

**A Narrative Inquiry of Clinical Supervision in Psychology:
A Discourse Analysis of the Storying-Restorying Process**

by

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Carrie Ann Lionberg

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MASTER OF ARTS

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A NARRATIVE INQUIRY OF CLINICAL SUPERVISION IN PSYCHOLOGY:

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CARRIE ANN LIONBERG

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ABSTRACT

Exploring how people create meaning from their personal experience is central to clinical practice, and is equally important in examining the development of the intern therapist's clinical skills. Supervised clinical training is an interactive process in which meaning and knowledge are negotiated as the intern and supervisor talk about therapeutic issues. Therefore, examining the language used in clinical training is central to understanding how insight and technique evolve during the supervision process. Lave and Wenger (1991) suggested that knowledge and meaning emerge in a community of practice that facilitates the regeneration of its membership, and that the regulatory power of the professional community is sustained through the language of professional conduct. Language that functions in the reproduction of professional identity and power is discourse, and it is expressed in both spoken and written text (Gilbert & Mulkay, 1984). Clinical discourse, then, is more than an organizational framework that characterizes the supervisory discussion. It is language through which understanding of clinical experience is developed. Therefore, this research examined clinical supervision through an analysis of the supervision session talk and interviews with interns. Issues that were explored included: understanding how clinical insight and technique were collaboratively developed in the supervision process, the interns' conceptions of themselves in relation to their roles in the supervisory relationship, and what the supervision and interview talk revealed about the supervisory context.

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Everybody lives in their own world...
Everybody lives in the same world.

-anonymous

CHAPTER ONE

INTRODUCTION - FRAMING THE STUDY

Exploring how people create meaning from their personal experience is central to clinical practice, and is equally important in examining the supervised development of the intern therapist's clinical skills. Supervised clinical training is an interactive process in which meaning and knowledge are negotiated as the intern and supervisor talk about therapeutic issues and experience. Therefore, examining the language used in clinical training is central to understanding how insight and technique evolve during the supervision process. Additionally, because clinical discussion involves using language as means of both talking about the supervisory session and participating in the supervisory session, examining how the supervision discussion is used as a mode of clinical conduct is valuable in clarifying how research and theory merge with practice and training. As such, a comprehensive examination of clinical supervision involves understanding not only the internal dynamics of the supervisory relationship, but also the contextual framework within which supervision is situated.

Historically, professional clinical practice in psychology is a relatively young discipline that developed in response to the social upheaval that followed World War II and the post-war period (Hilgard, 1988). Clinical graduate programs burgeoned, and the 1949 Boulder scientist-practitioner model standardized the academic and practical training protocol that continue to regulate professional clinical training. Based on the Boulder model, supervised training is a structured apprenticeship in which the supervisor and the student engage in an interpersonal relationship of teaching and learning. It is a complicated situation involving concern for the therapeutic welfare of the client, in addition to the development and evaluation of the supervisee's work (Loganbill, Hardy, & Delworth, 1982). The supervisor functions as both an educator and authoritative agent in the clinical setting, and the student may experience "evaluation apprehension," (Berger & Graff, 1995) especially if she¹ fears that her therapeutic conduct will be perceived as incompetent by her supervisor. For this reason, supervision as an educational activity must include the evaluative and regulatory aspects of the supervisory relationship (Caligor, 1981). Clinical supervision and the supervisory relationship, therefore, involve complex issues that can best be explored through inquiry forms that acknowledge the contextual aspects of the interpersonal dynamics.

¹The feminine third person applied throughout the manuscript is used simply for ease of communication. The reader may translate "she" or "her" into "she or he" and "her or his", respectively.

Polkinghorne (1988) suggested that narrative inquiry is particularly appropriate for understanding the development of knowledge in the clinical supervision process, because it involves examining the training talk that takes place between the student and teacher concerning the therapy sessions. However, clinical training and supervision are not only influenced by the supervisory setting. Other contextual factors include the institution as an educational setting, the training model, and the interpersonal relationship of the supervisory participants.

Lave and Wenger (1991) suggested that knowledge and meaning emerge in community of practice that facilitates the regeneration of its membership, and that the regulatory power of the professional community is sustained through the language of professional conduct. Language that functions in the reproduction of professional identity and power is discourse, and it is expressed in both spoken and written text (Gilbert & Mulkay, 1984). Clinical supervision discourse, then, is more than an organizational framework that characterizes the supervisory discussion. It is language through which understanding of clinical experience is developed, and in the process of supervisory talk, the intern and supervisor "talk an institution into being" (Heritage, 1984, p. 290). Therefore, this research examined clinical supervision and the supervisory process through an analysis of the supervision session talk and interviews with the interns. Issues that were explored included: understanding how clinical insight and technique were

collaboratively developed in the supervision process, the interns' conceptions of themselves in relation to their roles and responsibility in the supervisory relationship, and what the supervision session and interview talk revealed about the supervisory context.

The remainder of Chapter One will describe clinical supervision and the supervisory relationship in terms of the historical development of clinical psychology as a professional discipline. A discussion of the Boulder scientist-practitioner model, the ideal of which is the synthesis of research and practice, illustrates the intricate interplay between the training protocol, the supervisory relationship, and the institutional context within which professional training occurs. The supervisory process, therefore, is a central component of clinical psychology as a community of practice. In examining this process, I have adopted narrative inquiry form in order to explore clinical supervision and the development of clinical skills and knowledge as a discursive activity.

An exposition of postmodern theory begins Chapter Two, and the concept of supervisory talk as "discourse" is developed. I argue that supervision discourse, the discussion that takes place in the supervisory session, involves organized spoken interaction that constitutes clinical training as a body of practice. Supervision discourse has linguistic features that structure the experiences of the intern and supervisor, and in the process of their talk, they both create and maintain what it means to be a

professional clinician. The discourse reflects more than the dynamics of their relationship in teaching and learning, because the interconnections between them and the community of practice are also revealed in the supervisory participants' discussion of their experience. The chapter concludes with a discussion of various techniques used to examine how discourses construct ideas, social institutions, and bodies of practice.

In Chapter Three, the research related to the analysis of clinical supervision discourse is reviewed. I argue that although postmodern research of clinical supervision is a relatively new approach to understanding the supervisory process, it is a promising method of inquiry that is critical in understanding the interpersonal dynamics and contextual framework that make clinical supervision a challenging research endeavour. Following this, tangential research from education is described, and I discuss of how understanding the supervisory process may be augmented by applying some of the techniques used in education. Chapter Three concludes with an integration of the foregoing material and a preview of the organization of this study.

The research approach used in this project is reported in Chapter Four. A discussion of the purpose of the study is followed by a detailed description of the research context that later provides cues for a comprehensive analysis of the data. Issues related to the participants collaboration in the project, and ethical considerations regarding the sensitivity of the data they provided

are specified. Following this, the procedures used to collect and analyze the data are described.

The research findings are reported in Chapter Five. Each supervisory dyad is described in detail, including information about the supervision contract that was negotiated between the interns and their supervisors at the beginning of the second rotation primary supervision. Transcription excerpts that illustrate the storying process during the supervision sessions, and the interns' thoughts about their training experiences are incorporated with descriptions of the supervision sessions and the postinterviews.

In Chapter Six, the supervision session and postinterview excerpts are discussed in terms of the storying process, reported changes in the way the interns' conducted their work and viewed themselves in the supervisory process, and contextual influences that were revealed through an analysis of the text's discourse. Additionally, issues that the interns said were important aspects of their training experience are related to relevant literature mentioned in earlier chapters of this report. A summary in which the rationale of the study, the research findings, and the analysis of the data are integrated is provided in Chapter Seven, and Chapter Eight concludes the report with a reflective note in which I talk about my personal experiences in conducting this study.

Clinical Supervision

The Development of Clinical Practice in Psychology

Clinical psychology is a relatively new specialization in academic psychology which was significantly shaped during the infancy stages by the social and political upheaval that followed the first and second world wars. Both the empiricist model, foundational to psychology in general, and the adoption of Freudian psychoanalysis into psychiatry influenced the development of clinical psychology as a professional discipline (Hilgard, 1988). Although this is a heritage linked to the fields of psychodiagnostics and the treatment of psychopathology, clinical psychology burgeoned as a discipline in its own right in response to effects of World War II and the post-war period. The changing social and economic conditions that led to a fundamental restructuring of mental health care delivery, as well as current issues in training and practice, continue to reflect the influence of social context within which clinical psychology developed (Gutting, 1989).

Origin of Clinical Profession

World War II and the influence of psychiatry. Psychoanalytic theory was assimilated into academic psychiatry after Freud and his devotees emigrated from Europe under the threat of Hitler's politics and the impending war (Hilgard, 1988). Although the practice of psychoanalysis in the strict Freudian tradition did not require medical training, as psychoanalysis was integrated into British and North American mental health care delivery, it

developed as a psychiatric specialty and was indoctrinated through the medical training model.

Academic psychology was undergoing theoretical and organizational change at the same time. Behaviorism was gaining dominance, and the behaviourist orientation to research and practice explained human phenomena via public observation of behaviour and empirical proof (Hilgard, 1988). The developing field of psychopathology and personality psychometrics also relied on objectified analyses, focusing on norms and the categorization of phenomena which were believed to constitute individual differences. Psychoanalysis, with theoretical underpinnings of biological drives and invisible psychic processes, and academic psychology, based primarily in empiricist methodology, were to a large extent mutually exclusive, although both were fundamental to mental health care practice. A reconciliation began, however, as projective assessments influenced by psychoanalytic theory, such as the Rorschach and the Thematic Apperception Test, were increasingly used in psychodiagnostics. It is within this context of crossbred allegiances, that clinical psychology began to be recognized as a professional discipline.

The postwar period and institutionalized practice. Psychopathologists provided clinical service before and during World War II, although the pervasive economic depression which preceded the war limited the possibility of large-scale professional training and research (Hilgard, 1988).

However, changing social and economic conditions in the postwar period lead to a revamping of the academic system. Returning veterans took advantage of service-benefits, a major feature of which was sponsored university training. As a result of their enrolment, faculty positions were created and an increasing number of doctoral students, many of whom were veterans, were prepared in order to participate in the expanded academic community.

Clinical psychology became a popular profession because the needs of returning veterans with psychological problems overwhelmed available mental health resources, and large numbers of newly trained clinicians began to provide service in what was previously the domain of medicine and psychiatry (Blank, 1964). Veterans benefits administrators, many of whom were medical doctors and psychiatrists, and long-term practising psychologists, were concerned about the quality of training that the large number of newly graduated clinical psychologists were receiving. They discussed instituting measures to protect against the potential for incompetency, misdiagnosis, or unethical practice, and procedures to inspect and approve the growing body of doctoral programs in clinical psychology were outlined. Given that the mental health training model at the time had originally been developed in the field of medicine, formats which shared characteristics with the medical apprenticeship model were developed to standardize the training programs in clinical psychology. The 1949 Boulder

scientist-practitioner model, still practised in the majority of professional clinical programs (O'Sullivan & Quevillon, 1992), mandated the integration of academic theory and empirical research with practical training in clinical technique (Blank, 1964). As such, clinical psychology as a professional discipline was institutionalized, and in the process, research and practice were organizationally constrained and routinized according to the Boulder model (Grimshaw, 1989). In preparation for professional qualification, the student had to satisfy requirements in both scientifically based academic research and standardized clinical training.

Training and the Challenge in Research

Current Issues in Clinical Training

The emphasis of the typical clinical training program is the therapeutic experience, and the "learning alliance" that develops in supervision is the vehicle through which the trainee's experience is processed (Berger & Graff, 1995). It is an intense educational process, and the student may be overwhelmed by the challenges of conducting herself not only in therapy, but also in the supervision of her work (Fortugno, 1991). However, Mollon argued that greater consideration is placed on learning from research, and that the apprenticeship process of learning from experience is not granted sufficient attention (cited in Pilgrim and Treacher, 1992). He questioned the extent to which the scientist-practitioner model is actually adhered to in clinical training, and recommended that training in personal observation and

the use of interactive personal experience be emphasized and increased. This implied that the "practitioner" component of the training model would have to be reorganized, and that training programs that highlighted "learning from experience" would have to be developed.

Hoshmand and Polkinghorne (1992) suggested that "practice-based inquiry" is not only the relevant method to use in examining the development of knowledge in skilled clinical technique, but it is also a way to encourage a productive and balanced relationship between research and practice. In conducting "practice-based inquiry," both components of the Boulder model would be addressed, and the research process would be directly related to the development of effective and practice-focused training programs. Given the historical development of clinical practice, and acknowledging current issues that are of central concern to the continuing development of the profession, practicum and internship training may be seen as the means through which professional clinical practice is regenerated. As such, the training process is essential to the balance and cohesion of clinical psychology as a social institution.

The Training Model

Supervised clinical training is an integral component in the development of the professional clinical psychologist. The point in the graduate program at which the student becomes involved in training depends on the organization of academic requirements at any given university. However,

clinical training is typically integrated with coursework, often starting in the second year of graduate studies. In this way the student applies the theoretical and technical knowledge developed throughout the course of study (Patterson, 1983).

The earlier, or "practicum," stage of training is designed to help the student develop sensitivity to the clinician-client relationship, and to expand clinical knowledge and the use of diagnostics and techniques (Blank, 1964). Practicum training also involves engaging in professional relationships in order to learn to apply professional ethics in clinical practice. During the beginning stages of training, supervision may also involve the supervisor's involvement in the student's understanding of her own personal issues that have the potential to affect her ability to conduct therapy effectively (Berger & Graff, 1995). It is a challenging educational process, and it is designed to allow the student to adjust to the various demands according to her abilities. As such, the student typically begins her training by observing the intake procedures and therapeutic techniques used by various clinical practitioners, followed by increasing engagement with clients in the therapy sessions (Bordin, 1983).

Internship training in the latter stage of the training process involves more intense clinical experience in which the student establishes competency in semi-independent responsibility for cases (Blank, 1964). Often on the basis of theoretical orientation or supervisory style, the student

chooses a clinical supervisor who provides individualized guidance and critique of the manner in which she conducts therapy with the clients (Caligor, 1981). However, practical issues may also be considered. The purpose of internship training is to provide the transition from student-status to professional recognition, and the choice of program may involve knowing "how to play the game" in securing a "dream" internship placement that will be the basis for optimal professional opportunities (Blom, 1994). Therefore, supervision and training at this point are even more complicated, involving the intern's relationship to the institution, as well as issues of professional and personal self-development (Astor, 1991). Part of the difficulty is that although the intern is regarded as a semi-independent "junior" colleague, she must adjust to being both the therapist in the session and the apprentice in supervision.

The Supervisory Relationship

Supervised training

Loganbill, Hardy, and Delworth (1982) defined clinical supervision in psychology as: "...an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person." (p. 4). The supervisory role involves not only concern for client welfare and the supervisee's professional development, but also evaluation of the supervisee's work, implying that an authoritative component influences the supervisory relationship. As such,

the supervisor functions as both an educator and an authority, a situation that has the potential to undermine the fundamental educational process.

A relationship of "superordination-subordination" occurs in institutionalized interactions, generating expectations of respect for the more powerful interactant and, accordingly, deference and compliance by the subordinate (Grimshaw, 1989). Astor (1991) cautioned that the regulation and standards upon which evaluation in this process is based have the potential to inhibit the development of the supervisee's integrity, intuition, originality, and interest. The supervisee may forego exploration and the development of clinical skills in the interest of favourable evaluation by the supervisor. In some instances, she may be hesitant to question or contradict the supervisor's recommendations regarding the therapeutic session, or may provide "safe" solutions to problems which might otherwise provide opportunity for clinical insight and expanded autonomy (Caligor, 1981).

Evaluation issues may also constrain the behaviour of the supervisor (Grimshaw, 1989). When the supervisor is evaluated, it is often in terms of the quality of the supervision and overall guidance. The supervisor may feel that her competence is reflected in the supervisee's work. Additionally, it is reported that it is difficult for a student to get permission to simply observe her supervisor conducting therapy in order to learn more about the supervisor's clinical technique, suggesting that this involves an apprehension about being evaluated (Astor, 1991; Pilgrim & Treacher, 1992). However,

evaluation of the supervisee's conduct, rather than that of the supervisor, usually has greater impact in terms of personal and professional consequences.

The supervisee becoming the supervisor

The difference between learning as a supervisee in the clinical session and learning to be a supervisor of a clinical session presents yet another challenge to understanding the clinical supervision process. Hart (1982) suggested that inexperienced supervisors, in combination with adhering to a given facility's therapeutic format, often model their approach to supervision in terms of their previous supervisors' teaching styles and views of professional development. Supervisory training, then, occurs through the same process and in the same context as practicum training and intern apprenticeship. Pilgrim and Treacher (1992), noting the reluctance by many clinical supervisors to have their therapeutic or supervisory sessions observed, recommended a critical examination of the training process. They suggested this would encourage self-awareness on the part of clinicians, and would contribute to the exploration of the intricacies of teaching and learning that are not readily apparent. A comprehensive examination of supervised training, therefore, requires not only understanding the process of supervision, but also understanding supervision as an entity itself (Bateson, 1979). As such, the "how to" and "what is involved" in clinical supervision involves an ecological learning process because "...meaning emerges within

a contextual network, and thus cannot be separated from that context" (Tochon & Magnusson, 1993, p. 2). Research in clinical teaching and learning that focuses on how clinical knowledge is developed must be conducted within, and as part of, the same framework within which the educational process occurs.

Comprehending the Supervision Context

Acknowledging the complexities of the "how to" and "what is involved" in supervision and the supervisory process, the research methodology must be sensitive to the ecology of teaching and learning. Neither the supervisor nor the supervisee may be aware of the delimiting influence of "the comforts of institutionalism" related not only to evaluation in the supervisory process, but also to the regeneration of the professional community (Astor, 1991, p. 188). Furthermore, the degree to which both the supervisor and the supervisee are aware of the influence of the institutional context challenges research of the supervisory process because of the "invisible" quality upon which it is sustained. However, examining the discussion during supervision may provide cues of the contextual framework that regulate its character, because the meaning and knowledge of clinical experience are generated in the "talk" between the intern and the supervisor.

Polkinghorne (1984) has argued that inquiry into the training experience must involve methods other than those grounded in the deductive logic of physical science. Methods grounded in inductive logic, such as

ethnography, or abductive logic, such as hermeneutics or textual analysis, are better suited to researching complex social environments such as educational institutions (Shunk & Goldstein, 1964). In particular, Polkinghorne (1988) advocated narrative inquiry as the appropriate method to use in the examination of the context and process of clinical supervision and the development of meaning and knowledge in the supervisee-supervisor discussion. He suggested that training methods could then be developed which reflected the process involved in the development of meaning and knowledge. This is consistent with Mollon's call for training in personal observation and personal interaction (cited in Pilgrim & Treacher, 1992), and it would involve focusing on the supervisor and supervisee as they "talk" through and negotiate their understanding of their clinical experience.

The negotiation of meaning-making in the supervision discussion has been described by Tyler and Tyler (cited in Fortugno, 1991):

Training discourse, that is talk between trainees and supervisors, occurs in the context of a specific therapy session which provides the problem setting and the focus of talk. It is talk about talk that has occurred in the session or will occur in the session. Much of this talk is organized around critical topics consisting of key words or phrases functioning as mnemonic indices to both theory and practice...For trainees it is as important to interpret the supervisor's talk as it is to interpret the client's. It is, in fact, often more difficult to figure out what the

supervisors are up to than to understand what clients are saying. (p. 4)

However, the talk about the problem setting and the focus of the talk are influenced by much more than the immediate context of the specific therapy session. Contextual factors which frame the talk of clinical supervision include: the institution as an educational setting, the evaluation process, and psychology as a discipline founded in the scientific tradition. The individual experiences of the supervisee and the supervisor, and the interpersonal relationship which develops between these players, also influence the talk in clinical supervision. Additionally, some clinical relationships, whether between the supervisor and the supervisee, or between the therapist and the client, may also be affected by differences in the interactants' cultural backgrounds, or their sensitivity to cultural issues (Gilman & Koverola, 1995). As such, a complex system of contexts structures the supervisory process. Bronfenbrenner, cited in Tochon and Magnusson (1993, p. 5), characterized such "nested" social structures as an "ecology of development" in which an individual's role is embedded. A comprehensive understanding of the teaching and learning process in clinical supervision, therefore, must focus on the interactants as they interconnect with each other, and the community within which they work.

Clinical Psychology as a Community of Practice

It was suggested above that both the supervisor and the supervisee learn and negotiate meaning in the supervisory process, but that the "how to" and

"what is involved" is elusive without an understanding of the supervision session and the discussion which is embedded within. Lave and Wenger (1991) proposed that the knowledge and meaning that emerge in any "master-apprentice" relationship is due to a process of "coparticipation" which is facilitated by the social context. The verbal meaning that develops out of the coparticipants' interpretive dialogue is not a discrete, contextually-independent, and generalizable parcel of knowledge. On the contrary, Lave and Wenger argued that understanding, meaning, and knowledge are defined by engagement in particular social contexts.

The supervisee's participation in the supervisory session, guided by the supervisor, fosters the supervisee's development of skill and technique (Lave & Wenger, 1991). The degree to which involvement in and responsibility for the therapeutic session increases is related to the supervisee's gain in mastery, while the supervisor's active guidance and involvement correspondingly diminishes. Lave and Wenger described this collaborative process as "legitimate peripheral participation". By virtue of the coparticipatory framework, learning, understanding, and the development of meaning and knowledge transform not only the trainee, but also the supervisor, albeit to a lesser extent. The formative development of the "apprentice" supervisee by the "master" supervisor maintains and reproduces the "community of practitioners" and its incumbent craft and technique. There is a cycling of newcomers becoming old-timers (Lave &

Wenger, 1991):

A community of practice is a set of relations among persons, activity, and world, over time and in relation with other tangential and overlapping communities of practice...an intrinsic condition for the existence of knowledge, not least because it provides the interpretive support necessary for making sense of its heritage. Thus, participation in the cultural practice in which any knowledge exists is an epistemological principle of learning. (p. 98)

However, an institutionally circumscribed training process situated in a professional community is vulnerable to a hegemony of discipline doctrine, support for research, educational resources, and participatory practice (Gordon, Miller, & Rollock, 1990). According to Astor (1991): "Institutional learning is often the explaining and looking back kind, clinging to the safe story telling of reconstruction." (p. 180) As the individual identifies with the community of practice, she may embrace the "comforts of institutionalism" to which Astor referred when he expressed concern that the evaluative process in clinical supervision may inhibit the development of improvisational technique. The paradox is that improvisational technique on the part of the supervisee is the goal of teaching and learning in clinical supervision, the demonstration of full participation in the professional community.

