervision

The study offers some important insights into what supervisees may need from supervision in this context. As mentioned, the findings show that they need supervision to be a place where the impact of the work is proactively responded to, including the necessity for the potential visceral impact of the work to be addressed. The educative function of supervision is critical, with supervisees having the opportunity to learn about self-injury. This

would include clarity on the functions of self-injury and the complex relationship between self-injury and suicide. The supervisees also need to obtain guidance in their clinical work. The study also shows that the supervisee benefits from the supervisor taking a pro-active role in meeting their needs. Therefore, the findings suggest that a supervisor should possess a multifaceted range of knowledge and skills to enable them to meet a supervisee's needs. This resonates with Knight (2018), who in her article on delivering trauma informed supervision, notes that the essential components required for successful supervision include: thorough knowledge on trauma, its dynamics and impacts, and that the supervisor works from established principles of trauma-informed practice. The present study findings, together with the recommendations of (Wester & Trepal, 2017) and (Knight 2018), indicate that the supervisor needs to remain comprehensively informed and trained on working with self-injury.

The present study findings also show that there is the potential for supervision to impact the supervisee profoundly, and can enhance or break the supervisory relationship. It would be important for a supervisor to have an appreciation of this potential, to initiate discussions on evolving difficulties, and respond candidly to the supervisee's expectations. As mentioned, this should include the establishment of a clear contract at the outset of supervision, eliciting a detailed set of expectations from the supervisee and supervisor. For the supervisor, this conceivably includes the self-awareness to know and be authentic about what they can and cannot offer. Importantly, through this process, the supervisee can become aware of their supervision responsibilities, including the commitment to address any difficulties they have with the supervisory relationship or their supervisor, and to keep the supervisor fully informed with regard to their client (Ellis, 2017). Contracts that highlight the obligations of each clinician, establish assessment and dialogue processes, can positively contribute to the supervisory relationship (Bernard & Goodyear, 2004).

Overall, the study raises the question as to whether supervision for self-injury should be considered as a specialist area. Kleespies et al. (1993) argue that in a context where there is a particularly appreciable impact on supervisees, there is the need for comprehensive supervision support. Furthermore, Pope and Vasquez (2011) assert that there is an ethical imperative that a supervisor has the competence to provide the support an individual supervisee needs. Therefore, where a primary supervisor cannot meet all these needs, the use of an alternate supervisor should be considered.

Recommendation for Supervision Practice: Descriptions and Shared Territory

The present study showed that being understood was a contributing factor to those experiences where the supervisees felt they were 'In it together' with their supervisor. The findings indicated that one of the reasons for disruption in the supervisory process was the possible propensity for a map/territory mismatch in relating to self-injury, and therefore a clash of perspectives on how best to respond to the client's situation. Historical difficulties with defining and describing self-injury were established in the literature review, and these remain as issues in the field (Lengel et al., 2021). Additionally, as previously stated, there is a growing call within self-injury research to appreciate the individuality of the client, to go beyond limiting and stigmatising labels, and work with them as a unique person (Lewis, 2017; Hasking & Boyes, 2018; Hasking et al., 2021; Long, 2018). The present study affirms the need to relate to clients who self-injure in a person-centred manner within supervision. To address this, utilising a common description in supervision for relating and exploring the client's actual circumstances could assist in producing a shared understanding between the supervisor and supervisee.

Adapting Tooher (2012) offers one example, through the following description: "There is a person, with a unique history, a context in which they live, who for particular

reasons, self-injures." Employing such a description in supervision may assist the supervisee to draw attention to, and consider important aspects of the client: who they are as a person, their history, the functional aspects of their behaviours, and their current living situation. This would allow for a more complete exploration in supervision of the client's world, in contrast to a discussion about self-injury as a separate uncontextualised behaviour, which, as mentioned may have adverse impacts on the therapeutic work (Hasking & Boyes 2018).

Through the use of this description the client's individuality and voice would be present in the discussions pertinent to their treatment. Using this description has other potential benefits such as mitigating against a potential map/territory mismatch. This could also assist with balancing risk management and therapeutic development, as there would be comprehensive and shared information to utilise when considering the best course of action. Using the description may also promote a detailed engagement with self-injury material in supervision. The study highlighted the benefit of this type of exploratory interaction between the supervisee and supervisor. As mentioned in Chapter 2 of this study, beyond the multiple labels, it is important to remember there is a person engaging in these behaviours.