The process of clinical supervision, the purpose of which is to prepare the intern for independent professional practice, occurs in a complex system

with interconnections between the supervisor and supervisee and their professional community. Examination of this process requires methodology that is sensitive to the underlying relationship with clinical psychology as an institution. The meaning and knowledge that develop in the supervisory process occur in an ecological system, therefore, effective clinical research cannot be achieved in isolation from the contextual framework.

Research in Clinical Supervision and the Crisis in Psychology

Traditional Methods

Martin (1983) discussed elements of training programs that appear to be crucial in the development of clinical skill, those being an integration of "conceptual learning" and practical application. He suggested that studies of actual clinical practice, although important in understanding the development of clinical skill, are fraught with methodological problems because of the complexity of the therapeutic and training experience. Nonetheless, clinical supervision has been examined with the same traditional instruments and constructs used in other areas of psychological research. For instance, "measures" of objectified aspects of supervisee/supervisor attributes such as perceptions, attitudes, and beliefs have been used to depict the nature of the supervisory participants (Behrle, 1990; Powell 1989). Different "types" of supervision and supervisor have been studied in relation to supervision effectiveness measured in terms of therapeutic outcomes (Bergin & Lambert, 1978). However, Tyler (1984)

remarked that in the process of measuring singled out variables and matched groups, information regarding total patterns or structures is overlooked, and individual differences are literally "treated" as experimental error.

Substantial attention has been focused at identifying various models of supervision. Goodyear, Bradley, and Bartlett (1983) examined the structural dimensions of supervision in order to provide frameworks which would allow a comparison of different models of supervision. They concluded that supervision is a multidimensional process which: "...culminates with evaluation of both the supervisor and supervisee and the total effectiveness of the supervisory experience." (p. 9) However, if supervision is a process involving the participants' interactive experience, identifying structural frameworks which facilitate comparison are nonetheless limited in terms of understanding the evolving social and interpersonal context that is characteristic of the supervisory process. Space does not allow a review of the research focused on discrete dimensions of the supervisory process, and the reader is directed to Appendix A for reference to several exemplars of traditional approaches which investigated the dimensional qualities of supervision.

Clinical supervision and the research of the supervisory process are both conducted in a community of practice which is supported by a professional language that dispenses regenerating interpretive power (Lave & Wenger, 1991). Not only is verbal meaning contextually-dependent, but participation

in a particular social context defines the meaning and knowledge through which phenomena are understood. Supervision and the methodological framework in which supervision is examined are founded upon the same professional language. As such, the impartial investigative technique that distinguishes traditional clinical research may be inherently biased. That is, when research is both designed and explained within a given theoretical framework, regardless of methods employed to ensure scientific objectivity, the language that constitutes the process is nonetheless partial to its theoretical foundation. This is noteworthy because the conclusions and recommendations based on such research, then, systematically circumscribe the development and institutionalization of clinical psychology as a discipline. Therefore, the point where research and practice intersect may be bound by crisis, and two issues are of particular interest when considering the relationship between research in clinical supervision and the training and evaluation protocol that are developed in the process: validity and interpretation.

Validity and the Power of Interpretation

The first issue of concern is related to the training protocol, the conventions of which are based to a great extent on research that quantifies "discrete" qualities of supervisory interaction. Tyler (1984) argued that this approach to research is limited by the "received methodology" and "received philosophy" that comprises traditional discipline. Based in the philosophy of

science that largely endorses universal and "autonomous rules for inquiry", a scientific approach to the examination of human interactions may fail to reflect the subtlety or dynamic character intrinsic to personal experience (Nelson, 1987). Furthermore, traditional methods of inquiry exert powerful directive and interpretive force.

Sanction over scientific research is secured through practices which are codified on the basis of logic and implicit assumptions (Nelson, 1987). However, Cronbach (1982) cautioned that research is influenced by the interpretation and expression of the scientist, and that validity is based on not only the collection and analysis of the data, but also the manner in which a conclusion is "stated and communicated". (p. 108) Regardless of methodology or standards of objectivity, analysis and validity, then, are persuasive arguments for valuing one methodological approach versus another (Cherryholmes, 1988). Given this, "alternative" inquiry methods (i.e. those grounded in inductive and abductive, instead of deductive logic) that examine the supervisory process within context and directly involve the interactants, rather than quantifying discrete qualities, are critical to understanding teaching and learning in supervision.

Reengaging the Objectified Participant

The second issue regarding the examination of clinical supervision that warrants attention is the scientific method of research which objectifies the participants, commonly referred to as "subjects," and overlooks their use of

language that mediates the attributes, experiences, and perceptions being scrutinized (Cherryholmes, 1988). In objectifying the participants, the researcher, through the imposition of her theoretical language, controls and interprets isolated aspects of their experiences, selecting which categories are to be measured by which instruments, and offering explanations that, if given the opportunity, the participants might say are irrelevant to their experience. As such, research which subjugates the participants to scrutiny and powerless status, negates the opportunity for the participants' valuable personal contribution.

Turning to Language as a Remedy to the Crisis

Parker (1992) recommended a "turn to language" as the remedy to the "crisis" in psychology resulting from traditional research methodology that decontextualizes human experience and fails to acknowledge what participants can tell about themselves. However, by designing research which focuses on meaning and the personal account, participants are reengaged with their own experience. According to Parker, language is the conduit between the person and her experience and function in social reality. An examination of the language, or "talk," used in the supervisory process, then, would reveal the interconnection between meaning that emerges in the supervisory discussion and the contextual characteristics of clinical practice.

This methodological option also turns the control and interpretive power typically secured by researchers into a shared venture in which the

participants' personal contributions are valued. It has the potential, then, to realistically synthesize research and practice, the ideal of the Boulder scientist-practitioner model upon which clinical training is founded (Blank, 1964), because the ideology and practical knowledge that constitute any given community of practice are conceptualized through and reflected by its language. Therefore, the power to develop and alter the community may be found in its use of language, or professional "talk" (Anderson, 1988).

The challenge, however, is in understanding how language speaks both in and against itself, determining its own boundaries. Language assembled in this way is "discourse", a system of statements that constructs an object, in this case clinical practice, and which functions in the reproduction and transformation of meaning (Parker, 1989). From this perspective, clinical training discourse is the organization of spoken interaction and written text that constitutes clinical theory, supervision and the supervisory process, and professional clinical practice.

Clinical supervision discourse, being a language code for talking about the supervisory session as well as a mode for participating in the supervisory session, is valuable in understanding how research and theory inform practice and training. It allows us to examine the dynamics of clinical teaching and learning and the emergence of "voice" in the transformation of meaning and knowledge. Britzman, in Connelly and Clandinin (1990), described the character of voice:

Voice is meaning that resides in the individual and enables that individual to participate in a community... the struggle for voice begins when a person attempts to communicate meaning to someone else. Finding the words, speaking for oneself, and feeling heard by others are all a part of this process... Voice suggests relationships: the individual's relationship to the meaning of her experience and hence, to language and the individual's relationship to the other, since understanding is a social process. (p. 4)

The emergence of voice in this description seems to convey both the supervisory process and the purpose of internship training. Clinical supervision involves an intense teaching and learning relationship that is crucial to the intern's sense of herself as a developing professional. An analysis of clinical supervision discourse and the emergence of voice, therefore, will contribute to understanding how the intern and the supervisor participate in the supervisory process and their community of practice.

Summary of Clinical Supervision

Clinical supervision is a dynamic teaching and learning venture in which the supervisee and her supervisor collaboratively develop an understanding of clinical experience. The supervisory process, and the meaning created thereof, is conducted through the discourse of clinical practice, language which the interactants' use to not only talk about, but also to participate in, their community of practice. In doing so, they maintain and regenerate the

interconnections within their relationship, as well as within their professional community. That is, the supervisory "talk" reflects an ecological system of contexts in which clinical experience and the supervisory relationship are embedded. Therefore, this study examined clinical supervision in terms of the discursive practice that takes place in the supervisory "talk." However, a familiarity with postmodern perspectives is necessary in order to understand how the dynamics of the supervisory process are revealed in the language of supervision discourse, and in the following chapter a theoretical grounding in postmodernism is developed as a foundation from which the discourse dynamics of clinical supervision may be examined.

CHAPTER TWO

POSTMODERNISM

Percy (cited in Fortugno, 1991) spoke in amazement that language and "listening-and-talking" were not examined by psychiatrists since they spent their professional day in conversation, "Surgeons traffic in body structures. Psychiatrists traffic in words." (p. 59) Likewise, clinical supervisees and their supervisors negotiate a "traffic in words" of their own throughout the supervisory relationship. It is a negotiation of meaning-making, and meaning in the supervisory discussion develops through language which reflects the power and ideology that structure understanding and knowledge. This conception of language constitutes discourse. The "talk" of discourse is not simply descriptive; achieved in discursive language acts, it functions in the construction of experience. Therefore, a critical analysis of supervision discourse may help to understand the construction of meaning and the emergence of voice in the collaborative talk of the supervision session. A postmodern perspective is conducive to recognizing voice and the construction of meaning in discursive talk, but the talk must be

deconstructed before it can be heard.

The Discourse of Discourse Analysis

One of the problems in postmodernism and discourse analysis is the convoluted and specialized terminology used in critically analyzing how we construct our world, and taking a "turn to language" requires a basic comprehension of how talk is analyzed (Parker, 1992). This section will outline key terms that will be encountered in the course of this work. The list is not alphabetical, terms presented first will provide the basis for understanding those that follow. Additionally, multiple senses of a term may be given, an indication of the varied applications of discourse analysis in postmodern research. However, the multiplicity of meaning is also indicative of the criticism often directed at the postmodern perspective: that the meaning of anything is never simple, and is forever in transition and subject to critical analysis. Nonetheless, the following terms are helpful in understanding the power of language and discursive practice:

Text - all phenomena that are perceived to have meaning, including anything written or said, social constructions, etc.

Discursive practice/acts - spoken or written communication within a given context through which meaning is constructed.

Differance - Derrida's conceptualization that any word or meaning is understood in terms of its own distinctive features, in relation to that which distinguishes opposing words or meaning which are not present.

Deconstruction - analyzing text to expose embedded meaning, contradictions, and assumptions.

Geneology - Foucault's method of studying the history of a discourse

through its connections to power relations, ideology, technology, etc. (Gutting, 1989).

Trace - linguistic indices in discourse which help identify its geneology.

Trope - a turn or figure of speech, such as metaphor or irony, which means something beyond the literal sense.

Glossing - examining text for instances of discursive practice, difference, trace, tropes, metaphors, etc.

Diachronic perspective - glossing text for qualities of change over time.

Synchronistic perspective - glossing text to see how aspects of it are related to each other.

Intertextuality - "...ambiguities, shifts in meaning and power-knowledge relations in and between texts..." (Parker, 1992. pg. 97); the meshing of texts as in conversation, that is, the "weaving" of texts in that each text is constructed interactively with other texts;

Reflexivity - the possibility to reflect on discourse, to critically view language from a distance.

Self-reflexivity - self-awareness and a folding back of consciousness in which an individual becomes the object of her own observation; to view one's own thoughts from another perspective.

Storying - the telling of one's own experience; "...the construction and reconstruction of personal and social stories..." (Connelly & Clandinin, 1990, p. 2).

Story grammars - the organization and coherence of a story through which meaning is conveyed; the discursive practices that structure storying.

Storying-restorying - collaborative construction; understood in terms of intertextuality, one story is subsequently restoried so that the meaning of the first meshes into the meaning of the second.

Narrative inquiry - studying and describing individuals' experience through their stories.

Discourse and Deconstruction

Discourse analysis and the focus on how meaning and knowledge are constructed imply that language is dynamic. However, earlier conceptions of words and meaning depicted language as static. Postmodern discourse analysis involves many of the notions of language and meaning that originated in semiology, but diverges from semiology in that language is conceptualized as both a limiting and limitless mediator of meaning.

A Background in Semiotics

European linguist Saussure introduced semiology, the science of signs, in an effort to understand the rules and conditions of meaning (Potter & Wetherell, 1987). He distinguished between words as speech sounds or labels, and words as concepts, the former representing or being associated with the latter. A sign, then, consists of two components: the signifier- the written or spoken image, and the signified- the concept. Signs are meaningful due to the association between the signifier and the signified, a process of "signification." However, the relationship between the signifier and the signified is not natural or fixed, because signs are arbitrary constructions. Therefore, language and meaning have no intrinsic structure, but rather rely on the process of signification and a "system of relationships" (Potter & Wetherell, 1987).

Barthes contributed to the understanding of signification by identifying multiple levels of meaning systems (Parker, 1989). There were not only

linguistic meaning systems, but also cultural meaning systems.

Furthermore, Barthes suggested that any given sign may become the signifier of another sign. The following illustrates the arbitrariness of signs, and the process of signification. "S-n-a-k-e" is the signifier of a limbless reptile, the signified. "S-n-a-k-e" becomes a meaningful sign through the process of signification: the signifier "s-n-a-k-e" is associated with the signified conception of a snake, and a sign is created. However, the sign "snake" may then become a signifier of a cold-blooded, slithering person, a signified concept which differs from the initial reptilian sense of "snake".

Understanding which meaning is intended by the signifier "snake" is achieved through indexical knowledge (Potter & Wetherell, 1987). That is, the meaning of a sign may change depending on the context in which the sign is used. Consider one person saying to another, "You brought your ax? Great, now we can cook!" If this occurs in the kitchen of a rustic cabin in the woods, it may mean that the speaker recognizes that another person has a woodchopping tool in hand, which implies that wood can then be chopped, a fire made, and food prepared. However, the same utterance occurring in a jazz nightclub might mean that the speaker is greeting a musician who approaches the bandstand while carrying a saxophone, which implies the possibility of their creating invigorating music together. Knowledge of the context, therefore, indicates which meaning is appropriate.

The foregoing conceptualization of signs, their arbitrary nature and multiple systems of meaning, their transferability from sign to signifier, and the effect of indexical use, are important aspects of language. However, semiology emphasizes the structure and rules, rather than the process and uses, of language. Our social reality is constructed in language which functionally organizes meaning; and how language is instrumental in changing social reality is a central point in postmodernism, deconstruction, and discourse analysis.

Derrida and Crucial Differance

Derrida expanded the idea of signification as the process by which signs and meaning are constructed (Norris, 1982). In spite of their command over the production of meaning, embedded significations contain tacit assumptions that have to be teased out of discourses before they can be understood. To do so, the text must be deconstructed to expose its contradictions and assumptions, a process that Derrida characterized as "...being alert to the implications, to the historical sedimentation of language..." (Cherryholmes, 1988, p. 452). Deconstruction involves taking apart discursive statements so that meaning may be seen in terms of what is both stated and unstated. That is, any given word or meaning is understood not only in terms of its own distinctive features, but also in relation to that which distinguishes opposing words or meanings which are not present.

Recalling the arbitrary and multilevel nature of signification outlined in semiotics, "differance" is the tension between meanings which are at once different from, and deferring to, one another: "...there is both what is said and what is not said, and the tension between the two...creates the potential for a new understanding to emerge." (McNamee & Gergen, 1992, p. 72).

The tension in differance can never be reduced because the meaning of one thing is always understood in relation to something else. Through Derrida's differance, the obvious and the tacit meaning of language are understood, but differance also conveys a presence of indeterminacy. As such, there is never an ultimate sense of meaning, but always a sense of supplementary meaningful "shift" in the process of understanding. In de Man's (1979) terms, deconstruction is a process of learning which is fraught with "unreadability", the impossibility of doing so with any sense of closure. However, the dynamic character of meaning can be recognized in terms of how language is used.

Foucault's Genealogical Trace

The supplementary shift of meaning in discourse is often due to metaphors and tropes that function not only to reflect our history, but also to monitor our present, and to guide our future (Lakoff & Johnson, 1980). Metaphors are powerful, and there are consequences which follow from the particular interpretation of a metaphor, often reflecting a corresponding

worldview. In examining the language of discourses, that is, sensitively examining the surface of the text for implanted significations, the "contextual fringe" is often recognizable in metaphoric expression (Spence, 1982). Foucault (1989) argued that discourse is deconstructed at the surface because things which are so obvious that they are overlooked, nonetheless leaving a representational "trace," are the powerful unifiers of discourse and embedded meaning:

What I'm looking for are not relations that are secret, hidden, more silent or deeper than the consciousness of men. I try on the contrary to define the relations on the very surface of discourse; I attempt to make visible what is invisible only because it's too much on the surface of things. (p. 46)

Foucault's "genealogy" studies the history of a discourse through its connections to power relations, ideology, technology, etc., (Gutting, 1989). This is achieved via genealogical trace, linguistic indications in discourse that help identify events that formidably influenced other events. The genealogy need not be causal or historical, nor be original acts capable of changing history. There is, however, an adjacency of events that occurs which has transformative power of paradigmatic proportions. For Foucault, deconstruction and genealogy reveal the history of the present, a point from which to understand power relations and the production of knowledge. Meaning is not only simply located in the context, there are implications and

potential which supersede the recognition of the relationship between meaning and context. Discourses are powerful creators of reality.

Discourse Analytic Value

The metaphorical and figurative language found in text which function to shift meaning and reflect historical sedimentation are important. But if Derrida's difference is a perpetual state of indeterminacy, can anything ever be understood for as much as a fleeting instant? If meaning changes according to indexical use, is it always relative? Derrida argued that language is a constructive process which has no limit, the idea of which may demoralize those who begin to view meaning as transitory and relativistic. However, when Foucault's genealogy is also considered, language becomes grounded in a context of social reality. In identifying textual patterns of difference and historical trace, discursive practices that subjugate alternative voices struggling for expression are revealed. Recognizing the process by which power relations and the production of knowledge are maintained through discourse becomes a transformation point, marking the potential for personal agency and change through language.

The Benefits of Deconstruction

Effective discourse analysis and deconstruction requires reflexive vigilance, and a critical distance must be taken from the text in order to recognize the pattern of discourse. Parker (1992) argued that discourse and reflexive analysis need to be historically grounded, so that the progressive

effects of discourse analysis are not trivialized as esoteric literary machinations. He cited benefits of discourse analysis, such as understanding how interpretative discourses support beliefs and attitudes in social interaction, or how power relations are developed in conversation dynamics (Potter & Wetherell, 1987). Discourse analysis, therefore, is a way to critically discuss social reality, as well as being a comprehensible way of talking about talk. However, the most notable effect of discourse analysis is that we can learn about the aspects of discourse which have reproductive and transformative social power.

Grounding in Critical Realism

Parker (1992) developed seven criteria which facilitate discursive research. However, he suggested that it is better to complement these with three auxiliary criteria that he believed have implications for humanity (Parker, 1992, pp. 7-20): *Discourses are realised in texts* - discourses are incorporated in written or spoken text, and text organized as discourse has constitutive power through which we understand personal and social phenomena; *A discourse is about objects* - discourses are sets of meanings which constitute objects, beyond this, the objectification of a discourse may be the discourse itself; *A discourse contains subjects* - this requires the specification of the types of persons talked about in the discourse, in addition to speculation about what they say or what the researcher would say if she were the subject; *A discourse is a coherent system of meanings* -

by distilling metaphors, analogies, and other discursive depictions of reality, the researcher may generate statements about that reality; *A discourse refers to other discourses* - this is because a critical reflection on a discourse may require the use of other discourses; *A discourse reflects on its own way of speaking* - the terms may be commented upon as the discourse folds around and reflects on its own way of speaking; and *A discourse is historically located* - this requires examination of how and where discourses emerge, in addition to a description of how they have changed, or perhaps told a story.

Parker (1992, pp. 7-20) outlined the following three auxiliary criteria which relate to institutions, power, and ideology so that the socially conscious researcher becomes more aware of the potential that research has to facilitate the expression of disempowered individuals, in addition to her own voice: *Discourse supports institutions* - discursive practices reproduce institutions. Some institutions may be reinforced while others may be attacked or subverted by a particular discourse; *Discourses reproduce power relations* - categories of persons who may gain or lose from the employment of the discourse should be considered in addition to those who would want to promote, or those who would want to dissolve, a given discourse; and *Discourses have ideological effects* - a discourse may be related to other discourses which sanction oppression, and discourse may allow dominant groups to narrate the past in order to justify the present, as well as to

prevent those who use subjugated discourse from making history.

Acknowledgement of these criteria is important in understanding the social impact of discourse and discursive research, because without inclusion of the three auxiliary criteria, discourse analysis is only another method of psychological research (Parker, 1992).

Agency

Professional clinical training and practice developed in response to changing social and political conditions, and discourse analysis is a means of understanding how the talk in supervision is used to construct knowledge and power, what history of the present is revealed by the talk, and how the supervisory participants create themselves and their community of practice through their discussion. Critical analysis of discourse can be a reflexive instrument in exploring ideological and personal agency, and reflexive discourse can make its own discursive "talk" the object of its analysis. Similarly, an individual can make herself the object of her own observation, and participants in research can be self-reflexive. They can discuss how they see themselves in ways the outside observer cannot. In doing so, the language they use has constitutive power. When research facilitates the voice of its participants, it becomes an effective vehicle for human agency and a revitalizing approach to social science.

The Practical Tools of Discourse Analysis

Deconstruction and discourse analysis are conducted through variously structured examinations of text. The least structured analysis involves glossing a text and discussing points of difference and genealogical trace. The following example of text is familiar to most readers: "By the power invested in me, I pronounce you man and wife. You may kiss the bride." What becomes apparent in terms of what is absent in the text, and what traces of history are embedded in its use?

"By the power invested in me..." implies that the speaker would be without the socially instituted power if she were an ordinary individual. However, the speaker is apparently esteemed as a representative of an institution that sanctions and regulates human activity. The sanctioning power is "invested;" the speaker not only speaks in terms of power, she also personifies it.

"...I pronounce you man and wife." The "pronouncement" has performative power which is explicitly understood, but this is true in part because of the "powers invested" in the speaker; so, reference to the institution and the social ritual are implied. Of the addressees, the male is granted status by the label of "man." However, the female is not referred to as "woman" and the speaker does not pronounce them "man and woman," instead using "wife," a term that reflects a status-differential and has historical links to chattel rights.

"You may kiss the bride." This reiterates the sense of property and ownership, the privilege of access which historically was granted to the man through the "bonds of matrimony." He may kiss her, implying a unidirectional activity. As "the bride", there is no sense of the woman as a person, nor is there a sense of rights and privileges. She is not prompted to kiss the man, and will, instead, receive the kiss which seals the union.

The reader likely has other interpretations while reading through this example, and that is an indication of the "writerly" (Rosenau, 1992) quality of text. Anything read by an individual will be interpreted in relation to that person's knowledge and experience. Discourse analysis is always open to critical reinterpretation by others. This includes not only the analysis of the given text, but also the discourse used in expressing the analysis.

Interpretative Repertoires

Postmodern research often focuses on the accounts given by groups of people; stories of their experiences, attitudes, beliefs, or understanding of themselves and others. Traditionally, when textual data of groups are analyzed, the tendency is to identify similarities and patterns. Pre-determined categories may be counted and statistically related to other categories, or to other "measures" of the participants experience. Similarly, the text may be studied for categories or themes which become apparent through multiple readings. Once a category or group of categories are identified, the text containing those references may be critically analyzed.

But both of these procedures involve selective reading and "taking things out of context," thereby risking a misrepresentation of the meaning in the participants' text.

Categorization, by definition, excludes that which differs from it. In text, the same concept may be expressed in a variety of ways, and not all of the ways something is said will fit the predetermined categorical criteria. Likewise, the same thing said at different times may mean different things each time it is said. Both an individual text and the texts of a group share this characteristic. Researchers may attempt to reduce the variability in group texts so that the "real" story can be discerned through "triangulation" (Potter & Wetherell, 1987). In triangulation, different texts from different sources are reviewed so that consistent versions can be culled out. But when each text is reviewed in its entirety, variability increases. Variability in text is more common than consistency, and that in itself is valuable information. However, discourse analysts prefer to use text which is left "intact," because language is regarded as a constitutive process that is contextually dependent, and is therefore prone to both constancy and variation.

Interpretative repertoires reveal the organization and function of various accounts (Potter & Wetherell, 1987). The variability in text is critical to its analysis in terms of how we talk about and understand ourselves or others, because our talk often both confirms and disconfirms a given

conceptualization. In analyzing particular accounts for their interpretative repertoires, the text is examined for patterns of variation and consistency. That is, both differences in the content or form of accounts, as well as common features, are identified. Because talk in accounts which share these opposing features is believed to have purpose, a hypothesis about how the talk functions is formulated, and the text is repeatedly glossed for evidence supportive of the hypothesis. Often a given hypothesis will be abandoned and replaced by another in the process of analyzing the text. This is possible because, rather than deducing meaning from a given hypothesis, understanding is an abductive process from which the text's meaning is developed.

Potter and Wetherell (1987) illustrated interpretative repertoires through Gilbert and Mulkay's (1984) analysis of scientists' accounts of their research. They discerned two contrasting interpretative repertoires which functioned either to validate the scientists' choice of theoretical perspective and focus of research, or to explain instances when their work was not appreciated in their community. One repertoire justified one's own system of scientific belief using "empiricist" terms which relied on the "facts;" and the other repertoire involved "contingent" terms used to rationalize others' errors, and why one's own perspective was not recognized and valued in the scientific community (Potter & Wetherell, 1987). Interpretative repertoires, therefore, reveal how talk varies in its function from moment to moment.

Conversation Analysis

Conversation is the most pervasive mode of social interaction, ranging from simple and informal everyday talk, to formally orchestrated verbal exchange. No matter the degree of complication, the talk of each interactant meshes into the next turn of talk, and meaning in the conversation is mutually constructed. However, in conversation analysis, talk is viewed as more than the vehicle of social action, it is a study of "talk-in-context" (Atkinson & Heritage, 1984). One approach to conversation analysis explores the sequencing of talk in terms of its organizational structure and function. Another approach in conversation analysis is to focus on the context to not only understand the meaning of a sequence of utterances, but also to understand how talk constantly "renews" the context in which it takes place (Drew & Heritage, 1992). As such, conversational analysis may also involve a comparative analysis of various kinds of "talk-in-context." Comparative analysis is particularly useful in more formal contexts in which institutional interactions occur, because the systematic variations and constraints that influence the interactants' talk are recognizable in the pattern of the discourse.

Narrative Inquiry and the Storying-Restorying Process

Whether spoken or written, text is the experience of social activity, and is an essential feature of our lives. Connelly and Clandinin (1990) described a theoretical perspective in educational research which maintains that

people, both individually and in social communion, live "storied" lives. That is, intrapersonal and socially interactive experience is constructed and reconstructed through a storying-restorying process in which life is, literally, lived through texts. Narrative inquiry, then, examines individuals' experiences through their personal constructions in terms of the stories that they tell. Stories may be construed as narratives in themselves, but the differentiation is that the researcher analyzes and describes the structured quality, or pattern, of an individual's story. In doing so, the researcher develops a narrative of the story; therefore, narrative is both a phenomenon and a method. The story is the focus of the inquiry, and narrative inquiry are the methods used to characterize stories of human experiences.

Validity in Postmodern Research

The understanding of social phenomena that emerges from the various inquiry techniques in postmodern research is quite different from that 'deduced' through traditional scientific methods. As such, the "modernist" ways of establishing validity such as controlling extraneous variables, the selection and dimension of phenomena which can be quantified, or the testing of prior hypotheses cannot be applied to discourse analyses (Maxwell, 1992). From a postmodern perspective, the understanding of any social phenomena involves meaning that is neither a series of discrete parcels of knowledge, nor is contextually independent. Whether the focus of the research is the function of language in an interpretive community,

simple or formal talk-in-context, the storying of experience, or a narrative inquiry that explains what emerged in the research process, "modernist" approaches to validity cannot be applied. Furthermore, Cherryholmes (1988) raised questions regarding what traditional notions of validity contribute to traditional research. He argued that construct validity, the point at which social theory and research practice intersect, is the progenitor of other types of validity such as content, internal, and external validity, as well as being the foundation of statistical construction, because the other types of validity are constructions in themselves and are sustained by their relationship to construct validity. As such, construct validity is a discursive practice in which the meaning in the research process is inextricably dependent on the interrelationship between theoretical constructs and research methodology.

Nonetheless, techniques have been developed in postmodern research that address questions of validity, but from this perspective the issues are how "real" or believable the knowledge that is generated from the research is, and whether it is useful. One approach in the analysis of texts, for example, involves establishing a sense of "coherence" as a property of the text being studied (Linde, 1993). In doing so, attention is focused at temporal ordering and continuity so that each part of the text may be understood not only in relation to other parts, but also to the text as an whole. This requires an understanding of more than the internal structure of the text; attention must also be directed to the context that frames the text.

Coherence, therefore, is created through the structure of the text, the establishment of continuity, and the text's overall relationship to the "social systems of assumptions about the world" that individuals use in making sense of their experience (Linde, 1993, pp. 220-221). Coherence in postmodern inquiry may be further validated through collaboration with the storytellers themselves. Middleton (1994) analyzed the life history narratives of teachers, and rather than dismiss the relationship between herself and the research participants, she included them in the development of her study by having them read the transcripts of their initial interviews, evaluate her protocol, and attach comments to the transcripts of their interviews. In this way, the participants were active collaborators who co-constructed the knowledge that was developed from the research.

Postmodern research, therefore, includes a multiplicity of voices. Involving the participants is one way of validating the research account, whether the study focuses on interpretative repertoires, conversation analysis, or narrative inquiry and the storying process. However, Connelly and Clandinin (1990) cautioned against the risks that are inherent to these types of research approaches, because the data may be used to "tell a deception as easily as the truth." (pg. 10) Active collaboration by the participants, when possible, is one safeguard against this. They also recommended that collegial consultation is important throughout the research endeavour, as is including a reflective chapter at the end of the

research account in which the researcher discusses her personal experiences during the study. To prepare for this, a researcher may keep a journal or tape recorded notes about her experience in the research process. Another way of ensuring an accurate account requires the researcher's vigilance in identifying her subjective experience and issues of "reactivity," the effect that she and the research participants have on each other during the course of the study (Paterson, 1994). Paterson (1994) reported that in conducting her field research of teaching and learning in nursing, using a "Reactivity Analysis Framework" helped her to understand her own perspective in the research process, as well as those of the participants. Paterson concluded that by identifying reactivity over the course of the study, she increased her awareness of changes in herself as the observer, and that she experienced a better understanding of the meaning and context of the data.

Summary of Postmodernism

Postmodern research analyzes discourse as the "mode of talking" that constitutes experience. Discourse is expressed through the text of social interaction, and it is possible that a body of text may involve various discourses at the same time. However, the discourse that guides the interpretation and conduct in a given interaction is more easily recognized in formal or institutional settings. In such situations, an analysis of discourse reveals how "talk" functions in creating and maintaining a community of practice, as well as revealing how the interactants develop their

understanding of their personal and professional experience. Discourses impart information about the context in which they are practised, but emphasis must be given to historical vestiges of "trace" and linguistic cues of "difference" which are embedded in texts before a comprehensive understanding of how individuals interact within their various interpretive communities can be developed. By focusing on the process of people making sense of their experiences through the language that they use, participants collaborate in the research endeavour, and are valued for their contribution to the development of meaning and knowledge. In the following chapter, a description is given of various postmodern research projects that have examined discourse and the construction of experience in the context of clinical practice.

CHAPTER THREE

REVIEW OF THE LITERATURE

Clinical Supervision Research and Discourse Analysis

It is only recently that discourse analysis has been applied in clinical supervision research. Supervision discourse has often been studied in terms of predetermined categories of text which were statistically analyzed. This included categories such as supportive remarks and praise, offering of opinions and suggestions, facilitative responding, being involved, etc. (Behrle, 1990). When using predetermined category methods, however, the researcher runs the risk of regenerating established interpretations of the supervisory process, because she is formulating a biased conceptualization of the training discourse, a type of "progressive" thinking and "genre blurring" (Geertz, 1983) that limits the analysis of the discourse.

Ellis (1991) studied supervisory assessment issues related to the supervision of supervisor-trainees in terms of critical incidents reported after both counsellor-supervision and supervision-supervision sessions. He measured the hierarchy of supervisory issues using predetermined categories

and found that the pattern of the two groups tended toward similarity. In terms of the qualitative categories selected as the focus of the study, there was little difference between being supervised as a therapist-trainee and being supervised as a supervisory-trainee. However, the use of predetermined categories in this investigation precluded the examination of other aspects of critical supervisory incidents which may have elaborated the understanding of assessment issues and the training process.

Allphin (1987) suggested that the teaching and learning process in supervision is potentially enhanced by difficult times during the supervision-session when self-awareness and the use of inner experience are emphasised. Allphin concluded that the resolution of the challenging issues involved instances of transference and parallel process. Although the study used case examples, the actual training and therapy talk were not analyzed in terms of the discourse dynamics in order to reveal how the trainee and supervisor resolved the challenging issues.

Cottone, Rocco, and Greenwell (1992) deconstructed social systems theory as applied to family therapy. They recommended that deconstruction of the social systems therapeutic approach would refine and clarify the theoretical model, or would perhaps, prompt the development of a new "system" which recognized individual and relational realities. However, this research was also guided by predetermined categories, limiting the development of "implicature" (Van Dijk, 1985), the examination of unstated

propositions regarding systems family therapy and interpersonal processes that may have been embedded in the discourse expressed through the text.

In order to provide beginning supervisors with a depiction of the supervisory process, including an examination of the context of supervision and the training talk, Fortugno (1991) analyzed five systemically-based therapeutic teams during the intersession break. This did not include predetermined categorization, and the analysis was organized in terms of how the talk was framed as one topic of conversation moved into another. She developed a comparison of the teams in relation to their various theoretical orientations, noting such things as formal versus less structured verbal interaction. Fortugno recommended that different supervisory settings and other participant combinations should be studied due to the dynamic quality of the supervisory context, and said that there was a need for additional analyses of training discourse, both in systemically-based programs and those of other orientations.

Discourse analysis has also been applied in the research on therapeutic interactions. Labov and Fanshel (1977) conducted a conversational microanalysis of a therapy session involving "the case of Rhoda P." They concluded that the discourse involved complicated matters that were not understandable at the "utterance level." Rather than conversational sequencing in terms of purely "literal" text, their analysis showed how the speakers' meaning was conveyed in terms of temporal markers and

"abstractions" that were carried throughout the conversational interaction.

Gale (1991) conducted a conversational analysis of therapeutic discourse, and his study focused on the therapist's explanatory model in relation to the course of the therapy interaction. The study was based on the transcribed text of one session in its entirety, and Gale's analysis emphasized the exploration of how new meaning and behaviours in the session were developed through language in solution-focused therapy. This study revealed aspects of the conversational interaction that would not have been apparent in a categorical or framework analysis, and the participating therapist reportedly discovered things related to how he practised therapy of which he was unaware. He said that he benefitted from participating in the study because it gave him "...an opportunity to see my work through someone else's eyes and models and to learn something new about it." (Gale, 1991, pg. ix)

Intertextuality and Student Self-Concept

Discourse analysis has been used in educational research to investigate teacher thinking and voice, and more recently, student voice has been examined (Letiche, 1991). In conducting this research, Letiche (1991) chose discourse analysis because it was conducive to the exploration of student voice through texts which highlighted the speakers' discussion about their educational experience. The students participated in interviews in which they were asked what they thought about their enrolment in a MBA

program. Letiche examined the students' texts over a series of interviews and found that, during the course of the project, the students had "exchanged texts," and had developed a set of communally shared self images. That is, through a process of intertextuality among the students during their campus-related interactions, the students developed self-concept texts that were "woven to one another" (pg. 467) through their group interactions. Additionally, Letiche stated that deconstruction analysis of the texts was the most appropriate mode of inquiry because it revealed the tension of the intertextuality, and the subsequent distillation of the student stories.

Narrative Inquiry and Storying-Restorying

Connelly and Clandinin (1990) discussed discourse analysis and narrative inquiry of the storying-restorying process. They recommended a research program for teaching and curriculum studies that involved narrative inquiry, arguing that in the context of teaching and learning, the student and teacher collaboratively construct stories of the educational experience. However, Connelly and Clandinin cautioned the narrative researcher about potential problems in the research process, and they challenged the researcher to ensure an accurate narrative account of the storying process so that the contributions of the participants are respected and honestly reported. Connelly and Clandinin argued that narrative inquiry has the potential not only to examine the relationships and processes involved in the teaching and

learning experience, but also to give voice to the teacher and the student. In encouraging their participation, their meaningful experience is valued in the educational community and included in the development of professional practice.

Summary of the Review of Literature

Postmodern research of clinical supervision offers a relatively new approach to understanding teaching and learning in the supervisory process. However, the clinical supervision studies that were reviewed in this chapter primarily featured categorical analyses of phenomena such as critical incidents and training issues related to clinical practice, or theoretical frameworks as they were applied in therapy. Allphin's (1988) study illustrated how challenging aspects of the supervision session involved interpersonal dynamics which were important components in the resolution of the problems. However, the supervision session talk was not analyzed to reveal how interpersonal dynamics were involved in the resolution of the problems. An analysis of five systemically-based therapeutic teams during intersession breaks (Fortugno, 1991) examined the supervisory process in terms of both the supervisory context and the training talk that took place between therapy sessions. Although this study examined the discourse engaged in by each of the teams, it was analyzed and compared in terms of how each team's talk was related to its particular theoretical and organizational foundation, and Fortugno (1991) suggested that additional

analyses of the supervisory context and the supervision talk were needed.

An example of discourse analysis in educational research focused on how teacher and student voice develop within the educational context. By studying intertextuality (Letiche, 1991), not only was it possible to highlight the emergence of individual voice, but the development of communally shared self-concepts becomes increasingly evident over sequential interview texts. Finally, in a narrative inquiry (Connelly & Clandinin, 1990) of the storying process, the student and teacher were viewed as collaborators in the educational experience, and throughout the research process they contribute their voice to the development of educational and curriculum programs.

CHAPTER FOUR

THE RESEARCH APPROACH

The Purpose of the Study

Focusing on the significance of the descriptions individuals give of their experience is an integral component of clinical practice, and this is no less important in the supervised development of the intern-therapist's professional skills. The examination of language as it is used in professional practice will contribute to the understanding of how insight and technique are collaboratively developed in teaching and learning. The clinical discourse that occurs in the supervisory session, being a language code for talking about the supervisory session as well as a mode for participating in the supervisory session, is valuable in clarifying how research and theory inform practice and training protocol. The potential for merging research with practice, the ideal of the scientist-practitioner training model, increases because the research participants provide direct access to the process of learning from experience through their personal accounts in the supervision session, and applying this knowledge to the training model will facilitate a productive and balanced relationship between research and practice.

Therefore, this project investigated how clinical insight and technique were collaboratively developed in the supervision process, what the interns' conceptions of themselves were in relation to their roles and responsibility in the supervisory relationship, and what the supervision session and interview talk revealed about the supervisory context.

Selection of the Method

Discourse analysis of the storying-restorying process was selected as the organizational approach of this study because both the clinical supervision sessions and the post-interviews involved a storying process within the context of the internship training protocol. During the supervision sessions, the interns and their supervisors jointly created their understanding of clinical and personal issues through stories about various clinical experiences. In the post-interviews, an understanding of how the interns viewed their own contributions to the supervisory process and the development of clinical insight involved storying between each of them and the researcher.

In reporting this study, the voices of the interns and their supervisors were revealed through the researcher's narrative inquiry. As such, this project involved a multiplicity of voices that included not only those of the interns and the supervisors, but also that of the researcher, in a collaborative understanding of clinical supervision. Background information about the internship training program provided a contextual grounding within which the narrative inquiry of the participants' stories was developed, and the post-

interviews were used to further enrich the contextual information. The supervisory storytelling process was analyzed not only in relation to the institutional framework of the training program, but also in terms of the interns' personal perspectives. Therefore, a discourse analysis of the storytelling-restorying process was used to understand how meaning and knowledge developed during clinical supervision, in addition to how the interns conceived of themselves in the training process.

The Research Context

A description of the nature of the proposed research was submitted for review to the Department of Psychology at the University of Manitoba. The departmental research review committee advised me regarding the consideration of ethical guidelines incorporated within the research design, in addition to suggestions about the adequate supervision of the project. Upon recommendation that the study be conducted, a letter that described the study and a request for a sample of suitable student therapist-supervisor dyads was forwarded to various clinical internship programs. The assistant director of training and the chair of the research committee at the research site chosen for inclusion to the study granted ethical approval of the project, and I met with them to discuss how it could be most effectively organized.

The study was conducted at a university counselling centre with a population base of 25,000 students. The counselling facility provides pre-doctoral internship training in accordance with North American professional

psychology accreditation requirements. The internship program includes supervised participation in formal psychological assessment, and individual, group, and crisis counselling. The program also involves the interns' supervision of practicum level students training in psychology, social work, and counselling graduate programs. Additionally, the interns have the opportunity to participate in both a specialty practicum that focuses on the needs of the culturally diverse international students, and a career resource, planning, and placement service. As such, interns in this program are supervised in various areas of clinical practice which include: 1) primary supervision, a more intense and personalized focus designed to monitor and coordinate the overall internship experience; 2) long-term case supervision, a case-specific format that concentrates on the intern's involvement with one client who is seen throughout the year; 3) assessment supervision, in which formal clinical and diagnostic psychological assessments and treatment plans are discussed; 4) the specialty practicum supervision and 5) career supervision, involving career counselling and testing.

This counselling facility adheres to a developmental model which focuses on issues of life stage, experience, and the current developmental needs in the treatment of its clients. This developmental model is also the format of the internship training program which structures both long-term and brief rotational experiences that are designed to facilitate the intern's personal and professional growth. Supervision of the long-term case and assessment

components is sustained throughout the 12-month course of training, and primary supervision is scheduled on a 6-month rotational basis so that the supervisor and intern may develop a comprehensive understanding of the intern's experience and progress. Due to the rotational nature of primary supervision, the intern is exposed to two different perspectives of clinical practice in the course of the primary supervision component. Finally, secondary supervision involving group, specialty field placement, and supervision of practicum students is provided on a more flexible, situational-demand basis.

The Research Participants and Ethical Considerations

Potential research participants were approached by letter (Appendix B) and then contacted by phone during which a preinterview discussion was conducted to ensure that they understood the nature and structure of the study, their rights as participants, and the proposed time frame of the project (Paterson & Bramadat, 1992). The letter and preinterview indicated that the supervisory dyads were required to audiotape three to four consecutive supervisory sessions. Additionally, the interns were requested to meet with me for a postinterview discussion regarding their experiences in the clinical supervisory process, and their participation in the study.