During a psychotherapy session, the psychotherapist encounters the humanity and life circumstances of the client. This influences the supervisee in ways that they or their supervisor might not always be aware of. Utilising such a description could help to foreground aspects of the work that may personally impact the supervisee. It could also contextualise descriptions of self-injury behaviours for the supervisor and thereby lessen any potential impact on them (Babiker & Arnold, 1997; Wester & Trepal, 2017). Overall, using this approach could promote a shared understanding of the client in supervision, enhance the supervisory relationship, and support the supervisee and supervisor to meet their responsibilities.

A Personal Reflection

My personal and professional history play a significant part in this reflection and study. I am a psychotherapist for over twenty-five years, and a supervisor for eighteen. I have worked in the community and voluntary sectors in the North and South of Ireland, with some working visits to trauma centres abroad. This has afforded me some very rich learning, and honestly humbling experiences. Throughout that time, I sought out people who were recognised as being excellent in their part of the psychotherapy field and I chose to study under them. All of these experiences have afforded me a respectable degree of knowledge, a reasonable set of skills in my various psychotherapeutic practices, and shaped my identity as a psychotherapist. It has also instilled a set of standards that I hold myself to.

The topics of this study are important to me professionally and personally. My professional experience showed me that supervision can make a substantive difference in supporting the supervisee in their work. It also aids the supervisee in keeping well. Both these aspects help to keep the client safe and enhance their therapy. Self-injury and where related, suicide, are deeply important issues for our field. For me psychotherapy is about helping to ease pain and enhance people's quality of living. Varied personal experiences in my life tell me that self-injury in many ways, psychologically and physically, is pain personified. I have witnessed where that pain became too much and how suicide seemed like the only option.

I did not finish school and came to academia relatively late in life, in my mid 40's. My first university experience was at master's level and was a struggle on every front. I got through that because, like now, I had excellent supervision, helpful classmates, a stalwart 'study-buddy', and family and friends who were supportive and believed in me when I could not. Though the masters prepared me somewhat for the doctorate, my experience of doing this study has also been one of immense struggle. The standards I set for myself, arising out of my experience as a psychotherapist, preoccupied me so often in this new context.

When I started this study these antecedents came together and clashed, but particularly so after interviewing the participants. I had feared they might respond to the interview in a very clinical way, using clinical language, and clinical distancing. How wrong I was. The people I met were generous and honest. They exposed their own vulnerabilities through the information they shared, in the language they used and the emotions they displayed during the interviews. They needed to speak about their experiences, from the very wonderful ones to the extremely difficult ones. They were eager to share and they wanted to make a contribution to their profession. I felt a huge responsibility to do justice to them and the experiences inherent in their stories. The overarching impulse was 'to get it right'. On the surface that seemed useful, but the need to get it right got in my way, with doubts about my style of thinking and writing, doubts about my interpretations, doubts about my ideas. Sometimes those uncertainties manifested in being defensive, sometimes in procrastination. As the study went on longer than I thought it should, those doubts increased. Combined with a succession of serious life-events and, as a part-time student, an ever-increasing workload, the sense of being unable to do justice to the participants became ever-present.

Nonetheless, I had excellent supports. My two supervisors showed immense patience, and through well measured challenging and encouragement they helped me to gain the skills I needed and the confidence to keep going. I realised that every aspect of the process was new and needed to be learnt. When I faltered, other good people stepped in to encourage me to keep going; I learned that I need not do this on my own. Through the meticulousness required for this study I eventually found my voice and enough confidence to commit to writing the study up and present it for examination. During this process, I came to understand that research is about rigour, honesty and meaningfulness. I had spent so much time trying to get it right, then I learned that I needed to do it well. That shift enabled me to engage with the study in a much more thoughtful way. I became, to a degree, a researcher. In doing so I hope

that I have done justice to the study participants and contributed to our field. I plan to continue to contribute in the future.