The research participants were clearly informed that participation in the project was voluntary, and that only my thesis supervisor, the members of each individual supervisory dyad, and I would be aware of their inclusion in

the study. Any participant had the option to withdraw from the study at any time without implicit or explicit threat of penalty, and written consent (Appendix C) was required of each individual participant in the study. Two supervisory dyads were included in the study, comprised of two interns and their second rotation primary supervisors. Although the interns were supervised in various areas of the program as part of their training requirements, the primary supervision format was chosen as the focus of the study because it not only involved a broad range of clinical issues, but also provided a suitable time frame for the purpose of this study.

The Procedure

Supervisory sessions

Consecutive supervisory sessions over a six week period were audiotaped. I was not present during these sessions and the interns and their supervisors ensured that on-site audiotape equipment was operating at the beginning of a particular session. Any discussion that occurred during the supervisory session contributed to the data of the study. Exceptions to this were instances in which the identity of a particular client was revealed, either by direct reference or through details of personal characteristics and experience. In such circumstances, the information was either coded, or deleted by the request of the participants. A separate section that describes the procedure to ensure anonymity and confidentiality is developed later in the chapter.

Interviews

At the end of the series of the audiotaped supervisory sessions each of the interns participated in an audiotaped postinterview with me. The interview process involved a semi-structured format in which the interns discussed their experiences in clinical supervision and practice (Benner, cited in Crawford, 1993; Douglas, 1985). As in the supervisory sessions, the interview discussion data was transcribed by me, reviewed by the interns, and then analyzed as research data.

During the each of the interviews, the intern and I developed a mutual understanding of his training experiences. The interns were asked to discuss various topics, and were encouraged to talk about a given issue until they felt that they had thoroughly expressed themselves. The interns talked about how their clinical knowledge and skill changed during the course of their training, and how they viewed their role and function in the supervision process. Other related issues were discussed, and I asked questions at several points to be sure that I understood what the interns meant during the discussion.

Analysis

The analysis of the text began with the transcription of the audio tapes (Potter & Wetherall, 1987). The transcription process involved more than simply translating spoken word to a written representation; rather, I listened and re-listened to the tape so that the speakers' words were exactly

deciphered. But in addition to the literal translation, the transcription process involved a conventional notation system (Appendix D) through which additional details of the speakers acts were recorded, including information about loudness of voice, extended sounds and breath inhalation-exhalation, interruptions, turn-taking, overlap in talk, and pauses between utterances (Gale, 1991). This was helpful because it was during the transcription work that I began to develop insight into the text which helped to guide the analysis and interpretation process (Potter & Wetherall, 1987).

In the transcription of the audiotapes, I reviewed the data, and reference to any client that threatened client-anonymity was coded and highlighted for the participants' review. The notated transcripts were forwarded to the participants for their approval, comments, and suggestions, after which I examined the text via discourse analysis and narrative inquiry methodology. This involved glossing the text for indicators of discursive practice. The texts were explored for: instances in the storying process during which meaning and knowledge were collaboratively developed through intertextual exchange between the speakers, language use that reflected the supervisory relationship and contextual influence, and discussion that revealed the interconnections between the participants and clinical psychology as a community of practice.

Developing story structure and narrative coherence involved examining the text for story grammars and contextual cues (Connelly & Clandinin,

1990; Linde, 1993). Attention was focused at temporal ordering and continuity so that the interrelations between parts of the text could be established. The internal structuring of the text, therefore, was analyzed in terms of time and place as, respectively, dynamic and contextual anchor points. The quality of time in a text involves temporal constructions that are foundational to the structure and explanation of text, marking the beginning, middle, and end of an explanatory plot structure in a story. Qualities of place, or scene, reveal the cultural and social context within which the story develops. Place and scene are more difficult to discern in text because they are the organizational framework that conjoins the participants and their experiences, and therefore, require a focused analysis of the text's discourse to understand how the text functions as talk-in-context (Connelly & Clandinin, 1990).

In applying the narrative methods, I critically analyzed the textual data in a series of reflective readings. I discussed the development of her analysis with the participants, and their suggestions and remarks informed my final analysis of the text. For instance, I transcribed the audiotaped supervisory sessions as I received them from the participants. As such, during the interview I was able to understand the interns' references to various incidents in the supervisory sessions, and I could then discuss my understanding of the incidents with the participants. In the process, the interns helped to clarify and augment my interpretation of the supervisory

session data. Similarly, the supervisors reviewed their contributions to the study, and had the opportunity to add their remarks to the transcription sheets. Although I talked directly with only one of the supervisors, each of the interns and their supervisors discussed the transcripts during one of their subsequent supervision sessions.

Confidentiality

All audiotapes and transcriptions were coded so that the anonymity of the individual research participants and their clients was protected during the course of the research project. The identity of the participants was not revealed in any research reports based on the transcribed text. Additionally, the research participants had the option of entirely removing or partially deleting any portion of the transcribed materials if they had subsequent doubts about the inclusion of it in the study. As such, they were able to ensure that they were comfortable with their participation in the study, and that their clients' interests were protected. I maintained the session and interview audiotapes and subsequent transcriptions in a secured storage area, and once the transcripts were reviewed and authorized by the participants, the audiotapes were erased.

Summary of the Research Approach

Much of the research of clinical supervision and the supervisory process has not examined how language is used in the training practice. Yet, it has been argued that through the supervisory discussion, clinical discourse

structures the teaching and learning experiences of the intern and the supervisor. It has been further suggested that clinical training involves more than the social interaction within the supervisory dyad. The professional context in which clinical training is conducted not only frames the teaching and learning experience of the intern and supervisor, their active participation fortifies the professional community to which they belong. Therefore, this research investigated how clinical insight and technique were collaboratively developed in the supervision process, issues related to the interns' conceptions of themselves in terms of their roles and responsibility in the supervisory relationship, and what the supervision session and interview talk revealed about the supervisory context.

A narrative inquiry approach organized the research, reflecting the collaboration with the participants in the research process. Because of the sensitive nature of the data, particular care was taken to ensure that the interns and their supervisors were comfortable with their participation. As such, the participants reviewed the transcripts of their own audiotapes before the final analysis was conducted. A discourse analysis of the supervision and interview texts was conducted to examine the storying process, as well as to identify contextual cues that influenced the supervisory talk. The analysis revealed that clinical experience and insight are socially constructed, and are further structured through clinical discourse and the participation in professional practice. The supervisory session talk,

therefore, was not just "context-shaped," it was also "context-renewing" (Heritage, 1984).

CHAPTER FIVE

THE RESEARCH FINDINGS

The research findings are organized in terms of the textual data contributed by each of the supervisory dyads, and the postinterviews with each of the interns. The discussion of each dyad begins with a description of the supervision contract that was negotiated between each intern and supervisor during the second rotation of the primary supervision component of the internship program. Following the description of the contract is a discussion of portions of the postinterviews during which the interns talked about their roles and functions in the supervisory process, their thoughts about the primary supervisors' style, and their experiences with other styles of supervision throughout their training history.

Excerpts from the session transcripts which highlight the storying-restorying process and the collaborative development of clinical insight are described in detail, providing the basis for a discussion of the relationships between the supervisory session, the supervision contracts, and the interns' sense of their roles in the supervisory process. Finally, the interns'

experiences as participants in the study as discussed in the postinterview are presented, using excerpts from the postinterview discussion, and instances of the storying process between the interviewer and the interns are depicted through excerpted interview text.

In order to maintain the participants' anonymity, personal characteristics of the of the intern and supervisor are not given beyond their gender. Information regarding gender is included so that references such as "she/he" or "him/her" remain in the text in the interest of clarity and comprehensibility. Additionally, reference to any client that were retained in the transcript after the participants' review is kept to a minimum, and in instances that require the involvement of such reference, "she/he" or "him/her" are used as they appeared in the transcripts. Finally, when it is necessary to summarize portions of text that precede a given excerpt, efforts have been made to include only as much description as necessary in the interest of brevity and the protection of sensitive case information.

Dyad One

The first supervisory dyad to be discussed included a male intern and his supervisor, who was female. The sessions that were audiotaped began about six weeks after the second rotation primary supervision began, and reference to the participants throughout the remainder of this report will be as "Dyad One," "Intern One," or "Supervisor One." They may also be referred to as the first dyad, intern, or supervisor.

The Contract: Directive Supervisory Relationship

The intern reported that the supervision contract that was developed for his second rotation primary supervision was an explicit requirement in the internship training program, and that it was a relatively new experience for him. He stated that the contract negotiations actually began when he "agreed to be in this setting," and as such "it became inevitable that I would meet with this supervisor." He added that the supervisor was to some extent open to how she would conduct the supervision, but that it was restricted to her style of conducting therapy and doing supervision. In terms of his input, this intern stated that he set various goals, but that they, too, were limited to her style of supervision. One of his goals was to have his work constructively criticised:

Intern: Ahm² but she would contract to you know that we could set various goals! ahm but that were consistent with her style. My goal in meeting with her was to say, well I I've had a fair amount of experiences at this point, ahm I'd like to try out something different I'm open ahm to critique! you know, if you have some really harsh words to say about what I'm doing [hmm hmm] ah I'd welcome that. Sort of, I I need to hear that, if you've got them. Ahm so the style of therapy ahm was open to my input, but the content in terms of what um (.) >let's take a

²Although the transcription process involved conventional notation coding (Appendix D), some of the excerpts that appear throughout this report do not include the original notation codes in entirety. In others, substantial coding is left intact in order to convey to the reader the inflection and tempo of the verbal interaction so that the speakers' meaning is more easily understood. However, the majority of the transcripts that were prepared for the participants' review and subsequent authorization were fully notated according to convention. Use of the notation system during the preparation of this work provided additional information which was helpful in the analysis process. Interested readers may contact the researcher for information regarding the coding of the excerpts.

step back < I just said that the style of how supervision was conducted was ah she was receptive to my input. Ahm, in a sense it's like salsa, it could have been mild or it could have been strong, and I opted for strong. Ahm, in terms of content, she determined that. She had her style and that's what she was there to teach. [hmm hmm] Ahm That I was quite receptive to that. Well, because it was quite different for me, not what I was used to. So there's there was room for negotiating, I knew what I wanted in terms of ah you know, wanting to sharpen some edges for myself, wanting to ah you know through things that I was doing that were particularly ineffective, I wanted to rid of those. Ah, it was it was really insight I was looking for, ah from her. Ahm things like critique, she has a style of therapy and I was receptive to it. So those were sort of the the elements that we negotiated.

The Supervisor's Style

In discussing the supervisor's style of conducting therapy and supervision, the intern said that the emphasis in supervision involved developing a more directive style. He reported that, rather than the client-centred approach he had been using in therapy, he began to use a directive style. He said that the supervisor's style also involved "collaboration" in the sense that the supervisor got him "engaged" in her "agenda" by imparting information that was important and "relevant" to him. In doing so, she modelled what she wanted him to do, but in the process was didactic and interactive. He said that the beginning of a typical session possibly began with reviewing tapes of his therapy with clients, discussing professional presentations, and talking about interventions, specific clients and their issues, or his personal issues:

Intern: ...then we have time for sort of miscellaneous ramblings which was sort of ah starting off talking...and really, what it really meant were was sort of ah her modelling her style of therapy, and so it was as though we got engaged in a therapy session with me being the client,

her being the therapist. But we would stop and you know there were times when she would say "Well here's what I'm doing" kind of thing or or at least I would be taking note of that while it occurred. Ah she was, as I recall, she would quite often stop and say "Well here's what I'm doing, here's what the process is and that, but that is what you do for clients" so sort of modelling what she was doing while she was teaching this stuff.

Various formats were involved in this supervision, one of which involved reviewing videotapes of the intern and clients in therapy. The intern said that this format was the least comfortable because "at that point you've committed yourself, and then you show it and you can't do much about it." However, he talked about the "energizing" quality of live-supervision, describing it as "...just being watched...and part of the intersession when I would come out and discuss it, so there was opportunity for feedback, you know if I made a mess of it I could go in and correct it, and as you can imagine, that took quite a while."

In summarizing this style of supervision, the intern said that it was valuable to him because he was able to learn new skills and that it was "a stretch" that was "sort of risky" and "uncomfortable at times." He also said that the supervisor, like two others in his earlier training, explained what she was doing, could demonstrate what she wanted him to do through her actions with him in supervision, and that his reaction to the process was, "Yeah! There's something to it!". He said that these supervisors could "talk the talk," as well as "walk the walk."

Intern's History of Supervision

The intern also described his experience in other styles of supervision. He said that one supervision had a "profound impact" on him because "what he talked about in terms of empathic stuff, he could also do...I could feel the impact...that's persuasive!". He described other supervisors who were able to "talk a good line," but that interacting with them wasn't helpful because it left him "cold." Others demonstrated what they did, and interactions with them felt "good," but they weren't able to talk about their technique. He "endured more didactic" supervisions, experienced "nodding and patting on the head...a warm fuzzy," was taught indirectly through "teaching by example...I wonder if here's something to consider,'" and also experienced a mould-to-image process which was "almost like being given a script."

This intern discussed the various supervisory experiences he'd had in the course of his training. In describing the type of supervision from which he learned effective skills, he mentioned being "persuaded" by styles that involved personal relevance and included elements that combined theory and practice, or the "talk" and "walk" of the supervisory and therapeutic process. He said that these characteristics were important in good supervision, and that learning therapeutic skill in this manner helped him to connect with the client in therapy.

Intern One: On Supervising Practicum Students

Part of the internship training program included the supervision of the intern as he supervised practicum students. The intern said that although he would have liked more supervision training, it was a stimulating experience:

Intern: Ahm, I did some supervision myself this year, and was supervised for the supervision that I supplied, so then there's that...Ahm, there wasn't enough of it actually, we could've done more, that was interesting, ahm I was sort of conducting it like I think I would like to have a supervision session myself (.) trying to be sort of engaged as though this person were a client and ah actually using the stuff I did in my primary supervision, in terms of setting out some goals "what would you like to see yourself be able to do by the end of our time together?" and trying to contract with them. And it was it was an interesting experience > exciting, < I I didn't really get involved to really get a sense of, you know, "Was I doing a good job?" or "How comfortable do I feel doing this?" > but, I got my feet wet! <

Intern One: Role, Function, and Responsibility

When asked to talk about his role and function in supervision, the intern responded with, "That's a good question!" He stated that he and the supervisor were there "for the purpose of me learning," adding that what he was there to learn was determined "in our initial negotiations about therapy, in drawing up the contract." He said that it was his responsibility to set up what he was to learn, and that part of the supervisor's role was to help him "elicit" or "distil" material "from the ramblings that I did." He also mentioned setting up the format of supervision in terms of "input on what sort of weight we could do," whether that be tape work, live supervision, or discussion during the meeting. This intern said that he felt that he hadn't been as responsible as he might have been in making good use of time in

terms of tapework, focusing on issues such as eating disorders, or confronting defenses:

Intern: I sort of look back and realize it that that the actual process in supervision ah a good piece of that was primarily my responsibility. That if we if we did you know ramble, and time didn't get used to good effect! ahm really that ought to have been my responsibility to say, you know, here's what I need, here's what I think I lack. So, to do some sort of self-evaluation, I guess that's part of it. So, setting the goals, determining the format, evaluating, those being ah I think having the material there to discuss in terms of having tapes prepared, having notes, ah having ideas. That's what I think of.

This intern described role as a "stated function," and that his was to "receive learning and criticism, to act on your own behalf in terms of...advocating for your needs, evaluating what your needs are, one or the other." His concept of how he functioned in supervision was different:

Intern: Those are roles, I guess some functions might be unintentional. Ah I don't know if if this part of the thinking about it, but I mean I can certainly have the function of making therapy, or making supervision less effective by not ah for example, > taking risks. < I bring that up because that's one of the weaknesses that we talked about in the supervision session. Ahm, you know, am I prepared to take risks with clients in supervision. Am I prepared to deal with material that, with which I don't have the greatest degree of comfort. Ahm, so a function in that, in a way (.) in declaring it it became a role, part of my role is to take risks and ahm my function my sort of covert function could've been to to not do that, or to slow down supervision, to interfere with what I'm learning. Ahm, that's what came to mind when you asked that, that sort of thing.

Insight and Change

The intern talked about insight and change during the course of this study as it related to the emphasis and focus on a more directive style in supervision. This reportedly involved labelling processes, choices, and ways of coping with or avoiding uncomfortable areas or weaknesses:

Intern: ...using that process ah drawing out areas where I might have some weakness or might have some things I was avoiding ah in a sort of insightful kind of way, but also to demonstrate the process of therapy itself. By her sort of acting as though she were a therapist with me in that session I get a sense of how she does her work, I get a sense of you know what this directive style is all about umm I think over the course of time I tried on a more directive style, um I don't know if that will be evident in that you know supervision sessions. Ahm you know I certainly caught on to her idea of ah labelling process, identifying ah sort of the function of what a process might be in terms of coping ahm how does it help an individual cope ah what is the different options in terms of coping what is the person trying to cope with.

He discussed this in relation to his changing style in conducting therapy, stating that it involved a solution-focused brief therapy model in a more process-oriented session that emphasized the "process of an individual's feelings and talk in therapy." He said that the supervision style he was learning reportedly enhanced both his knowledge and skill:

Intern: ...it's an understanding for me of conception of why is it helpful for a client, why does that ahm why would it work, why is it going to benefit a person. Ahm generally we ah are sort of solution-focused, the brief therapy model, and then getting the skills which are you know, implementing that in a way that I felt comfortable hmm integrating my own previous skills.

The intern talked about his experience of professional and personal insight in the supervision session. He recalled specific instances in which he thought "Oh that's a good way of doing that!" when responding to a client's remarks, and said that although he was familiar with the techniques, learning this model of therapy and applying it in his work gave him "a lot of opportunities for insight." He described saying to himself that he "should set goals with the client," and that he recalled how to communicate that

with them, and get them engaged in that process, so that they were collaborators in the therapy. This intern said that this was related to much of what "was done in the context of this supervisor sort of engaging me as though I were the client." Being engaged as if he were the client, as the supervisor modelled the technique, reportedly led to personal insight:

Intern: Ah so some of the insights have were personal, as well!...One of the sessions, I think was on tape, I think we talked a fair bit about risk and sort of wandering into risky territory and a I I remember being fairly cognitive as we were addressing that, we were talking about death and the whole theory was about how people avoid risks because, and metaphorically it's a representation of death and about that, but thinking at the same times that's there's certainly something emotional about that that gravitates the same way. I wouldn't be thinking about that unless asked, about myself so there's some moments it it wasn't sort of the real insight that leads to a sort of real emotive sort of experience, but ahm there's some personal things there. That's that's the one incident that comes to mind, talking about risks and the like, I wish I could remember the that conversation. That's why, you know I'm thinking that on the tape, to listen to the tape, that would be a good section.

There were several sessions that involved the supervisor and the intern moving between her engaging him as if he were a client, and the discussion of a specific case. The following section highlights sections of a session in which the intern and the supervisor discussed his personal issues related to anxiety and "taking risks" in his personal life and in the supervision and therapy format, after which they discussed a specific case in which the supervisor's supervision model was used in developing an understanding of how the intern could conduct therapy. The intern and the supervisor then discussed how both the supervision-therapy session and the actual case were related. Throughout the course of this discussion, the participants

interacted in a storying-restorying process in which knowledge and skill were developed through an interaction of their texts.

Storying Process in the Supervision Session

The intern opened the session summarizing an article he had read which described "entrepreneurial" practice as being less focused on "healing," and more focused on teaching individuals the process to achieve "wholeness in their life." Then he talked about what it would take to develop and maintain a practice based on that approach to therapy. The supervisor's interaction was limited to short questions and agreements with what he was saying. A discussion followed in which the intern described someone who recently began a private practice, and then he talked about what kind of income could be generated by such a practice, mentioning the risk that would be involved.

The supervisor brought up the supervision discussion from the previous week which involved practical questions about the intern's future. Then the supervisor shifted the course of the conversation, asking him what he was going to do in September. The ensuing discussion was framed by the therapy-session model through several turns of talk as the supervisor engaged the intern as if in a therapy session. The following excerpts illustrate the storying process, beginning as the supervisor reminded the intern that one of his supervision goals was to discuss personal issues in terms of feelings:

Supervisor: What, you know, talk about it in terms of ahm, It's easy to talk about it in terms of practical things but one of your issues here is to talk about it in terms of feelings- so, what are the dominant feelings when you think about that issue?

Intern: I Hmmmph, I'd say that one thing that happens before I get to the feelings is is the process of- like like, you know, I have a lot of anxiety going, and so, you know, I can suppress it, [hmm hmm] I can put that away. And so I, because I'm thinking, hmmm, "here's an interesting thought" and then I get (?) =

The supervisor's subsequent remark moved³ into the intern's description, and she introduced the concept of his anxiety as a "generalized" emotional state which blocks his recognition of more specific feelings. The intern likened it to his dissertation, which he "avoids" because it is overwhelming. The supervisor made a humorous remark, and the intern then carried through with the supervisor's earlier labelling of "general" anxiety as one of many kinds of anxiety. In doing so, he began to extend her labelling of a general state that hides specific feelings, talking about a specific anxiety, that being an anxiety of the future:

³Please note that in reading the text excerpts and the intervening descriptions of the "turn of talk" that phrases such as 'moved into,' 'broke into,' or 'interrupted' are not used in a pejorative or value-laden descriptive sense. Rather, the phrases relate to the conversational flow as indicated in the transcription coding of "=" (meaning that there was no discernable break between the utterances of one speaker and the next), or as indicated by coding marks of "[]" (meaning that there was overlap in the speakers' talk). Additionally, note the deviation from strict transcription coding in the use of "..." or "...((details of text deleted))..." as a means of removing sensitive material that, for example, would otherwise compromise the participants' anonymity. Portions of the text may also be deleted in the interest of brevity, and will be marked in the excerpts in the same manner.

Intern: Ahm, there's different degrees of anxiety, I mean, there's sort of general anxiety. There's sort of an anxiety about the future and not really having a vision of what the future will be like. [hmm hmm] And, I mean that's necessarily (?), I mean thinking about that, to some degree I can, that's sort of interesting. But that keeps me from planning, I should probably get more involved in planning...related to the dissertation, 'cause that's the first step, [hmm hmm] ahm, but my vision isn't going a lot beyond that. I, maybe to thinking, you know, the dissertation, post doc... NEYeahhh, and then what? It was interesting talking last week, it was exciting talking last week, about what, where can that vision head to? [hmm hmm] in terms of what kinds of jobs are out there. Because it filled in some pieces or even in thinking in terms of response. And so I thought it's possible, and then and I get caught up in the anxiety, sort of the dread [yeah] of ah what's possible =

The supervisor interrupted the stream of his remarks, and she talked about a new quality related to his descriptions of anxiety and excitement:

Supervisor: Yes, but really, what you're basically saying is the anxiety, the other side of anxiety is excitement, if you can get to it. [HMMMM HMM!] Ahm, when anxiety comes first, you move into a pattern of "I don't want to touch that!" [hmm hmm] and ah, that takes over and you don't see the flip side [right] which, it's that is a phenomena for all of us- or possible the the dark and light side of ah life issues?

The supervisor ended her turn of talk with a raised inflection, and the intern reentered the discussion, carrying the concept forward by introducing "denial" and "risk."

Intern: Yeah. Yeah, if I could have the excitement sort of untainted by the anxiety, [yeah, yeah] that would be great! And once in a while I think there's a different kind of denial I can get into. When I think about the work that I've done, where I can think in terms of possibilities and get this sort of pumped up feeling- yeah! yeah! I can do that! and that's sort of a denial too. I mean there are some risks to be taken, and there can be (logic), but ah I sort of focus on the excitement, and sort of get high on that. [hmm hmm] Ah, but I but I lose that.

He went on to talk about how losing the excitement makes him feel that his vision of the future was ill founded. The supervisor explained that the

familiarity of being a student for such a long time lends a sense of predictability that makes it difficult to think in terms of being "a real person who has to go out and worry about private practice." She then talked about "psychology" as an agent of dependency:

Supervisor: ... So, many of us go through, and that's one of the things that psychology is really saying, when we put you into private practice, is, before we had the dependency of school and then we went to the dependency of an organization, and the organization will take care of us. [yeah] So if you joined a hospital- you would have a career path. And so it made it easier? and now, that's not happening- we're not offering that that security. And we are saying to interns, like you- you have to find another source of security, and it has to be in yourself. And it has to be in your ability, too. And that's very- I mean, most people that are saying that to you have never done it themselves, to a certain extent. [hmm hmm] Ahm, and so I would guess it's a mix in there somewhere. There's fear, there's some anger, some resentment. How come I get to be the lucky one! ((laughs)) And so, no wonder you're anxious because there are a lot of there's a lot of mixed feelings in that anxiety. [mmhmm] And it's not comfortable, it's very uncomfortable. So it's easy to ignore, but in most of us, we avoid things that are uncomfortable.

The intern asked a question that reflected his understanding of the supervisor's discussion regarding "generalized anxiety" and the specific feelings that are hidden by it, the concept that the supervisor initially introduced, and in the subsequent turn of talk she summarized:

Intern: If there isn't some positive side to it?

Supervisor: Yeah, if you can't allow yourself to find that that there is another side to anxiety- which is the opportunity, in some ways independence, you know, and the satisfaction that I can create [Hmm!] a future- I don't have to have somebody else create a future. I can do that!. And that's where the excitement comes, and that's probably what you were feeling last week- Yeah, you know there is some belief in yourself that I can create a future! That there are some steps, [hmm hmmmM!] I just have to know those steps, and I can do that. And

that's what we all need, but we sometimes don't get to that point because it's easier to avoid it. So we don't- we get along by the anxiety, but (?) which is creating the excitement. We create the excitement! out of the anxiety.

The intern discussed his not wanting to be passive, but, important as that was, he didn't know how not to. In response, the supervisor talked about not letting the anxiety take over, and she introduced the concept of "lifting the anxiety." She labelled the intern's efforts to make plans and choices as "going in fits and starts," and he broke into her talk to say that that meant that he had not "really done it," but then he changed his position. He characterized it as a "take charge" outlook rather than a "grand transformation," relating to the supervisor's labelling of his "fits and starts."

The intern discussed his personal growth as "slow and gradual," but interspersed with "Aha!" experiences. The supervisor interjected "sort of like peaks for you?" He didn't quite agree, "they're not really peaks but they are = a little bit up and up, a little bit up and up, they're mini plateaus = plateaus, yeah." He agreed with her characterizations of "a little bit up and a little bit up" and "plateaus." The intern carried the discussion further, and then described himself as a passive person, "waiting for some insight to turn things around, and take charge. I guess I still don't know how to lift the anxiety."

In the course of the previous talk, the idea of passivity and the need to "lift anxiety" turned to her description of his "fits and starts," which the intern related to an outlook that was different from a "grand

transformation." He described a slow personal growth, and she suggested that his growth involved "peaks," but the intern was not sure that "peaks" captured it. The supervisor then introduced the idea of "mini plateaus," and he immediately used the term in his discussion, relating it to passivity and the reintroduction of "lifting anxiety."

As they continued to talk, the supervisor discussed ways to "lift anxiety," and asked for the intern's thoughts about how individuals respond to anxiety. The intern referred to "drugs" and "planning" as possible responses to anxiety. The supervisor labelled his examples in terms of their being "choices" and "taking control measures" which are "coping strategies" to reduce the "uncomfortableness". They discussed "planning" as risk-taking, and the intern described "lacking information" and being "naive...in judgements" as risks. The supervisor talked about those things being "competency" issues, and asked the intern to talk about his feelings related to competency issues. She labelled his description of the feelings as "fear," and he talked about the anxiety he felt regarding being exposed as incompetent. The supervisor added to this, "I hear exposure, I hear 'shame'" and then talked about how choosing anxiety may mean not having "to deal with shame." The intern agreed with her assessment, and carried the concept further with additional discussion.

The supervisor continued to direct the conversational flow, and they talked about anxiety, taking control of personal issues, making choices, and

the fear of failure and shame. The supervisor introduced a discussion about how these things influenced the way the intern conducted therapy, the idea of being more active and directive with clients, and taking "risks" in the therapeutic relationship.

Later in the session they discussed a specific case, stopping several times to review a videotape of the session. As the intern familiarized the supervisor with the case, he described having seen the client twice regarding issues of family conflict. He said that the client was "distressed" and "feeling down," but that he also tended to be "sort of cool and laid back." The intern talked about how he was approaching the therapy:

Intern: One thing I'm trying to do, is to sort of move him into sort of looking at feelings, partly because it's- you know, he has feelings about things but it's sort of vague. He acts on feelings, but he doesn't really know what the feelings are. He thinks his parents should just stay apart, because (?) sort of difficulty, but he can't really break down the difficulty, that's what he needs. In this session he talks about...((the intern describes a family argument))...Well, you know what's going ON, is that people are getting upset! They're not even going to talk about their feelings in terms of why they're upset. But that's where ((client)) focused (?) Ahm so, >I'm trying to sort this stuff out<, find the meaning... I think I'm losing him, so, >as I'm talking about this<, ah, so I did sort of challenge him at one point, saying we should talk about things, I'm trying to point out to him, give him some feedback, that he's not even thinking things [hmm hmm] he's projecting ahead, he's talking about things like he would do, or what he thinks his parents should do. But he's not talking about about feelings he has... and he seems to completely miss that because he goes on to talk about thinking-things.

The supervisor interpreted what the intern had described somewhat differently, saying that the client was talking about feelings, but that they were feelings that "other people have," labelling the client's reaction to the

other's feelings as "embarrassment." The intern carried on with the reinterpretation and feelings of embarrassment:

Intern: He's got a few things, he's got well, a little embarrassment, he sort of worries about...((particulars of the case))...but he can't stay with those feelings, he's got a thing about...((particulars of the case))...I guess I was worried, I I was thinking in terms of a couple of things. Partly, yeah, can he identify his own feelings, 'cause I think that's really what we're there to try to do. I think I said that, I'm sort of struggling with what I said. ah but, does he have empathy for other people's feelings? [yeah] Because he says, you know, "Well, ah what's the matter with my... ((particulars of the case))?" Well, it could be he's being more critical than he's aware of! And why? Is he critical of people? He's certainly aware of people are saying you're critical- maybe yes!. You know, maybe he's sort of snide and snappy and he doesn't realize it!. He certainly- he knows his...((particulars of the case))...so like "What's wrong with that?" Well, they're upset!, obviously other people are upset. How do you deal with that? Well, that's one thing about him which didn't come out...((particulars of the case))...And and he's aware that other people are unaware of how he feels. I don't think that he's unaware of how [right, right] other people feel.

The supervisor agreed with the intern, and asked the intern to play the tape. Later they stopped the tape and she asked, "Can you tell me, when he was telling these stories, what you were feeling. It's hard because you're not in it." The intern said that he was thinking, "What's the point here, what's he getting at?" and that then he "got a little anxious." The supervisor talked about the intern's description of feeling "tension" in the client's story, and the intern went on to describe how the client seemed to keep "some distance back from it." The intern said that because he was not sure what was going on with the client, he was "tentative" and "could've been a little uncertain" in his handling of the case. The supervisor interrupted the flow of his conversation and talked about how the the intern

"did a feeling intervention," and she talked about the intern's characterization of "tense" relative to his intervention and the client's situation:

Supervisor: ...so it was doing two things, it was trying to identify the tension in the family, [HMMmhmm!] ahm, and it was also identifying that he was, ah probably some tension in the room [HMmph!] with you. Ahm, I'm not clear what he's saying here, either!, but but he had three examples of criticalness. Like he criticized the...((particulars of the case))...So on one level, what I hear you picking up, if you can just kind of- is does this guy have a critical issue? Is being critical and being criticized an issue for him?, and what are the feelings around the issue. [HMM hmm] That's sort of what you're sort of wrestling with...So I'd start looking for that theme? myself [Hmmp!] and...particularly because the word you used initially was "a dark mood", you also said he was very cognitive...so I'd continue to look for the critical theme? with this guy. [Yeah, yeah!] And ways for him to own it...ahm, the way I do it is, you could, you would do it with ahm, "it sounds like there's a lot of critical feeling happening in your family arena". You just describe, that's what you would do, there's tenseness", so just take your tense and move it a bit. [YEAH.] So, "a lot of tension here, but also, critical feelings" is kind of where you move things? [yeah] Just sort of talk about how it impacts on you personally, 'cause that's how you would move it? [hmmhmm.] You would move it by identifying the feeling, ahm, and=and the dynamic with it too?!=and then the dynamic...

They discussed the case in greater detail, labelling the client's feelings, and the supervisor made additional suggestions regarding the intervention. Near the end of the session the supervisor told the intern that what he should be doing in therapy involves helping the client to understand "how criticism feelings hook up," because "pulling our strength" was the other side of handling criticism, although it involved "feeling the hurt." Then she related this back to the session-therapy discussion of the intern's personal issue of anxiety and excitement, and the intern agreed with the new

understanding they had developed of the case, and the session ended with:

Supervisor: It's similar to what we talked about earlier about anxiety versus excitement!, you know, if we touch the anxiety, we could see that there can be some excitement!, you know if we do it in a... if we're not afraid of it and move through it! It's the same process, here. [HMMM HMMM! Sounds very familiar.] Hmm HMM So in some ways you're trying to help him do some things that he also is trying- that you're trying to do for yourself. So you can understand some of his struggles. [hmmHMM!] They're not easy because some of us are just socialized that way...Well, alright, I think it's interesting that the themes, these two themes are similar, >but I think they are<!

Intern: Yeah, Yeah! So, ahm, I think the critical, I mean that what was labelled anger, is more helpful in terms of looking at as critical, because it sort of brings this into dynamics =

Supervisor: Oh yeah =between him and (?) =I think it'll stay there for a while. I mean there certainly is a lot of that, yeah. Good!

The supervision session was described in extensive detail so that aspects of the supervisory relationship and the supervisor's style of moving in and out of the modelling and didactic modes could be illustrated. Additionally, this session was reviewed in entirety because the intern suggested that the supervision discussions of "risk" involved, for him, the experience of both professional and personal insight. In Chapter Six, the relationship between the session text and the intern's interview text will be discussed. However, two sections based on the interview data conclude the description of Dyad One, and they provide additional contextual information that will be used to develop the discussion in Chapter Six.

Storying Process in the Interview

This section involves the storying process in the interview discussion, and it includes a brief exemplar from the text. The semi-structured interviewing format involved my asking the interns questions about instances of insight and the development of clinical knowledge and skill in supervision training. In the course of the interview, other issues such as being supervised for the supervision of practicum students, and various supervisory styles were discussed. In order to clarify what the interns meant at various points, I asked other questions that influenced the flow of the conversation and the understanding that was developed. In the process of mutual understanding, then, the interview interaction involved a storying process between the interns and me. In discussing the first intern's experiences in supervision, I asked the following question regarding teaching and learning in the supervisory process:

***Interviewer:** Is there for you a preferred style or character to the supervisory process, now that you've discussed your history of these various kinds of supervision, um and this is really an aside, it's it's not something that ahm It's seems to follow from what you've discussed, as you discussed in your tape, too, you know, you're preparing to walk out the door...((to begin independent practice)) ((the intern answers a knock at the door and talks with someone))...So, here you are with the conclusion of this learning experience for you- but, in looking at these various styles, is there a preferred style? of supervision that you can identify?*

***Intern:** Ahm, I think, Yeah! sort of generally, ahm it's sort of along the lines as if you you can't walk the walk, don't talk the talk! [hmm hmm] So, the supervisors I've met with ahm who can tell me about what they do in therapy and what's valuable in therapy, who can also convey that*

in my interactions with them, ahm especially in terms of the supervision setting, those are the people who persuade me...ah the sort of three elements, I I don't know, I never really thought of that myself! [yes ((laughs)) you you just did!] Yeah! that's right! ((laughs)) Ahm Thank you! >you helped with that< ahm less consciously than now, those have been criteria for what good supervision's been.

In prompting the intern to express what he felt was a "preferred style" of supervision, he became more "conscious" of criteria that were the basis of what had been, for him, "good supervision." However, this information, rather than being part of a prepared question format, evolved out of the material the intern offered in his description of various supervisory styles.

Intern One: Impact of Participation

I asked the intern if he had any thoughts about participating in the research, "knowing that you were participating in this this project, what that might have meant for you?" He said that he didn't think that it "interfered," but that it "just sort of added the mechanics of setting up the machine to go and then putting it on as we began the session." I asked him if it was similar to having a tape running during sessions with a client or in supervision.

Intern: I thinnnk so. Yeeahh, um there's an element of that, I think it there were some that it decreased quite rapidly, as our awareness of the tape decreased, we habituated to it I guess.

Interviewer: Do you mean during the course of this study, or just in general when you're setting this up for a session =

Intern: probably any session you set something like this up, but also probably initially, it's like, "Oohh, I'm going to do this tape, what's going to be done with it, you know, I know it's confidential, but who's going to hear it, what are we going to say in our supervision session, you

know, what's going to come of it?" so you know, your anxiety probably, you know, goes up a little bit, then decreases through the session. The next session you probably have a little anxiety, too, about as high as before, but eventually it's sort of like "Oh, we'll put the tape on."

In terms of personal impact, then, the intern reported that participation in the study was of minimal importance. Beyond the inconvenience of operating the tape player, he felt some anxiety because he didn't know what would be done with the tape, nor what the session would involve. He talked about similar feelings when taping sessions for review in supervision.

In the next section the second dyad is described. As in the description of the first dyad, the components of the contract are outlined through the interview with the intern. Additionally, the interview text is used to illustrate the intern's sense of role and function, the style of supervision, and related issues.

Dyad Two

In the second supervisory dyad, both participants were male. The audiotaped sessions began in the second month of the rotation and covered a six week period. Consistent with the earlier dyad, reference to these participants throughout the remainder of the study will be as "Dyad Two," "Intern Two," "Supervisor Two," or the second dyad, intern, and supervisor.

The Contract: Collegial and Non-directive Supervisory Relationship

The second intern negotiated a contract for supervision that was designed to help him "make the transition from student to professional." This involved a non-directive supervision format that was "less structured,"

in the sense that there was not a "set agenda," and the intern was not "expected" to present certain cases. Nonetheless, the intern developed a written contract "which was really a letter" that outlined what he hoped to achieve in supervision, and what he expected from the supervisor in the process. He reported that he specified three "goals," and that all three were related to his preparation for professional status. The "primary" goal involved establishing a "collegial" supervisory relationship:

Intern: ...the contract that I put together with him was at the beginning of March and it was, one of the aims WAS really to to move away from a structured kind of supervision to one that would prepare me more for independent practice ahm, so that was part of the contract? [hmm hmm] was to BE more collegial? Ahm, it was also part part of the contract was to focus on ahm my confidence, my own self-talk as a professional in what I say about what I'm doing, what I worry about, and ah and I guess another goal was to was to focus on um brief therapy, since at the end of April when the full-time students from the winter term are gone, it's almost like we start another sort of mini year, ahm or session HERE, in terms of clients, NEW clients coming in in May [hmm hmm] and then since we're only here until the end of August, it would definitely have to be BRIEF therapy, and so so I wanted to ahm, spend time focusing on how to tighten up what I do, and how to structure my therapy so that it could be brief [hmm hmm], so that I could accomplish it in that time frame. So, even though the process of of our supervision has been unstructured, that was part of the agreement, was where it would go.

In this contract, then, the intern established a non-directive and collegial supervisory relationship that would enable him to become more independent in his clinical work. He also determined that other goals set out in the contract involved developing expertise in conducting more directive and brief therapy, and to focus on learning how to structure his therapy so that it was conducted within a shorter time frame. Additionally, he wanted to develop

more confidence in his work.

Intern Two: Role and Responsibility

The intern described his role in the supervisory relationship primarily in the sense of bringing up issues about which he lacked confidence. He also said that he felt that it was his responsibility to be sure that the client's needs were met, and that problems that were related to the facility's operations were discussed with the supervisor:

Intern: Ah I see it as bringing, I mean first of all, bringing to the supervisor's attention anything that's ahm, any ISSUE that I'm struggling with, you know? anything that I'm not sure that, that I'm NOT entirely confident that I'm handling well. Secondly, I bring to their attention anything that I think the administration or the service needs to be aware of for their function. So if it's a client who is going to require service that I can't provide, or when I'm not here, or will require further service, then certainly I'm obligated to ah talk about that client so that there can be continuity, since I'm only here a short time. But the first the first issue of ah is the primary one, whenever I'm not SURE about something that I'm doing, whenever I don't have ah, I'm not sure what to do, you know, I I bring that to my supervisor.

Intern's History of Supervision

The intern's goal of increasing his confidence in his work was something that carried over from the previous rotation supervision. The intern said that his earlier supervision was "discovery oriented," during which he realized how a lack of confidence had the potential to make the work he did with clients less effective. He talked about the issue of confidence, and how aspects of his earlier supervision fit well with the second rotation supervision:

Intern: ...Yeah, my first part, the first rotation was more focused on ahm getting a sense of what my orientation really is, what my interests really are, can I work with this client population? So it was less focused on how I'm gonna work, and less focused on sort of case management, more focused on what can I do? So a discovery kind of thing. And the second term it was there was more "okay, I know I can do this now!" and I was working on the confidence thing, which helped me to acknowledge that, "now let's just see if I can tighten it up a little!" and ahm, continue to build confidence. So there was sort of two parallel [hmm hmm] things. >And I think they fit together<, because if I can see myself as being efficient, then I feel competent, whereas BEFORE it's kind of like...I wasn't aware of, I wasn't thinking about, I didn't realize that it was, see, I I didn't frame it as confidence, I framed it as INcompetence, you know ((laughs)) more like, I kind of thought "oh gee, I'm not very good at this yet, I'm still a student" like that's kind of what I was thinking? I thought "oh, I've got so much more to learn, I don't really know very much at all yet!" and the way it was turned back on me was "You're THERE!" I mean, "of course you've got a lot left to learn, one of your strengths is that you're open to learning a lot of things, but that can also be a weakness, you're too open to it, and you're not giving yourself credit for what you know!" So it just put a whole new frame on on where I am, I guess, developmentally. And so so that's been what I've been working on most over the period that you're, ah during this study.

The Supervisor's Style

Elements of the contract agreement were evident in the intern's description of what was typically talked about in the supervision session. The focus of the discussion often involved professional issues, and the intern asked for information about things like preparing for presentations or interviewing for a job. However, confidence was also addressed:

Intern: ...during that time frame when I was involved in doing was ahm applying for um or going for an interview in ((a geographic location)) for a job, [hmm hmm] and ah so some of the issues I discussed at time were more development issues, and you know, very practical things like applying for, how to apply for jobs, how to prepare for a colloquium I did and that kind of thing and um how to decide, um how to what kind of questions I needed to ask, and that kind of thing. So, ahm some of that

probably, may or may may have come up on the tapes, some of it didn't but that was a significant portion of what we discussed during supervision... We talked about cases, and I guess, but I mean most of what I was doing around cases was ahm was still connected to that idea of confidence? so that when I talked about a particular case ahm, my supervisor was looking to see what I was thinking about, what I was doing kind of thing- make sure that I gave myself credit for what I was doing right, that kind of thing.

The intern talked about a "shift" from past supervision, during which he would rely on the supervisor for solutions to problems that he encountered in therapy. However, his sense of supervision had changed, and that involved bringing up different kinds of issues:

Intern: Ahm, it's been more, the kind of questions I've been bringing have been more GROWTH oriented rather than problem oriented? which is kind of ironic, or I guess it's really not a coincidence that I'm doing more solution-focused work with clients and here I'm doing sort of more solution-focused work as a supervisee, or requesting it, whereas before it was, my sense of evaluation was, "Well, the supervisor's there to fix anything that's not working that I'm doing" or something, to find a problem and we'll attack problems, and so so that was a SHIFT with this supervisor, and I think that was probably evident over the time that you were taping, was that it was less problem-focused, it was more like "where do I want to go?"