There have been several developments arising out of my academic learning on the doctorate. I have presented on this research at international and local conferences. One of my goals was to move more fully into teaching at third level. I have had regular opportunities to teach in Queen's University Belfast, and have been a part-time lecturer in DCU over the past three years. This entailed developing and delivering a module on counselling, psychotherapy and well-being, and supervising under-graduate research theses. In partnership with a Dublin university, I provided the vision for, and wrote the majority of a new degree in counselling and psychotherapy. This course is designed to support people who did not have previous educational opportunities to succeed; as I finished writing this present thesis the course was formally validated. My supervision and clinical practices have been enhanced through my engagement with the supervision and self-injury fields, extending my ideas, challenging me, and helping me to fine tune my own approach. In essence, underscoring the importance of the research and clinical intersection.

I hope, looking back, that perhaps the limitations and experiences I came with to the course, a late start in academia, clinical training that is often outside of the mainstream in Ireland, immersion in the community and voluntary sector, and my own struggles, contributed some value to the story contained in the study.

Bringing the Study to A Close

The aim of the study, to gain an in-depth understanding of the supervision experiences of psychotherapist supervisees where the focus of that supervision was their work with people who self-injured, has been addressed. The research has revealed the potential for two distinct and contrasting experiences, explicated through the two

superordinate themes of ‘Being in it together’ and ‘Being on my own’, alongside their respective subordinate themes. The meaning of these themes can be understood as profoundly impacting, particularly when comprehended through the wider clinical-supervision context of the participants. The findings have examined and revealed the influence these supervision experiences had on the supervisee, their supervisory relationships, and the potential effect on their client work. Through this, the study has informed the psychotherapy field regarding supervision in the context of working with self-injury, and therefore the objectives of the study have also been met.

The present study contributed to the psychotherapy field by increasing our understanding of the experiences of supervisees when bringing presentations of self-injury to supervision. It is distinctive in directly focussing on this clinical-supervision intersection. The study is also novel as it illuminated the experiences of qualified and experienced psychotherapy supervisees in this context. This was not a dedicated study on self-injury, nor research devoted to supervision, but a study on the important intersection of the two. Through this research professionals in the psychotherapy field and beyond can get close to the experiences of the participants in this context, and this may have some transferable meaning for them. This clinical-supervision intersection is neither simple to understand nor easy to operate effectively within. It is complex and demanding. The study has raised awareness of the constellation of needs and resultant dynamics that are inherent in this work. Achieving this greater understanding has helped, somewhat, to address a gap in the research literature, and support recommendations arising out of clinical experience. The study has also highlighted implications arising out of the findings and made several recommendations that can further increase knowledge and improve practice.

Through developing a deeper understanding of this important clinical-supervision intersection there is the opportunity to enhance support for psychotherapists to deliver safer

and more effective services to their clients. The lived experience of the person who self-injures is, after all, the principal centre of this intersection.

> I went to so many great lengths that nobody knew, and that was through embarrassment and shame. Not just embarrassment and shame because I self-injured, but embarrassment and shame about how I felt about myself anyway. And I just thought that this was just another thing that, you know, really, like, makes me worse than others again. (Inckle, 2014, p.13).

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Appendix A: Confirmation of Ethical Approval from DCU

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

Mr Karl Tooher
School of Nursing and Human Sciences

16 December 2016

REC Reference: **DCUREC/2016/209**

Proposal Title: **'Psychotherapists' supervision experiences of self-injury in client presentations'**

Applicant(s): **Mr Karl Tooher, Dr Evelyn Gordon, Dr Rosaleen McElvaney**

Dear Karl,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

Donal O' Gorman

Dr Dónal O'Gorman
Chairperson
DCU Research Ethics Committee

DCU
Research & Innovation

Taighde & Nuálaíocht Tacaíocht
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Appendix B: Recruitment Advertisement

SUPERVISION AND SELF-INJURY: SUPERVISEE EXPERIENCES

Can you help?

I am conducting research to gain an in-depth understanding of the supervision experiences of psychotherapist supervisees where the content of that supervision is their work with clients who self-injure.

If you are a qualified psychotherapist, with 2 years post qualification experience, who has the experience bringing self-injury material to supervision, I would welcome the opportunity to talk to you about your experience of supervision when discussing these clients.

By taking part in this study you will have the opportunity to contribute to our field's understanding of clinical supervision in the context of self-injury presentations.

I am a psychotherapy doctoral student in DCU and a practicing psychotherapist with over 15 year's experience.

If you are interested in taking part in this study or wish to find out more please contact me:

Name: Karl Tooher Phone: 087-3683723

Email karl.tooher2@mail.dcu.ie

All replies and meetings are confidential.

Many thanks for your help.

Karl Tooher.

This research project is in part fulfilment for a Doctorate in Psychotherapy, and it is being supervised by Dr Evelyn Gordon and Dr Rosaleen McElvaney, School of Nursing and Human Sciences, DCU.

Appendix C: Participant Information Sheet

Title of Study: 'Psychotherapists' supervision experiences of self-injury in client presentations'

Researcher: Karl Tooher; karl.tooher2@mail.dcu.ie - Mobile 087-3683723. I am a psychotherapy doctoral student in DCU and a practicing psychotherapist with over 15 year's experience.

Research Supervisors: Dr Evelyn Gordon: evelyn.gordon@dcu.ie & Dr Rosaleen McElvaney: rosaleen.mcelvaney@dcu.ie

Aim of Study: The aim of this study is to gain an in-depth understanding of the clinical supervision experiences of psychotherapy/counselling supervisees where the content of that supervision is their work with clients who self-injure. Clinical supervision is the main process for supporting and assisting psychotherapists in their work, and little is known about the experiences, and processes that transpire in this context for the supervisee. This study aims to address this gap in knowledge and the findings can inform good practice in clinical supervision, and thus support ethical and safe clinical practice.

Participant requirements

Being a participant in the study will involve taking part in a one-to-one interview. The interview will last approximately an hour. The participant may be asked to do a follow-up interview to aid in clarifying or expanding on important information; if the participant agrees to this, all the conditions laid out for the first interview will be adhered to for the follow-up interview. The interview will be held in private rooms in DCU or at a location agreed between the participant and myself. The location will be private, quiet and convenient. The interview will be digitally recorded - audio only.

Potential risks and benefits to participants from involvement in the Research Study

Participants may become distressed reflecting on the challenges of this work. The sample size is small, so there is a slight risk of identification of a participant. If during the interview a participant discusses unethical practice the researcher has an obligation as per Standards-of-Conduct-Performance-and-Ethics of his professional body, to bring that to the attention of the participant's professional body. The researcher will remind the participant about this before the interview commences. Nevertheless, the study can provide the participant with an opportunity to talk about their experiences to someone external to their practice environment, and perhaps arrive at a different perspective and greater understanding of their practice. It is hoped that this

study will help to inform the psychotherapy field about supervision practice in relation to self-injury.

Protecting the confidentiality of data and participants.

All data will be kept confidential and stored on a password protected computer. Audiotapes will be deleted following transcripts and all participants will be given a pseudonym to protect confidentiality; participants' names or any other identifiable information will not be used. The signed participant consent forms will be stored in a secure filing cabinet. All paper data will be securely and subsequently shredded after it has been written up into the final thesis. Anonymised transcripts will be kept for 5 years to support future research. It is important to note that confidentiality of information provided is subject to legal limitations, such as a subpoena by a court, or under 'Children's First' guidelines.

How will participants find out what happens with the project?

A one-page summary of the findings of the study will be made available to any research participant on request. Finally, if a participant wants to view the entire study they will be directed to the DCU website link for Doras, (http://doras.dcu.ie/). The participants will be made aware of these options in the letter thanking them for their participation. Participation in this research study is voluntary and participants may leave the study at any time, without having to give an explanation; there will be no penalty for withdrawing from the research study.

If participants have concerns about this study and wish to contact an independent person, please contact: The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000

Appendix D: Informed Consent Form

I. Title of Study: Psychotherapists' supervision experiences of self-injury in client presentations.

Research by: Karl Tooher, The School of Nursing and Human Sciences, Dublin City University, (DCU); doctoral student and practising psychotherapist.
Contact details: Mobile 087-3683723, email: karl.tooher2@mail.dcu.ie.