Insight and Change

The second intern talked about how his clinical knowledge changed during his second rotation supervision, and those things appeared to relate to issues that were outlined in the supervision contract. He said that because there was an informal and less structured format:

Intern: It really varies, ahm like I said, it's become less formal through the year, and I think that was intended. We talked about the process as well, that at the beginning is a little more structured because ahm, depending on what we need, you know, in terms of that stage of training, you might need a little more guidance and and leadership,

whereas at this point, the idea is that we're moving into being independent, and that we need to use supervision more to consult? as we would with a a colleague, so I think that that's the way the supervision has been, the intern period of this ahm study has been more ahm consultive, sort of more, ALMOST collegial.

The intern also talked about confidence and how he had become comfortable with himself in conducting therapy, using more humour in his relationship with the client, and being able to make therapeutic decisions:

Intern: Yeah, and the quicker I could move on, I could be more decisive in saying "okay, I think we're done" or you know, or at least ask the question "do you think we're done?" and "how will we know when we're done?" or something. Whereas before it was, "we can't possibly be done yet!" you know! ((laughs)) "I haven't DONE anything significant with you!" sort of thing. So that was the low that was when I had less confidence, I would sort of think that way, I think, [Hmm hmm!] probably prolong it a bit.

He talked about his tendency to use a client-centred and non-directive approach to therapy, and said that using briefer therapy strategies, and being more directive and structured with his clients, was a learning experience that changed his thinking about "empowering" clients in the course of therapy:

Intern: I guess the problem is even during the period of the study, I've been working on several goals simultaneously, and so ONE was confidence, but an earlier goal that I'm STILL, still working on is ahm developing a solution-focused approach to therapy... 'cause MY my orientation is ah more non-directive with an empowerment philosophy of ahm really encouraging a client to be a part of deciding where we're going and be in control of when certain issues are being discussed, that kind of thing. And yet, with some ISSUES, I'm learning to integrate, in I think a fairly smooth way! more directive kinds of things ahm solution-focused techniques that are are still EMPOWERING but are not, but are aimed at >briefer therapy<, so that you don't, I mean if the problem with non-directive is that it could go on forever...it's ahm for ME it was hard to grasp that I could be more directive and yet still EMPOWERING?

You know I always thought that the only way to be empowering was to be very PASSIVE and be just empathic and be just a good listener and that kind of thing...so I think the CONFIDENCE (part) up with it, too, because I can get up and walk across my office and find something for them and give it, and I can be more flexible and I could laugh about it...

The intern talked about how the changes in his clinical practice during the last rotation were "timely," and that becoming more confident and comfortable in therapy was related to his development as a professional:

Intern: I think that pretty well sums it up. The only real, I mean like I say, the only other part is just you know related to the confidence, I guess, and I'm MORE prepared than I ever thought I would be, to be to be a psychologist and I think of myself less now as a student than I did. SO I think I've met my goal as much as possible, the GOAL being transition from student to professional, so... >and it's timely< 'cause I'm starting a ((laughs)) I'm starting work September first in a tenure-track position in in ((geographic location)), so... so that's = congratulations! = thank you, yeah.

Evaluation and Power

The intern discussed his personal philosophy of "empowering" the client in the course of therapy, as well as issues of power in the supervisory and therapeutic relationships. In talking about the importance of focusing on briefer therapy because of recent changes in mental health care delivery, the intern said:

Intern: ...it's a reality that as counsellors or clinicians are now ahm we're moving to a model where you have to be accountable and "managed care" models where people are looking to see ah how quickly you can provide a treatment ahm an effective treatment, with the least amount of money [managed care model, that's the language?] Yeah, it's like employee assistance plans where you contract out to people to provide service, that's considered managed care because it's insured? and so insurance companies want to be sure that they're getting the best bang for their buck, and you know, we're not wasting money, and that's contrary to traditional models of psychotherapy where you just, you

know, long-term therapy might be five years ((laughs)) or something, and it didn't really matter [hmm hmm] right? [yeah] because you'd only be providing that service to somebody who could pay for it, OR if we're looking at ahm medicare looking at services that were covered by medicare, there wasn't as much accountability required? so you could [hmm hmm] do what you want. So there's demands on us now, to do it quicker...

However, the intern also felt that briefer therapy is valuable in maintaining an effective therapeutic relationship with the client:

Intern: ...ahm >and I guess, I guess as I do more reading, I realize< that it's probably in the best interest of the CLIENT and me, to do to be more efficient. [hmm hmm] So it, one, it was a pragmatic concern about, related to external demands, that we do this more efficiently; >but also for ME,< it's like ah I don't want to waste my client's time! I want to be able to ahm (.) move to the core issues, get the needs met as quickly as possible >and I think brief therapy< does does that. So, I think it's a good goal, to work as quickly as you can!

The intern discussed the issues of power that were involved in the relationship dynamics in both the supervisory and the therapeutic relationships. The intern said that although the "collegial" relationship that was negotiated in the contract was designed to ensure a "consultive" interaction with the supervisor, it was not entirely possible "because he's in a position of evaluating me." He also said that issues of power and being an "authority figure" in therapeutic practice influenced his relationships with clients:

Intern: ...as far as I see THERAPY, it's similar to the way I see therapy, I mean you can do, as a therapist, you can be emPOWERing and you can try and work on a level that's similar and equal to the client, but you CAN'T do that completely because no matter what you're an authority figure, you know, you're the therapist, it's your office, it's ahm, you control the time, and so forth. And it's the same with the supervisor, working with me I'm I'm the student and he's the supervisor, so we can,

there's a RANGE in which we can can ahm work as colleagues, >I mean you can't work completely as colleagues because we're not, you know, I'm the supervisee [hmm hmm], but you CAN get closer to being a colleague in some situations and with some supervisors, and with some, depending on what you AGREE, WANT, or NEED, what you contract for, you can get closer to that.

The intern talked about how being aware of the evaluative element in the supervisory relationship affected the working relationship, and he mentioned the use of humour as an example:

Intern: Well, I mean, one area that comes out, actually in the evaluation ah from supervisors, and the thing that I became aware, that I'm AWARE of, is that there's one category "uses sense of humour" ah in work, [hmm hmm] and ah >that's something that isn't there!<, for me when I'm working with my supervisor, 'cause he's somebody, you know I don't tend to do that, I do that with colleagues! I don't do that with superiors, very well... use my sense of humour [hmm hmm] you know, I'm not ahm, >I'm serious! much more serious<. Ah, so whereas with ((name)), fellow intern, ahm, you know we talk and we joke, you know, the front office staaaff, and with ACTUALLY other staff who aren't supervising you, quite comfortable joking around and being less serious. That would be one one limitation of that collegial element.

However, the intern said that as he became more confident in his work he found himself able to "use sense of humour with clients, too," something that was "a good sign" in terms of the "status" of the therapeutic relationship, as well as his professional development:

Intern: So, so, even though in the evaluation that was related to supervision, I think I think that's been an area of growth for me, and for (?) as well! It's definitely related to my level of comfort and confidence.

He discussed another way that evaluation limited the supervisory relationship and his personal expression:

Intern: Ahm, well I mean, we're supposed to evaluate supervisors, too, and and I kind of think that that's I think the intent is maybe admirable

that we would be giving some evaluation to them, >but it's not anonymous<, obviously. [hmm hmm] And, because, you know, how honest am I going to be? [yeah] You know, is it really in my best interest to be completely honest in every case? No, obviously not! So, what's the value of it? I don't know. I kind of, I see that as being a function of the the difference in power. You know, I I'm vulnerable, I can't speak my mind on it. [yeah] But I I do try to send some kind of message in a way that I think is honest, but but I hold back, so I I hold it back.

Intern Two: On Supervising Practicum Students

The second intern discussed supervising practicum students, and talked about his approach to supervision. He said that rather than acting as a "gatekeeper," he had hoped to develop an "empowering" and "collaborative" relationship with the student. However, he said that he didn't receive adequate "feedback" regarding his supervision work and that he would have liked more "constructive evaluation" of his work. He described the experience as "confusing," and attributed the problems to a lack of "boundaries" between himself, the student, and the supervisor who evaluated their work.

He said that in the process of supervising the student, he "trusted" her to identify the issues in the therapy session that were problematic for her:

Intern: Ahm, like I did some supervision of of MA. and practicum students, and and so I THOUGHT about that, and my my STYLE is to be non-directive and I expect expect the student to, >I TRUSTED< the student, as I trust clients, to bring issues that are relevant forward, and >I know OTHER people work differently< and it's like they feel they really have to sample the student's work, the intern's work, or something, to 'cause, who else is going to CATCH anything they're doing wrong, you know...it it's almost like, you can't really trust? the student to bring forward all the issues, 'cause they won't be aware of them? [hmm hmm] kind of thing? and so you have to be there watching quite a lot. And I guess I, I think that might be necessary for people

earlier on, when they don't know what types of issues to bring forward in their training, but my BIAS is in the other direction, NOT to, even even if it's early on in training.

The intern said that he saw a difference between acting as a gatekeeper and being supportive and respectful in his interactions during supervision:

Intern: I don't see myself > I guess I don't see my role < as a supervisor as a gatekeeper. I think some probably do, you know, gatekeeper to the profession. I see > I see other people doing that < ahm, I see the board of examiners for people who want to be registered, they can be the gatekeepers. I see the departments, academic departments as being responsible for that, although I I guess I worry, > I'm not sure anyway, that they're doing any of it < but, I know my role is ahm I see it more... I would do supervision and I like supervision when it's done in a more supportive way, ahm in a respectful way, in a trusting way, in a um, (.) I mean it has to be EVALUATIVE, but in a constructive way, not in a in a gatekeeper kind of way. I don't know if that's clear, the distinction gatekeeper versus supportive.

He said that the supervisory experience was not as "productive" as it might have been because there were differences between his approach to therapy and supervision that "clashed" with those of the practicum student's primary supervisor. This was problematic because the student's primary supervisor was also evaluating the intern's supervision of her, and the intern said that it contributed to a sense of "confusion." In the process of the supervision, the student approached both the intern and her primary supervisor, and the intern said that he spent much of the time "steering clear" of the issue:

Intern: ...what we did in the end was we, < I DID talk to the other supervisor and we both agreed that ((student)) was sort of doing this, and so we both came to an agreement that we would intervene with her, you know, bring that to her attention in a way that she was able to work with it. Ahm, so... I don't feel that I, I mean most of the time I spent

steering clear of working with that one issue? and I don't think I ever got any feedback on how I was supervising. Ahm, just because whenever we asked about something I could sense that there was some ahm insecurity or competition going on between who was supposed to be supervising ((student)) on this, and what what was I saying, "oh well that's different from what this person was saying," so it ah I don't think it works, really, [supervision of supervision?] supervision of supervision.

The intern said that he thought the problem was due to a lack of "boundaries" in the various relationships between himself, the student, and the supervisor. He also talked about recommendations he made to the administration for changes in the way that the supervision of practicum students was organized:

Intern: I mean actually I think it has to be someone independent who's who's I guess, > and this is a recommendation I've made...that there are clear boundaries? in supervision? So so, I mean between various supervisors, so if I'm going to supervise someone it will be on this case, you know, if there's going to be other supervisors involved, it will be clear what their role is. And it's not going to overlap, or if it does, I mean...if I'm going to be supervised, but, if my supervision's going to be supervised, it's not going to be supervised with someone who's who's also supervising the person I'm supervising, 'cause then their needs and their agenda gets confused with mine!...my goal is to to learn to supervise in a way that's consistent with who I am and my style, that is also meeting the needs of the trainee, and I feel that someone who's supervising me needs to be, their only concern needs to be, my training > and the client's > and the trainee I'm supervising's interests< and not their own? [Yes, hmm hmm] and so I think that's what got confused in this situation, was that, there was really sort of conflict of interest [hmm hmm] ahm, so I don't feel I got, I don't feel I learned in supervision much at all, of my supervision. I learned from the experience, you know, I ah it was nice to have the experience of supervising someone, but I don't think I got a lot of constructive ah feedback on it.

He talked about how the inarticulated boundaries made his role as a supervisor difficult, and that it contributed to a lack of credibility in the overall process:

Intern: I mean, one of the, I guess one of the things that I, one of the sort of messages I heard from the person who was supervising my supervision was that "really, this is just for my benefit" so ahm, and I think ((the supervisor)) sent that message to the person I was training. So I wasn't a real supervisor, it was like ((the supervisor)) was giving me an opportunity to practice kind of thing. And I don't think that's appropriate, 'cause it set up a dynamic where I really couldn't do supervision 'cause I wasn't credible, I wasn't... I mean that message took away my credibility in a way [hmm hmm] so, ahm, so I think at the beginning it needs to be clear that this person is IS going to supervise you in this capacity and everybody has to understand, has to be clear on what that role is, you know, all parties. And it has to be considered legitimate? the supervision.

The Value of Contractual Relationships

The intern discussed the importance of establishing boundaries in both supervisory and collegial relationships. He said that in doing so, there is more opportunity for learning and constructive feedback:

Intern: Ahm, I guess, I guess I want to feel ahm that we're CLEAR, we're clear on on our roles. I mean, I think it's, 'cause I guess informed consent, I mean that's part of my empowerment thing, is that we have to agree on why we're being together. You know, are we being together ahm to learn at all from each other? Or are we being together simply to provide a service, say in group therapy, are we being together to COMPLEMENT each other? say I've got this skill, you've got that skill, ahm, you know, WHAT do you feel COMFORTABLE with? Do you feel comfortable with me asking you these things, or suggesting, how do we do, how do we arrange feedback for each other? SHOULD we be doing feedback? You know, I guess (.) REALLY to sending signal that I I think it's important that we talk about how we work together. [hmm hmm] And so I DON'T want to take away the um, >I don't want to FORMALIZE it in any way!< but just to say "I'm open to this? I'm open to talking about this?" and I think if if ahm (.) you know, I'd like to do that at the beginning to avoid having something conflict, occur that might not might not be easily resolved. You know, unless you sort of say "look, we need to talk." [hmmHMM] 'Cause I think it's tricky 'cause I think some people don't want that, you know, they don't want to to LEARN, necessarily, or they don't want to get feedback from a facilitator.

The intern had thoughts about how constructive criticism and establishing informed consent were also involved in finding supervisors who were willing to be observed in their work:

Intern: Ahm, some ah, I noticed that in part of my training, it's been very hard to get supervisors who are willing to do WORK, while you observe them. So, so you have to kind of check out "Hey, look, is it okay for me to to WATCH how you work? and ask you questions about it?" [hmm] >Not in a critical way, but in a, < because I think some people perceive it as >as soon as you ask a question, you're being critical, you're questioning what they're doing.< So THAT'S why I like to sort of feel that out ahead of time.

Storying Process in the Supervision Sessions

The collegial and non-directive character of the supervision is evident in the collaborative storying. The supervisor spoke relatively infrequently; however, when he did speak, he often influenced the flow and content of the discussion. In the first supervision session that was taped, the supervisor asked the intern to talk about a group presentation related to professional development issues in which he had participated. The intern broke into the talk to add that he also wanted to talk about his specialty training at an outside facility. They talked briefly about the specifics of an ongoing case, and the turn of talk was casual. The intern described the client being "in limbo" over an issue, and the supervisor mentioned that his concern would be "if" the client had problems with "uncertainty" he would need counselling. The intern was in agreement:

Intern: Yeah, and I also feel that I can't really do anything with him [no, no] I was sort of running appraisal if he's on, you know he's in limbo and there's no counselling to be done right now, counselling might come

after.

Supervisor: *The only thing that I could see is if he wouldn't be able to handle the uncertainty, or needed to process that, but he would come in for that, I mean for that, I'm assuming, you know (.)*

Intern: *Yyyeah, that's sort of what I thought at the beginning, I thought they could be, that the work could be done all the way along, but he jussst (.) ahm =*

Supervisor: *just focusing. =*

The intern finished describing the case, and the supervisor asked him about the presentation, "Yeah, I'd just like to hear you know how it went, what you learned, what YOU learned." The intern said that he felt that the presentation went particularly well, despite his having to present his material in a shortened time frame because an earlier group member talked longer than he was scheduled to. The supervisor broke into the intern's description:

Supervisor: *Related to you know some of your own your own development ahm, what was your thinking your feeling in terms of your presentation? What was your self-talk? What was your, did this ahmm (.)*

Intern: *In terms of how it went you mean?*

Supervisor: *Yup, hmm hmm!*

Intern: *(.) Ahmm (.) ahmm the only, there was (.) most of it was fairly positive, I was aware of ahm I was confident, I was aware of my confidence. Ahmm comfortable, I wasn't that nervous (.) so I was aware of that and I was also very pleased with what I ahm prepared myself with.*

Supervisor: *Okay, hmm hmm.*

The intern continued talking about the group presentation and his "self-talk." Later the supervisor interrupted the intern and re-oriented the discussion in terms what he heard in the intern's description:

Supervisor: Okay (.) You know, I guess I'm going back into into your own you know [Yeah!] some of your goals.

Intern: Yeah, I had thought of that, it is it is important. Um (.) I think it was a little different than than it might've been in the past before I started to focus on self-talk (.)

Supervisor: The only part I heard there wasss ahm well, I don't if I heard it, but ((another group presenter)) was up longer than he said he would. Was that okay? Was that not okay? Therefore it shorted your presentation, you know that, I might have interpreted it that way. Ahmm, did you, I guess is the question, or did you feel that ((another group presenter)) =

Intern: I guess I, rather than saying maybe ((another group presenter)) could have ...((identifying details))...it was more like ahm maybe it was just a sign that his is more important than =

Supervisor: ((laughs)) That's what I was wondering.

In the third session, the intern brought in a videotape of his therapy with a client to discuss something because "I haven't really figured this out yet.." They discussed the possibility of the client "wanting to get in here more, ah maybe getting, ahm >in a WAY enmeshed< with me or counselling >or something like that<..." The intern talked about a feeling of "tension" in the interaction with the client, and the supervisor interrupted with, "Okay, but MIGHT NOT she simply be ambivalent? about what she really wants?" In the following excerpt, the supervisor described the sense of incongruence related to assertiveness and passivity that the client seemed to project, and

the intern made a "hypothetical" guess about what the supervisor would do:

Supervisor: You could even HEAR- you could even you know, she she's you heard, >Ah! I can't even speak!< She's ahm AGREED to taping. Almost.. use a little vignette of "What does SHE think?" >Well, she knows what she sounds like, so it's not that important< but.. really ask- is this person you're HEARING, [hmm hmm] >which is YOU< [Mmm.] ah ASSERTIVE? Is it GENUINE, is it inCONGRUENT? See, >what I'm REALLY picking up is the incongruence<. (.) Her PRESENTATION, her STYLE, is SO together, isn't it!? At least from what we've heard; and yet ah (.)

Intern: So YOU, so th ah.. I mean I KNOW this is just HYPOTHETICAL, and this is not necessary mine to read, but the IDEA would be that you would ASK her? is this.. passive?, or this the =

Supervisor: so you could HHHEARR the break, almost, that she would start, COULD start crying.. you know? (.) She's SO close to to.. LOSING it! But she's >NOT AT ALL!< [hmm, HMM HMM] you know everything.. [hmm hmm] I at least I think =

They continue to talk about details of the case and the intern concluded with a summary of why the case was difficult, adding that although he initially thought that the case was "easy," in fact it was "tricky" and would likely be of a longer duration than he expected:

Intern: It's tricky! [MMM HMmm] See, I'm sort of struck with the idea, at FIRST that this is an easy case! ((laughter)) And and you KNOW what it WAS, it's the DIRECT opposite of my long-term case. MY long-term case was very difficult to ENGAGE, I'm STILL not sure I've engaged him, and it's kind of like >"I CAN'T do any work until I've ENGAGED him!", [Yeah] >And ((another therapist)) was saying, "Well, I don't BELIEVE that!< "You know what I mean, I think you can do work WITHOUT having that, whatever, [yeah] ideal kind of therapeutic relationship you're thinking of!" [yeah, yeah] HERE, PERFECTLY engaged, you know, [TOTALLY! VERRY, EXcellent] SHE would come for two years! No problem! She would come, you know, everyday.

In the last taped session the intern told the supervisor that he would be beginning a tenure-track position immediately after the internship rotation

ended. They discussed his preparations for that and then talked about a case that the intern started during the prior week. As he talked about the case, the intern laughingly revealed that although there were other counsellors at the facility who also had special experience in the background needed to best serve the client's needs, he took the case because he felt that his theoretical and political beliefs made him the most suitable person to conduct the therapy. Afterward he made a joke about how the client decided that he should take the case:

Intern: And I said, there are a number of counsellors here who- there are three ((particular type of)) counsellors, probably any one of which she could see, and that they all have experience in working with ((a particular issue)), but my sense is that none of them would identify themselves as feminist and that none of them would bring in feminist ideas. And my SELF-TALK at that time was saying "I'm tooting my own horn here and this is BAD!" ((LAUGHTER!!!)) But I did it anyway, and I said, "I'm probably, I AM the only one here who uses a feminist perceptive" so- I left it.. I guess what I feel uncomfortable is I loaded it for her. I basically decided for her in a manipulative kind of way, that she would see me. (.) I mean that sounds pretty loading doesn't it?! But then, I guess that's what we do, don't we? [I think-] THAT'S A JOKE! ((the intern laughs))

Supervisor: What we do, I think, is instill confidence. [We persuade (?)] And we...YEAH!

Intern: So I persuaded her.

Supervisor: But in a healthy and honest way. You know, you didn't-

Intern: I said, I did say it was my own bias-

Supervisor: You didn't misrepresent yourself. See I think there's where it's gets wrong, if you misrepresented who you were.