Research Supervisors:
Dr. Evelyn Gordon - evelyn.gordon@dcu.ie
Dr. Rosaleen McElvaney - rosaleen.mcelvaney@dcu.ie

II. Clarification of the purpose of the research

The purpose of this study is to gain an in-depth understanding of the supervision experience of psychotherapist supervisees where the content of that supervision is their work with clients who self-injure.

III. *Participant – please complete the following (Circle Yes or No for each question)*

I have read the Plain Language Statement (Information Sheet).	*Yes/No*
I understand the information provided	*Yes/No*
I have had an opportunity to ask questions and discuss this study	*Yes/No*
I have received satisfactory answers to all my questions	*Yes/No*
I am aware that my interview will be audio-recorded	*Yes/No*
I am aware of the measurers to protect my anonymity & confidentiality	*Yes/No*
I am aware that confidentiality is subject to legal & professional limitations	*Yes/No*
I am aware that my data will be used in the completion of this research study	*Yes/No*
I am agreeable to further contact from the researcher	*Yes/No*

VI. My participation and consent

My participation in this research involves talking about my experiences in supervision - as a supervisee - when working with client presentations of self-injury.

I understand that my involvement in this research study is voluntary and that I may withdraw from the study at any time without having to give an explanation. I further understand that there is no penalty for withdrawing from the research study.

I have read and understood the information in this form; the researcher has satisfactorily answered my questions and concerns, and I have a copy of this consent form.
Therefore, I consent to take part in this research project

Participant's Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Appendix E: Interview Schedule - Semi-Structured

Title of Study: Psychotherapists' supervision experiences of self-injury in client presentations.

Socio-demographic information: Age, gender, level of training, modality, years in practice, and years with supervisor(s).

Just to remind you that if you would like to pause the interview at any point just let me know and that will be fine.

A reminder about the limits of confidentiality - just to note that confidentiality of information provided is subject to legal limitations, such as a subpoena by a court, or under 'Children's First' guidelines.

Have you any questions? In regard to consenting to this interview are you still happy to partake? Is it ok to begin? Thank you: --- (begin interview)

Question: Thank you for agreeing to be part of this research: Why did you decide to partake in this study?

Question: Tell me a little bit about your experience as a psychotherapist; how long have you been working in this field and what is the range of your experience?

Question: Tell me about any training you have received on self-injury presentations?

Question: Tell me about your experience of working with clients who self-injure?

Question: In general what has been your experience of clinical supervision?

Question: Tell me about your experiences in supervision when you talked about a client who was self-injuring?

Question: Why did you decide to bring this case to supervision?

Question: What was it like for you talking to your supervisor about this?

Question: The first time you brought this issue of a client(s) self-injuring to supervision what happened? What was that experience like for you?

Question: Tell me about a recent time you brought this issue of a client(s) self-injuring to supervision? What happened? What was that supervision session like for you?

Question: Tell me about a time when you brought a case like this to supervision and you found it helpful? What was that like for you?

Question: Tell me about a time when you brought a case like this to supervision and you found it not so helpful? What was that like for you?

Question: Have there been times when you decided not to raise the issue of self-injury in supervision? What was that like?

Question: From your experience do you think supervision is important when working with self-injury presentations?

Question: From your experience, what advice would you offer to colleagues when faced with a client presenting with self-injury? What advice would you give to supervisors?

Question: Is there anything else we haven't covered that you think is important?

Appendix F: Debrief

Check-in with the participant:

How did you find the interview?

What was it like to discuss issues around client self-injury and supervision?

Do you have any questions for me?

Remind the participant of the possibility of a second interview – check if that is ok?

Thank the participant for their involvement.

Providing information: Just before we finish I would like to remind you of the following:-

Remind the participant of relevant contact details.

> **Researcher**: Karl Tooher, the School of Nursing and Human Sciences, Dublin City University, (DCU).
> Contact details: Mobile 087-3683723, email: karl.tooher2@mail.dcu.ie
>
> **Research Supervisors**:
> Dr. Evelyn Gordon - evelyn.gordon@dcu.ie
> Dr. Rosaleen McElvaney - rosaleen.mcelvaney@dcu.ie

Remind the participants if they have concerns about this study and wish to contact an independent person, to contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000

Thank the participant for their involvement.

Appendix G - Sample of Analysis

(See following four pages)

Keys:

Descriptive comments focused on **describing** the content of what the participant has said, the subject of the talk within the transcript (**normal text**).

Linguistic comments *focused upon exploring the specific use of language by the participant (**italic**).*

Conceptual comments focused on engaging at a more interrogative and conceptual level (**underlined**).

I: Interviewer

R: Respondent

Emergent Themes	Original Transcript	Exploratory Comments
	to be judged bringing that.	What's the fear about being judged by your supervisor...do therapists use feedback/response from supervisors to measure/judge themselves
	I Uh-huh. Okay. May I ask Participant C, what sort of process things that you could be judged on were you bringing?	
Challenged and embarrassed by her feelings toward her client's SI'ing Judging oneself by client's actions	R Like if I was feeling let down (laughs) because you know I thought we were getting somewhere and so it wasn't ... that the self-injury had decreased in frequency and the relationship was going well and there had seemed to be some kind of insights or some changes and then the next time you see the client they tell you that straight after that session they went and they did it again (laughs) you know that ...	*Laughs - was slightly hesitant/embarrassed when saying this…* *'that the self-injury' – depersonalises – SI as something separate from the person injuring – nominalisation; also, nominalisation Relationship.* She had strong feelings about how she thought the work and relationship with the client was going well, but when the client reported SI'ing directly after a session she felt let down by the client. Highlights significant issues of self-exposure as a therapist – feelings of disappointment towards client…was able to bring these to supervision. *Not a while later but directly – very honest* *(laughs) 'they' 'it' distancing in language and tone – discomfort.* An issue for supervision…how to 'measure' success/failure in this context; needed space for neg feelings towards clients to be explored
Challenged and embarrassed by her feelings toward her client's SI'ing Judging and undermining oneself by client's actions	I Yeah. Yeah. R ... so that can be difficult. I Yes it can. R Yeah and you can kind of ... that struggle of maybe blaming self, maybe I'm not doing a good enough job or that kind of thing. I Okay… and were you able to bring that to supervisor B? R Yes I would be able to talk about that.	Finds the clients re-SI'ing challenging. Why is that difficult, is that the same as other presentations for her...depression – sad, not so sad, sad again? Description implies an expectation of a linear recovery for a complex presentation – important issue for supervision Speaks on core concerns about herself and her own process and self-judgement – Am I good enough *'Kind of' repeated, Maybe – unsure of herself* What's the role of supervision in helping or not, the therapist to judge themselves and their work…

Emergent Themes	Original Transcript	Exploratory Comments
This supervisory context allowed her to be honest	I Can you tell me what that was like for you and how she responded?	This supervision context allowed her to be honest about challenging issues – personal and professional
Supervisor's informed and kind response Being heard	R She responded with kindness and understanding and normalise it and show maybe a bit of self-disclosure from her part and just give space to it as it's part of the work. Yeah I think that was important.	Outlines, for her, significantly important behaviours and responses, values from supervisor – kindness, understanding, normalising, mentions how her supervisor self-disclosed *implies similar issues*. Time allowed for this was important. How important is the relevant experience and appropriate honesty of the supervisor for the supervisee?
	I And when she responded in the manner that she did, how did you feel?	
Relieved by being supported	R Like a weight lifted, don't have to carry it around, whereas I think if I compare it to the other one that I was talking about I was still left with it at the end of a session.	She was relieved by her supervisor's response. Acknowledged that the impact of the work weighed on her – but this supervision experience lifted this –and describes how previous supervision experienced left/kept it in place… *Weight metaphors, carrying, relieved (or not)* How well does supervision meet its core responsibility to supervisees well-being, with consideration to the weight of the extreme presentation. What has to happen to allow that.
	I Mmm. Uh-huh.	
The need for unburdening	R And yeah and then it's just too much to carry and then who am I going to talk to? You know there's no ... how are you ... I needed the space to be able to offload that.	The work can be very/too impactful, and she needs a person and place to unburden the load. *Further use of weight metaphors – weighing on my* mind - too much to carry – can't do it on my own - isolation If it can't happen in supervision where can it optimally happen…how well is this understood, applied in the field?
	I Yeah.	
Need to be heard	R For it to be heard.	Needs her experiences, worries et al to be heard *to be heard – by another – not by myself*
	I Uh-huh.	