Storying Process in the Interview

During the interview, the intern was asked to explain a portion of the transcript in which he and the primary supervisor discussed the kind of specialty supervision that the intern was receiving for his work in a field placement at an outside agency. In the session-discussion in question, the intern had talked about working as a co-facilitator with someone whom he admired because his feminist beliefs and his work were "congruent." The intern told the supervisor that they had established an "egalitarian" relationship, even though the intern was "really a student" in the relationship. The intern told the primary supervisor that he was not being supervised from the individual assigned as the specialty supervisor, but that he was supervised, in a sense, by the co-facilitator:

Intern: Yeah. (.) SO so in response to your question, did I get that supervision down there, I think I get it from ((male cofacilitator)) as a cofacilitator, ahm although I don't HE he ah in his congruent way ah >doesn't supervise me.< We we you know, we debrief together, we prepare together, we respect each other but he doesn't sssay =

Supervisor: But you learn from each other?

Intern: We learn from each other but it's not like ah (.) well >because it is so congruent there's no power difference.< I guess he doesn't (.) maybe this isn't such a ah maybe it is that's how supervision should be! ((laughs))

Supervisor: Maybe supervision's the problem ((laughs)) from very limited definition ah the expert ah connotation and all the rest of it.

Intern: Yeah. (.) I guess what sometimes one of the things I like about one of the things I do like about supervision and the power differential is that you can get you can ask for some guidance [yeah, yeah] and with ((male cofacilitator)) I'm not sure he's comfortable doing that I'm not

sure I'm comfortable asking him to do that. Like it's kind of like I guess you need a little bit of distance? to be able to like to get this other perspective and that's what I would like to see from ((the assigned supervisor)) who's our supervisor...

In reading through this and subsequent sections of the transcript of this session prior to the interview, it appeared that the intern was talking about being surprised and amused to hear himself saying that he appreciated a directive supervisory relationship. During the interview a series of turns in the conversation involved a storying process in which a mutual understanding of what the intern meant was clarified:

Interviewer: You know, I ahm, one of the things that I thought was very interesting in one of the sessions, if I can refer specifically to some content there? [Hmm HMM] there, >and you can let me know if you feel comfortable discussing this any further<, [hmm hmm!] was your recognition of the quality of the ah, if you prefer the term character >it sound less judgemental, >and and that's not my intent!<<, of the supervision, or LACK of FORMALIZED supervision at this other facility that you were working at, that the individual who [hmmm] ahm was to function as your immediate supervisor, instead the character of that relationship was co-facilitative, [Yeah. yeah.] and THEN you, you know, were discussing something about that clinical EXPERIENCE and you said something like "Well I don't know! This egalitarian, egalitarian ah relationship... inhibited my asking for help on this issue!"...And and then as a CLOSING remark to that you said something- "I GUESS what I'm asking for is I think I would have preferred a little more directive STYLE!" [hmm hmm] and on the tape it sounded as if you were saying "WHAT?! Is this coming from ME?" [yeah, yeah.] What about that?

Intern: Yeah! It sorta was, but when I reflect, when I think of that NOW, it's more I think, and maybe it was ahm maybe it isn't, I mean maybe there could be some direction? in there, but really it was a ROLE clarification. So we weren't sure that we could ask each other things, because we'd never really CONTRACTED to be ah, giving each other feedback?... You know, it's clear that my supervisor is here to say< what he or she thinks about what I'm doing!< [your supervisor here] well, well yeah! in a formal arrangement like this, but in that OUTSIDE arrangement he was just a co-facilitator and there was supposed to be

other supervisors, but ah (.)

Interviewer: And yet, you defined his role initially though, that he was also supposed to be supervising you! or am I mistaken on that?

Intern: Umm, I'm not sure if that's what I said, it's not accurate, really, um because there was a supervisor, but...((details of administrative changes at the field facility))...So then the real EXPERT was the person I was co-facilitating with, and so he was the one I did LEARN from, [okay] ahm and yet we didn't formally set that up because he WAS just supposed to be my co-facilitator. And my supervisor was supposed to be teaching, SO it was it was ((laughs)) a weird set-up!...((remarks about the assigned supervisor))...I mean that that comment that you played back to me about "It would've been kind of neat to have more directive [hmm hmm] supervision."...I mean the thing about supervision is that you've got this person who's spending an HOUR, like AS with a therapist in client and therapy, who's spending and hour just on your training needs, and THAT didn't happen there. [hmm hmm] So, but I think part of what I was doing in that, what you picked up from that tape was, "Oh yeah! well that's a disadvantage!" you know, when you just learn collegially from people, that that person isn't there just for you! ((laughing)) You know, isn't spending an hour just to help you learn! And so, so that's that's (.) ahm something that was missing, >probably something I took for granted!< I guess, ah in supervision HERE, is that, >so that was the other side of the COIN!< like okay, sure there's problems with the hierarchical arrangement, that's supervision, BUT you're getting an HOUR of wonderful time, all just for you!...SO, it's more like INTELLECTUAL kind of thinking, it wasn't that I think ahm tooo crucial...

Interviewer: Um... yeah, and in that point in the tape, I think that ah it was really a surprising thing, I mean you said it a kind of with humour and with a "WHOOA! [yeah, yeah] IS this ME speaking!?"

Intern: Yeah, I think that was more (.) yeah, 'cause there was IRONY in it, and it was and I'm not sure what that irony meant. PART of it was also because, we'd gotten ourselves off on a sort of intellectual exercise, it was like, this is really ahm, I think it's relevant, I think you can tie it in, but it was almost a bit like we'd gone on a tangent on it, 'cause I don't thinnnk I was really ahm (.) PART of what I realized was that ahm I wasn't DIScounting the non-directive, egalitarian relationship, [hmm hmm] and so I didn't want, I was saying "This makes me, I guess, I like that, You know, I like that! I don't want to dismiss it!" [hmm hmm] It's

just isn't this IRONIC! how it's... It's like, I guess I like BOTH of these, and isn't that IRONIC!?

In this series of questions and answers, the intern agreed that he felt that the egalitarian relationship inhibited both asking for and giving feedback about the therapy session. He added that this type of feedback would have been possible if he and the co-facilitator "contracted" such an arrangement, but that in the formalized supervisory relationship, the role was clear. He talked about the hierarchial arrangement as a necessary component, but also mentioned the benefit of his work being the focal point in the formal supervisory process. The intern concluded his remarks about the issue with an explanation of the sense of irony related to his appreciation of both non-directive and directive working relationships.

On Becoming a Member of Academia

Following his discussion about starting an academic post, the intern was asked to talk about how becoming "part and parcel of an institution of higher learning" might alter "your approach to both therapy and to ahm supervision." He said that he had given consideration to that:

Intern: Yeah, I've thought of, I think about that from time to time, 'cause I think of where I came before this year, I wasn't doing much clinical work, you know, it was mostly research and I was much more involved as a political activist in, both in a gender way, but more sort of as a socialist way I guess, in opposing the Gulf War and things like that, and I have been, I have been institutionalized... at ONE point I was seriously questioning being a clinical psychologist, ah because it reinforces too much the ah status quo...Ahm, and so if I put, help them ((clients)) feel better about the way their life situation is right now, then then I'm reinforcing the status, [okay, yeah] the deplorable state of our communities, so...((talks about how as an "introvert," he's not suited to

community psychology))...but I I'm hoping I'll find ways to < to fight that. 'Cause I think it's very real that that institutionalization. [hm hmm] ...Well, one of the ways I plan to deal with that is by having, > like one of the things that attracted me to ((the institution at which he will begin work)) is they're very big on research < so, they give you at least a day in the week to research, so, that will be my day to step back from the institution and go with my ahm, idealism, a little bit more.

Intern Two: Impact of Participation

This intern said that having the supervision sessions taped did not interfere with his work in supervision. He talked about how it was difficult to remember to set up the recording equipment because his attention was focused on his work:

Intern: I wasn't aware of it when it was on, ahm... the hardest thing about it was to simply ahm REMEMBER!, to remember to to put it on and ah... and I guess it's a, I guess, if this is FEEDBACK, >I'm not sure if that's what the question is, feedback < >But I'll give it anyway! < ((laughing)) But I think that it's, it's just that it's ah, I think it's it's DIFFICULT, 'cause it's not, because it's not, obviously as we're working it's not a priority 'cause we got a lot of things to do, so we do forget... and ah I guess, my sort of sense is it's probably impossible to get perfect, I mean, anywhere near-perfect ahm compliance kind of thing. Compliance isn't the right [Yes, I know what you mean] word! [Meeting the request, huh?] YEAH! so I think, I think it's an ambitious study, but I guess it's, like realistically to be able to get subsequent sessions of supervision, it's um, I'm not so sure how much difference it would get, >needing to get reminders and that kind of thing <, it's just (.) there's so many things happening and so many things come up and different issues, that you just forget to do it.

However, the intern talked about how discussing issues in the postinterview were "thought-provoking," and led to the development of "insight:"

Intern: NO! it wasn't really bothersome, I I mean in fact, the PART that's a benefit to me is certainly not, I mean obviously not the taping, but that this is more interesting 'cause it's like, the questions are thought-

provoking are helping me to... I mean, some of the answers I'm giving you, I'm working out as I go, you know, I mean ah [hmm hmm] Some of them are INSIGHTS that I'm developing as I'm (.) talking to you, > which is kind of kind of neat < [hmm hmm] So the, so in terms of ahm value to me in in participating, it comes it's coming now, more than it certainly did before, I think.

Summary of the Findings

The supervision session and interview transcripts were examined via discourse analytic methodology for instances of language use and the storying process that illustrated the context and relationship dynamics involved in clinical supervision. Excerpts of text elucidated the influence that the training model and the interns' individual supervision contracts had on the relationship that developed between each intern and his supervisor. The interns discussed how they personally viewed their role and function in the supervisory process, and how their clinical knowledge and skill changed over the course of the internship training.

The excerpts of the supervision session and postinterview transcripts of the dyads revealed that there were similarities in certain aspects of each intern's training experience. For instance, each intern felt that developing skill in conducting briefer therapy and becoming more comfortable in using a more directive clinical approach were important at this stage in their training. The interns also said that they would have liked more intensive experience and training in supervising practicum students. However, the supervision contracts that each intern negotiated with his supervisor, beyond the basic elements required as part of the training program, were characterized by

what the interns felt they needed as they completed their last stage of clinical training. As such, the first intern's supervision focused on learning to "sharpen the edges" and explore "blind spots" in his therapeutic technique, and the second intern was concerned with professional issues and the transition from being a student to becoming more independent in his clinical work.

CHAPTER SIX

DISCUSSION OF THE FINDINGS

Clinical Psychology and a "turn to language"

Clinical practice involves "talk" about clinical issues. In the therapy session, the client and the therapist discuss personal experiences and the solution to problems. Similarly, the intern and the supervisor talk about their clinical experiences, and they collaboratively develop an understanding of the therapy session and other relevant issues. In negotiating a mutual understanding, the intern and the supervisor develop meaning and knowledge through a process of storying and restorying during which the story of a client may be restoried by the therapist so that the supervisor can begin to understand the therapeutic situation. In turn, the intern and the supervisor may construct yet another story, which may then become the basis through which other related issues are understood. Therefore, supervision involves talking and the storying-restorying process as the foundation of clinical experience and practice.

Parker (1990) recommended that a "turn to language" as a methodological basis in psychological research is a means of engaging the research participant with her meaning and personal account. He further suggested that in adopting a "discipline of discourse," the examination of language as the central agent of personal experience and social relations reveals how individuals are both constituted by the use of language within a given context, as well as the constructors of their social context through the use of language. Given this perspective, the intern and the supervisor are agents of clinical discourse, and their supervision discussions are context-shaped, as well as context-renewing. In talking during the supervision session, not only do they create a mutual understanding of clinical issues, they also talk their profession "into being" (Heritage, 1984). Therefore, this study examined the supervision session discussion and the interns' accounts of their training experiences in order to understand how meaning and knowledge were developed through the supervisory interactions, how the interns viewed their roles and responsibilities in the supervisory process, and what the supervision session and interview texts revealed about the supervision context and clinical psychology as a community of practice.

The Supervision Contract: Context and Agenda

The supervisory relationship is one of a "learning alliance" (Berger & Graff, 1995), and the particular specification of what the alliance involves is based on a contractual agreement. The purpose of the contract is to outline

the "expectations and goals" (pg. 420) that the intern and the supervisor have of each other, and the provisions that are agreed upon in the contract become the basis of the supervisor's evaluation of the intern's clinically related conduct over the term of the supervision (Berger & Graff, 1995). In turn, the intern evaluates the supervisor on the basis of the issues outlined in the contract agreement that framed the dynamics of their supervisory relationship.

However, the conditions of the supervision format are also determined by a given training facility's program agenda. For instance, the internship program at the research site in this study involved five types of supervision formats which varied in duration and focus. Additionally, both the treatment of clients and the training of the interns were influenced by the facility's overarching developmental perspective. Finally, the organization of the facility as a clinical internship program was founded on the Boulder scientist-practitioner model, as are the majority of clinical training programs. As such, the supervisory relationship and training context were interrelated with the supervision contract that was negotiated by the intern and the supervisor, in addition to the facility's theoretical perspective and training program agenda. A comprehensive examination of the supervisory session and postinterview excerpted text, therefore, involved detailed knowledge of the context in which the supervision was conducted, as well as an understanding of the contractual agreement that was the basis of the

supervisory relationship and the evaluation process.

The Supervision Contracts

Loganbill, Hardy, and Delworth (1982) described supervision as a complicated relationship involving attention to the therapeutic welfare of the client, and concern for the supervisee's clinical skill and knowledge, in addition to the evaluation of her work. In the previous section, it was argued that beyond an interpersonal teaching and learning relationship, supervision involves a contractual agreement that is embedded in an ecological system of contexts (Tochon & Magnusson, 1993). Consistent with this perspective, the analysis of the session and interview texts revealed the pervasive organizational power of the supervision contract, and the terms of each dyad's contract as described by the interns will be discussed as a contextual point of reference from which much of the session and interview text, as well as the storying process, were understood.

Dyad One

The first intern talked about the supervision contract that he negotiated with his supervisor in terms of goals and expectations, but he prefaced his discussion with remarks about how the negotiations began when he "agreed to be in this setting," an acknowledgement of the structure of the training program that made it "inevitable" that he would become involved with that particular supervisor. Additionally, the goals that the intern set for himself in the training process were "limited to her style of supervision and therapy."

In terms of his input, the goal of "constructive criticism" was likened to "salsa," and he "opted for strong" so that he could "sharpen some soft edges" and work on "blind spots" in his clinical skill. He characterized the relationship as "directive," and said that "it was really insight I was looking for from her." The supervisor was to be directive in the relationship, providing the intern with criticism of clinical and other "relevant" issues that affected his work in the interest of his development of "insight."

This intern also wanted to learn the supervisor's style of conducting therapy so that he could develop a more directive therapeutic approach and conduct briefer therapy sessions with clients. Part of the agreement he had with the supervisor was to have her model her style of therapy directly to him by "engaging" him as if he were a client. Overall, much of the supervision format was predetermined by the organization of the training program, and the supervisor's model of supervision and therapy. The intern's input involved his receptivity to constructive criticism, and his willingness to participate in the supervisor's model of therapy so that he could learn directive and brief therapy skills through a teaching and learning process that involved interactive modelling combined with didactics.

Dyad Two

The second intern negotiated a contract that was designed to "make the transition from student to professional." The goals that he outlined in his "letter," rather than on the standard contract form, regarding the supervisory

contract included participating as a "colleague" in a "less structured" supervision format, increasing his confidence through "self-talk," and integrating elements of a directive and brief therapy approach into his existing collaborative and "empowering" model. Although not expressed in relation to the developmental model of training that is often the organizational foundation of internship programs (Blank, 1964), the intern negotiated many elements of what has been described as "junior" colleague status in the final stage of internship training (Astor, 1991).

Insight and Change

Both interns talked about how their knowledge and skill changed during the course of their internship supervision. Each intern also described the changes in relation to the conditions in their supervision contract. Given that their contracts differed in terms of the format of supervision and personal goals, it is not surprising that the changes they reported were of quite different types. However, there were also similarities that seemed to be related to one goal that was shared by the interns, and to their stage in the training process. They both began to use briefer therapeutic methods, as per their common supervision contract goals, and both talked about an integration of skills, a major focus of the intern stage of training in the preparation for transition to professional practice.

Intern One

The first intern talked about how his style of conducting therapy had changed from a predominantly client-centred approach to one that involved a directive model that included "collaborating with the client in setting goals." In doing so, the intern reported that he remembered specific moments of professional insight during which he said to himself "Oh that's a good way of doing that!" He recalled that he communicated with the client in much the same way that the supervisor did with him in the course of her "modelling" and "labelling" during the supervision sessions.

The first intern also described personal insights and "emotive" experiences that developed during the supervision discussions about "risk" that he "wouldn't be thinking about unless asked." This is consistent with the relationship contract that the dyad negotiated in that the intern was looking to the supervisor for insight in the process of her constructive criticism of his "blind spots." It is also consonant with Berger and Graff's (1995) description of the "learning alliance" in the supervisory relationship in which the supervisor facilitates the student's recognition and understanding of personal issues that may affect the therapeutic process.

Intern Two

The second intern also reported that he began using a more directive style in his clinical practice, although he said that the change involved "integrating" the directive and brief therapy components with his preferred

style of client-centred "empowerment." Additionally, this intern described a "shift" in his perception of the supervisor's role in supervision, saying that he no longer relied on the supervisor for solutions to therapeutic problems. He described becoming "growth oriented rather than problem oriented," adding that it was "not a coincidence" that he was "more solution-focused" in both his work with clients and in supervision. Similar to the changes described by the first intern, it appeared that the character of the second intern's supervision format was mirrored in his therapeutic format. However, the second intern talked about how the changes over the course of the supervision were less related to developing clinical skill and knowledge, than were related to his participation in an unstructured and more collegial supervisory relationship. He also said that his confidence had increased, and that the general focus of the supervision was related to professional development issues and his preparation for a job upon completion of the training program.

Roles and Responsibilities

The interns' discussion of their roles and responsibilities in the supervisory process were quite different. Although both agreed that part of their role involved talking about difficulties they were having in conducting therapy with clients, other aspects of the contracted relationship with their supervisor were apparent in the description of each intern's sense of how he functioned in relation to his supervisor. In each intern's discussion of his

role in the training process, they also talked about their perceptions of the corresponding role played by their supervisor.

Intern One

The first intern described his "stated function" and "purpose" in learning in supervision was to "receive learning and criticism," as drawn up in the "initial negotiations" in the contract. He discussed the supervisor's role in terms of her helping him "elicit" or "distil" what he was to learn from his "ramblings" during the supervision session. He said that in the process, his responsibility was to be sure that the time was used to "good effect," and in doing so, that he engaged in "self-evaluation" to determine what he felt he needed or lacked. He also talked about developing insight into "taking risk" in dealing with "uncomfortable" material in his roles as both supervisee and therapist, and the supervision session discussions often revolved around the goal of exploring "feeling issues" and "risk." Given this, the roles and responsibilities of the intern and his supervisor were outlined as part of the directive and collaborative contractual relationship.

Intern Two

The second intern discussed his role in supervision primarily as it related to his confidence in dealing with problems in his therapeutic relationship with clients. He talked about "bringing to the supervisor's attention" issues that he was "struggling with," and it seemed to be consistent with his "solution-focused" approach to both supervision and therapy. Additionally,

when he talked about his role in the supervision of practicum students, he discussed "trusting" that the student would identify problematic issues that they had with clients so that they could "collaboratively" work them through in supervision. He also said that he felt it was his obligation to "bring to" the facility administration's attention any concerns he had that were related to the service of the client or facility operations. As such, this intern described assuming an active role in the resolution of problems related to the service and training programs.

Storying in the Supervision Sessions

The analysis of the supervision discourse and the storying process between the interns and their supervisors revealed the dynamics of their interpersonal relationships as they engaged in a collaborative understanding of clinically related issues. However, in the following discussion of the storying process and their social interaction, the interview text and the interns' description of their supervision contracts will be used as a point of contextual reference. As seen from the discussion in the previous sections, the supervision contracts involved elements that framed the content and process of the supervision session in relation to the interns' sense of their roles, functions, and responsibilities, as well as those of the supervisors. Additionally, the interns' talked about the changes in their clinical skill and knowledge in terms of the contracted supervisory relationship, and the contracts also involved aspects of the internship training model that

regulated the conduct of the participants in the supervisory process. As such, in order to understand how the interns and supervisors developed meaning and knowledge in the storying-restorying process, the supervision "talk" was examined in terms of how language functioned to "shift" the meaning that evolved, as well as studied for language use that reflected meaning that was both context-shaped and context-renewing.

Dyad One

The first intern described the supervisory relationship as directive and collaborative, and that he was "looking for insight" into his "blind spots" in the supervisory relationship. He talked about the model that the supervisor "advocated" as one that involved identifying problems, "labelling" feelings, and focusing on choices and coping strategies. The excerpted text illustrated the supervisor "engaging" him as if in a therapy session, during which she moved between "modelling" the therapeutic process and didactically explaining what she did and how to apply it in therapy. As such, the supervisor actively immersed the intern in a storying-restorying process in which she conveyed to him her knowledge about the therapy model through social interaction in order to facilitate his understanding of what it involved. In this sense, the supervisor "directed" the course of the storying-restorying with the intern. However, the storying process involved the collaboration of the intern, as his "ramblings" and descriptions of the therapy session with the client contributed the experiential basis upon which

the understanding of both the model and the intern's experiences was developed.

The directive nature of the supervisory relationship was evident in the storying process in several ways, and the supervisor directed the content and path of the discussion early in the session. For instance in the first excerpt she reminded the intern that one of his "issues" was to talk "in terms of feelings," and their discussion continued in that vein. Additionally, the supervisor often determined the course of the supervisory talk through her management of turn-taking. That is, she 'moved' into the talk, evidenced by the transcription notations of "=" and "[]" in the text. The following example involves a series of rapid breaks between the speakers during which the supervisor and intern restored his sense of personal growth as "slow and gradual" interspersed with "Aha" experiences. She interjected the term "peaks," and the intern disagreed "...but they are = a little bit up and up...they're mini plateaus = plateaus, yeah." The supervisor introduced the term "plateaus," and once the intern accepted that conceptualization, it meshed into the continued storying process. Other instances during which the intern adopted the supervisor's language and interpretation appeared in the text. For instance, his "anxiety" became her "generalized" emotional state that hides specific feelings, which the intern expanded into the notion of "different degrees of anxiety," and so on.