Emergent Themes	Original Transcript	Exploratory Comments
Safe space allows for expression	R I mean I didn't need to go to personal therapy for it necessarily but I just needed just a little bit of space in the supervision (laughs) for it to just you know come out.	States her awareness of level of need – able to differentiate between therapeutic and supervisory need. *In the language – space allows it to come out – more passive than active* When overwhelmed what ability does the supervisee have to actively address this – is there a presumption with supervisees/supervisors that they should be able to – can the type of 'space/culture in supervision further inhibit/disempower a struggling supervisee, and the likelihood of that with these challenging presentations?
Significantly challenged and embarrassed by her feelings toward her client's SI'ing	I Okay R Mmm…it's a big deal to say I'm disappointed by my client…Yeah. It's a huge thing.	It was such a significant thing for her to admit that she felt disappointed by her client. She recognises the significance of her feelings/judgement toward her client. *Huge, Big – The size of this issue* How much could this impact on the work with the client, particularly for someone working from a theoretical stance where relationship is the 'change agent'. Does this raise an issue of constraints if supervisor also works from same theoretical basis, can they bring new perspectives from within the model, or from beyond the model – Supervision as QC in psychotherapy.
Relationship with supervisor defines constraints for openness	I Yeah. R And I don't think it's possible to say that if you don't have a good relationship with your supervisor (laughs). Yeah.	She doesn't think it would be possible to bring something like this without having a good relationship with her supervisor. *Laughs nervously* This highlights substantive constraints of trust and honesty regarding relationship with a supervisor
Relationship with supervisor defines constraints for openness	I Mmm. Yeah. R I think it's impossible. It's not going to come out.	*Impossible…Not going to – emphatic…without trust a core issue will not be exposed*
Need to express/explore difficult feelings	I And it needs to? R I think there needs to be some space for it, yeah, I think it does need to come out. I think it's for the well-being of the therapist and for the client work. I think it's crucial that supervision provides a space for that, if it needs to come out.	*'Needs to' repeated 3 times, Crucial: unequivocal, this must be allowed to happen* She is insistent that the supervisory space is such that a supervisee can discuss such a sensitive issue as their negative feelings towards a client because of the client's SI'ing behaviour. How well does supervision cater for this type of reaction – according to the literature this is very prevalent when working with SI
Relationship with supervisor defines constraints for openness		

Emergent Themes	Original Transcript	Exploratory Comments
SI is complex for all involved	I And I'm wondering particularly in regards to work like self-injury do you think it's important?	Her experience leads her to appreciate the complexity of SI as a presentation, for the client.
Visceral elements	R Yes because I think there's so... the complexity of the issue and I just think for the client, their difficulty in managing feelings and that sense of being overwhelmed by feelings and the self-injury maybe creates a sense of release you know because like I had so many clients say cutting, you know it just helped them, just seeing the blood, you know it just ... it was a release. So they're struggling with keeping something in and then the therapist is struggling (laughs) as well. It's kind of mirroring that.	She details their difficulty in managing overwhelming feelings, and has an understanding of their needs/behaviours. *Illustrative words - complexity, difficulty, overwhelmed, struggling – of nature of her experience with SI presentations.* *'seeing the blood', 'release' repeated - communicative*
SI can induce similar struggles for therapist and		She acknowledges similar processes and struggles - for the client and therapist - of needing to hide things *Laughs...struggles with whom - with self? Mirroring – metaphor – same or reversed same.* <u>How well is this complexity conveyed and understood…how well does supervisory space allow for the particulars of this content/context?</u>
	I Mmm.	
Unhelpful supervision can stymie therapist need	R And then they can't do that, they can't get that release in supervision.	If supervision is not safe it doesn't allow for this crucial release. *'They' – using objective description, all therapists or 'they' me 3rd person, no release in the language.* <u>If something isn't released, it's held against the will, what's the potential impact of this?</u>
	I Mmm. So things like cutting or hitting oneself.	
	R Yeah	
	I Potentially challenging for a therapist?	
SI presentations are hard for the therapist	R I think very challenging for a therapist.	This is very hard for the therapist