More complex examples of restorying were revealed in the session excerpts. The intern described his approach to therapy with the client: "one thing I'm trying to do is to...move him into sort of looking at his feelings partly because...he has feelings about things but it's sort of vague...he's not he goes on to talk about thinking-things." This is very much like the supervisor's opening remark to the 'supervision-therapy' session in which she asked the intern to shift from his "practical" talk to "feelings" talk, and to the subsequent discussion about a "generalized" emotional state, which is similar to the intern's use of "vague" in describing the client's story. After the intern completed his initial description of the therapy session, the supervisor reinterpreted the client's problem as his having feelings, but in relation to those of other people, and that the client's reaction to other people's feelings was "embarrassment." The intern adopted the supervisor's story of the client and carried it into his interpretation of the case, as seen in "...he got a few things...a little embarrassment..."

After the intern and the supervisor viewed some of the therapy session tape, the supervisor asked him about his feelings during the session, and the intern discussed feeling "anxiety" and "tension," adding that he felt that he was "tentative" in his handling the case. The supervisor interrupted the intern's story of the session, and storied what he did as "a feeling intervention." Taking in the intern's characterization of the therapy session as "tense," the supervisor continued restorying the client's issue in terms of

"criticalness," and told the intern how she would handle the case by using the "tenseness" and "critical" feelings. After further discussion about what the intern should do in therapy, the supervisor talked about the thematic relationship between the intern's 'supervision session-therapy' and that of the client. The intern's last remark reiterated the new interpretation of the case as it was developed in the supervision discussion, using the language that emerged in the storying-restorying process.

Dyad Two

The collegial quality of the supervisory relationship in the second dyad was apparent in the storying process. The turn-taking of the talk between the speaker's involved a balanced interaction during which the intern 'broke' into the supervisor's conversation, and likewise the supervisor moved into the intern's speech. The intern described their relationship as "close to," or "almost" collegial, but he acknowledged that the collegial quality was not entirely possible because he was "still a student" in the relationship. This was evident at times during the storying interaction, particularly so when the supervisor assumed a more directive position in discussions that related to the intern's supervision goals. Additionally, although the intern often introduced the content and focus of the talk, the supervisor reoriented the discussion so that issues of self-talk and confidence or professional growth were emphasized. As such, the goals and expectations of the supervision contract appeared to frame the conversational relationship, and likewise, the

course of the supervision discussion.

In the first excerpt the intern talked about the status of an ongoing therapy case. After he finished, the supervisor made a brief remark about what he thought the relevant issue might be in the case, and the intern responded in agreement, followed by the supervisor's break into the intern's utterance which completed the intern's response. Following this, the supervisor directed the intern's attention to "...what you learned..." during a group presentation. As the intern described his experience, the supervisor interrupted the intern's story and asked him to talk about the presentation in terms of his self-talk, one of the goals outlined at the beginning of the supervision rotation. The supervisor reoriented the intern's story once again, and told him what he "heard" in the story, at which point the intern broke into the supervisor's remarks with an acknowledgement of the supervisor's interpretation.

The excerpts from another session involved the intern's bringing to the supervisor's attention a case that he had not yet "figured out." As the intern talked about what he felt might be the problem in the situation, the supervisor interrupted the flow of the intern's conversation to offer an alternative understanding of the client's situation. The intern offered a "hypothetical" interpretation of how the supervisor would manage the case, and the supervisor entered into the intern's remark and completed talking about his understanding of the client's problem. At the end of their storying

of the case, the intern talked about how his interpretation of the case had changed from the initial assessment of "easy," to a new understanding that it was "tricky" and much more complex.

In the final session excerpts, the intern told the supervisor that he had accepted a tenure-track position, after which he talked about a client he started working with the week before. The intern introduced the topic of his self-talk made during his discussion with the client about which counsellor would be best suited to work with her. The intern told a story about "tooting" his horn in the process, and "joked" about possibly "manipulating" the client as she made her decision. The supervisor restoried the interpretation of manipulation into an issue of instilling confidence, which the intern restoried as "persuasion." The supervisor accepted the terminology of persuasion, but qualified it by talking about the element of honesty in the intern's representation of himself.

Storying in Context

The storying-restorying process during the supervision sessions was framed by the supervisory context in which the interns and supervisors' discussions took place. Beyond the requirements and constraints of the internship training program at this research site, that context involved the individual supervision contracts which outlined the goals and expectations upon which the supervisory process was based. Likewise, the roles and functions of the participants were established through the supervision

contracts, and both the content⁴ and the process of the supervision talk were related to the supervisory context. As such, the storying process was shaped by the participants' roles as outlined by the supervision contracts, and that, in turn, fortified the preordained supervisory relationship dynamics.

The first dyad's "directive" supervision format organized the manner in which the intern and supervisor collaboratively developed meaning and knowledge through their supervisory talk. According to the intern, they negotiated a contract in which he agreed to "receive learning" and "insight" from the supervisor as she modelled and taught her style of supervision and therapy. The storying process was largely dependent on the supervisor's direction of what was discussed, what language was used in the process of mutual understanding, and, to a large extent, the order and frequency of the speakers. The intern described this as a good learning experience in which he developed personal and professional insight, learned to apply the directive and collaborative model in his work with clients, and comfortably integrated his new skills into his overall clinical training experience.

The storying process of the second dyad involved interpersonal dynamics that were "non-directive" and less structured than the first. Based on a

⁴"Content" and "process" involve meanings which, depending on the context in which they are used, generally relate to, in the former case, what topics and issues are discussed, and, in the latter case, the series of actions that occur. However, "process" may also involve the sense of relationship patterns in social interaction, and the use of "process" in this discussion involves not only the sequencing of activity, but also the interactants' relationship patterns.

contract of collegiality, the storying between the intern and supervisor involved more initiative action by the intern, although the supervisor oriented the discussion to goal related issues at several turns in the talk. The intern described his primary goal in supervision as "the transition from student to professional status," and the duality of the intern's role as both student and junior colleague was evident in the storying process. For instance, the intern and the supervisor talked about self-talk and confidence in relation to the intern's participation in a group presentation, as well as other professional issues. However, consistent with the intern's reported role in the supervisory process, he brought to the supervisor's attention client-related issues that he had not yet "figured out" so that they could work out a solution to the problem together. As such, the storying process involved both collegial and directive dynamics, and, as in the first dyad's supervision interaction, the content and process of the session-talk was contextually influenced.

Storying in the Interviews

The storying-restorying that occurred in the postinterviews involved intertextuality through which not only mutual understanding evolved, but also involved the interns' increased awareness and development of "voice" regarding their clinical training experiences. Early in the interview, the first intern talked about how the supervisor facilitated his development of insight regarding risk in that he "...wouldn't be thinking about that unless asked."

Similarly, at a later point in the interview I asked him to talk about his preferred style of supervision, and he outlined three elements that he felt contributed to "persuasive" learning experiences, "...I don't know, I never really thought of that myself...less consciously than now, those have been criteria for what good supervision's been." Talking to me about what he thought was involved in "good" supervision facilitated an increased understanding of what his training experience had been. During the second postinterview, I asked the second intern to talk about his experience as a participant in this research project. He said that the exchange of questions and answers during the interview "benefitted" him because the questions were "thought-provoking," and that as he worked some of them out they were "...insights that I'm developing as I'm talking to you." The development of insight and knowledge in the storying process, then, may also involve minimal active exchange between speakers. As seen in these excerpts, in response to the idea introduced by the question, the storying that the interns engaged in involved a self-reflexive process that facilitated their personal insight as well as the emergence of shared meaning.

The Supervisory Context Revealed through Text

The supervision session and interview text revealed information about the supervision context, the dynamics of the supervisory relationship, and the interns' experiences in clinical training and practice. A summary of some of the issues that were evident in the excerpted text will be discussed in

terms of the interrelationships between various sections of the transcribed text, and in reference to the relevant literature and ideas developed earlier in this research report.

Supervision training

Both interns talked about the various kinds of supervision styles that they experienced in the course of their training. The first intern described the "talk" and "walk" in supervision that he found to be very "persuasive" in his understanding of how to conduct therapy, and he talked about a quality of "personal relevance" that conveyed to him a "conception of why it is helpful for a client." This is consistent with Mollon's recommendation for training in personal observation and personal interaction (Pilgrim & Treacher, 1992), and the supervision model of the first dyad which captured those elements was, in the intern's estimation, "a good supervision."

However, personal observation of the supervisor actively engaging in clinical practice is not often a negotiable issue in the supervision contract. Pilgrim & Treacher (1992) noted that many supervisors are reluctant to have their therapeutic or supervisory sessions observed, and the second intern reported that "...it's been very hard to get supervisors who are willing to do work, while you observe them." Pilgrim and Treacher (1992) suggested that allowing themselves to be observed in their work would encourage clinicians' self-awareness, and would contribute to the understanding of the complexities involved in the teaching and learning process. Consistent with

this, the therapist who participated in Gale's (1991) conversational analysis of a solution-focused therapy session reported that in doing so, he was able to "...see my work through someone else's eyes...and to learn something new about it."

The lack of an opportunity to observe the supervisor in the process of supervision, aside from the intern's personal experiences in training, leaves the intern in a disadvantaged position when she begins to supervise students herself. That is, there is little difference between learning as a supervisee and learning as a supervisor in the internship supervision. Hart (1982) reported that inexperienced supervisors tend to model their supervisory style in terms of their previous supervisor's approach to supervision. Although this is similar in process to the intern's development of therapeutic technique, and as such, supervisory training is learned in the same manner and context as therapeutic training, there is little specific emphasis on training supervisory technique. Additionally, supervision training is not often a structured focal point in the internship training program, and the intern may receive little feedback regarding how the supervision was conducted. The interns who participated in this study each reported minimal experience in giving supervision, and neither said that they were given helpful supervision or constructive feedback of their work in the process. As Hart suggested would be the case, both of the interns applied the same supervision format in which they were participating with their primary

supervisor during their final supervision rotation, an illustration of Lave and Wenger's (1991) conceptualization of the "regenerative power" related to participation in a given community of practice.

Evaluation Issues

Grimshaw (1989) described institutionalized interactions as relationships of "superordination-subordination" which generate expectations of deference and compliance by the subordinate, and Astor (1991) described an inhibitory effect related to the evaluation process in supervised training. The second intern talked about his experiences in his evaluation of the supervisory process, and he said that the "intent is maybe admirable," but that it was related to a "function of the difference in power." Although he reportedly "tried" to provide a degree of "honest" feedback, he said that, nonetheless, "...I hold it back." Regarding the inhibitory effect of the institutional context and standard evaluation procedures in the supervisory process, Astor (1991) cautioned that neither the intern nor the supervisor may be aware of how their relationship is tacitly delimited. However, the supervisee may be more aware of issues related to "evaluation apprehension" (Berger & Graff, 1995), and part of the supervisor's lack of awareness may be related to the supervisee's self-protective and inhibited expression regarding sensitive issues in the supervisory relationship.

Power in Clinical Relationships

The interview discussion with the second intern revealed that he was aware of the "superordination-subordination" (Grimshaw, 1989) relationship differential in the supervisory relationship, and that he was also aware of its effect in therapeutic practice. He talked about trying to be sure that the therapeutic relationship was "empowering" to the client, but added that "...you can't do that completely because no matter what, you're an authority figure..." He suggested that one way to alleviate the power differential in a clinical relationship, whether therapeutic or supervisory, is to expressly "contract for" how the relationship was to be structured.

The second intern also discussed the category of "uses humour" in the evaluation protocol, and he said that he didn't use humour in the supervision session because he was aware of the power differential in the supervisory relationship. However, in the last supervision session, after he told the supervisor that he secured a tenure-track position, he used humour in his discussion of self-talk and "tooting" his own horn, "...But then, I guess that's what we do, don't we? [] THAT'S A JOKE!" It may be coincidental, but the intern talked in terms of his personal identification with clinical psychology as a community, using the term "we," after achieving professional status vis-a-vis the position at a university, and in the process, he apparently felt comfortable in introducing humour into the discussion.

Importance of the Brief Therapy Model

Cummings (1994) suggested that clinical practice will increasingly become part of the "megameds," (p. 7) or managed care models, and that training programs will focus on preparing interns in integrative therapy models that are effective and efficient. Both interns talked about the importance of learning to conduct brief and solution-focused therapy in their final stage of training as a preparation for professional practice. Moreover, this was formally emphasized as part of their training contract, and may be indicative of an awareness within professional clinical psychology of the need to adjustment internship training programs to accommodate changing social and economic conditions.

The first supervisor talked about her understanding of the intern's anxiety about planning for the future because "psychology" was no longer offering the "security" of a "career path," and she emphasized the importance of finding "another source of security...and it has to be in your ability, too." The second intern also talked about the issue of increasing changes in clinical practice health care delivery, which he said were related to an emphasis on "accountability" and the "demands on us now, to do it quicker." He talked about how he began to feel comfortable with using the "managed care model" because it helped him to "move to the core issues" quickly, and was therefore beneficial to both the client and himself.

Summary of Discussion of the Findings

The findings of the study were discussed in terms of the research focus on the development of clinical knowledge and skill, the participants' roles and function in the supervisory context, and the contextual information that was revealed in the session and interview texts. In the discussion, a synchronistic perspective was developed in which the interrelationships among various excerpts were examined. In doing so, information about the individual supervision contracts and the facility at which the training occurred was used as a contextual reference point and organizational foundation in the discussion. Specific issues raised by the interns in the postinterviews were related to other session and interview excerpts, as well as to the relevant literature and theoretical arguments mentioned in the earlier chapters.

CHAPTER SEVEN

SUMMARY AND CONCLUSION

Summary

This narrative inquiry of clinical supervision presented a discourse analysis of the storying-restorying process engaged in by two interns and their supervisors during the final rotation of their internship training. The research focused on the development of clinical knowledge and skill that were developed as the interns and supervisors talked during the supervision sessions, how the interns perceived their roles and functions in relation to the supervisory process, and what the supervision session and interview text revealed about the supervision context and the supervisory relationship.

The Supervisory Context

A comprehensive examination of clinical supervision requires an understanding of the history of professional clinical practice. Most clinical internship programs are founded on the 1949 Boulder scientist-practitioner model which regulates the course of clinical training in North America, and the format of supervised practical training is structured according to the

practitioner component of the Boulder model. Additionally, particular aspects of a given facility training agenda are organized according to therapeutic theoretical models that further regulate the training protocol. Finally, the intern and supervisor often negotiate a supervision contract in which the goals and expectations of each member of the supervisory dyad are outlined. Over the course of the supervision period, the supervisor evaluates the intern's work, and much of the evaluation is based on the terms of the supervision contract. As such, the supervisory context involves a network of training regulations that influence the supervisory process and the relationship that develops between the intern and the supervisor. Even before the intern and the supervisor negotiate the terms of supervision, many aspects of the supervisory structure and process are predetermined by virtue of the training model and a given facility's operational mandate.

The supervisory context is complex, and it is the foundation of the supervisory relationship, but the relationship is no less intricate, because it involves issues and concerns related to the therapeutic welfare of the client, and the development and evaluation of the supervisee's work. Caligor (1981) suggested that the primary teaching and learning process in training may be tacitly mediated by the evaluative component of the supervisory relationship, and Astor (1991) suggested that the intern and supervisor's relationship to clinical psychology as an institution further implicitly influences the supervisory training process. Therefore, an examination of

clinical supervision requires inquiry methods that are not only suited to what actually goes on between the intern and the supervisor during the training, but also sensitive to the "invisible" (Astor, 1991) interpersonal and institutional constraints that moderate the supervisory process.

Supervision Discourse

Clinical supervision involves a "traffic in words" (Fortugno, 1991) through which the intern and supervisor collaboratively develop an understanding about the client and related clinical issues. The talk that organizes and conveys the meaning and knowledge in the supervisory process is "discourse" (Parker, 1992), and because the meaning that is negotiated through discourse is contextually dependent, the language that is used not only constructs the understanding of clinical experience and the dynamics of the supervisory relationship, it also reflects the structure and organization of the context within which it is used. Hoshmand and Polkinghorne (1992) advocated "practice-based inquiry" in order to understand the development of skilled clinical technique, and Parker (1992) suggested that a "turn to language" and discourse analysis are the means of understanding the personal account of individuals' experiences, as well as a vehicle for personal agency and the facilitation of "voice" in understanding how clinical practitioners understand themselves.

The Focus of the Research

The interns and their supervisors engaged in discussions during the supervision sessions, and in the process they developed a mutual understanding of the interns' work in their therapeutic sessions, in addition to personal and professional issues that were related to clinical practice. The supervisory talk involved an interactive exchange of information and personal accounts, and a storying-restorying process developed. That is, the intern and supervisor constructed and reconstructed personal and social stories (Connelly & Clandinin, 1990) as they negotiated a mutual understanding of the training issues.

The storying processes between the participants in this study were analyzed in terms of the discourse used as they collaboratively constructed clinical skill and knowledge. Additionally, the interns' personal stories during postinterview sessions were examined in order to understand how the interns' viewed their participation in the supervised training process. Finally, the supervision session and interview texts were synchronistically analyzed as a means of developing a comprehensive contextual grounding as a reference point from which the textual excerpts were understood.

The Development of Clinical Skill and Knowledge

The interns talked about how their skill and knowledge changed over the course of the supervised training, and in each case, the changes were related to the goals and expectations that the interns outlined in their

supervision contracts. They described adopting a more directive and solution-focused therapeutic style, and also said that they had comfortably integrated their new therapeutic technique into their overall clinical skill and knowledge. For each of them, the style of therapy that they used in their clinical work during the final supervision rotation mirrored the style of supervision in which they were engaged at the time.

The first intern also discussed the development of personal and professional insight, and he related the experience to the supervisor's style of conducting supervision. This involved a socially interactive format in which the intern was "engaged" as if "a client in therapy," during which the supervisor demonstrated and didactically explained the therapy model she advocated, in addition to facilitating the intern's learning and insight as they discussed his personal experience in the sessions.

The second intern talked about the "transition from student to professional" as the primary change that he experienced during his supervised training, and this was related to a supervision format that was less structured and "collegial" in nature. He also discussed changes in his level of self-confidence in his work, and said that he felt the changes were consonant with his overall focus on professional development as he prepared for independent and professional work in an academic environment.

Role and Function

The interns described their roles and responsibilities in the supervisory process in terms of self-evaluation of their training and supervision needs. This involved making the supervisor aware of clinical issues with which they needed help, and in the process, preparing what they needed to discuss for the supervision session. The first intern participated in a "directive" supervisory relationship, and as such, he talked about his responsibility in determining what he needed to learn, as well as being receptive to the supervisor's criticism of his work in the interest of his "sharpening the edges" and working through the "blind spots" in his clinical practice. The second supervisory dyad participated in a non-directive and collegial supervisory relationship, and beyond approaching the supervisor for help in "problem solving" issues about which he was not sure, the intern described a responsibility to the client and the facility administrator in identifying potential problems in the service of the clients.

The Supervision Context

The analysis of the supervision session and interview text revealed aspects of the training format and the facility's therapeutic and training model that influenced the supervisory relationship. However, the supervision contract that was negotiated between each intern and his supervisor not only reflected the institutional and training protocol, but was also influential in establishing the supervisory relationship and the intern's

roles and functions in the supervisory process, and it provided the structural basis in the development of skill and knowledge throughout the term of the supervision.

Conclusion

This study examined the language used in clinical supervision and practice. In examining the discourse of the supervisory "talk," the personal accounts of the interns and supervisors revealed their mutual construction of clinical knowledge and skill. The storying process through which the understanding was achieved involved a "shift" and development of meaning as intern and supervisor exchanged text, but much of the mutual understanding involved social meaning, or meaning that was mediated by the supervisory context. By virtue of the intern and supervisors' coparticipation in the training process, then, the supervisory talk was both context shaped, as well as context renewing, and the process through which clinical psychology as a profession was both created and maintained. In preparing the intern for the transition from student to professional status, the final stage of supervised training involves the integration of the skill and knowledge developed throughout the training program. A "practice-based" (Hoshmand & Polkinghorne 1992) inquiry of this stage of professional development not only focuses on an intricate point in the individual intern's training process, it also examines the dynamic interplay between creating and maintaining professional clinical psychology as a community of practice.

In conducting this narrative inquiry of clinical supervision, the participants collaborated in the research project by contributing their direct experience of the teaching and learning process. This study, therefore, contributed to the development and synthesis of research and practice in two ways. First, Mollon (cited in Pilgrim & Treacher, 1992) raised questions about the balance between learning from research, and learning from experience in clinical training. This project offered an opportunity to "learn" directly from the participants' teaching and learning experience, in a sense merging learning from research with learning from experience in clinical training. Second, the research approach involved an empowering relationship in which the voices of the interns and their supervisors were valued as the focus of the inquiry, in addition to being consulted during the analysis of their data. Hoshmand and Polkinghorne (1992) advocated "practice-based" narrative inquiry as a way to understand how language is used in the development of knowledge in skilled clinical technique, and this narrative inquiry of the storying process in clinical supervision examined the Boulder training model at its conceptual foundation, incorporating the voices of the professionals for whom it is intended to serve.

CHAPTER EIGHT

PERSONAL REFLECTIONS

I approached this research project with the kind of excitement that accompanies expecting the unexpected. This related to the research as a stimulating body of work, but it was also wrapped up in my transition from an academic base in social psychology, to beginning my first year of training in a clinical program. However, much of my excitement was quickly tempered by apprehension as I began to realize what politics and mechanics were involved in conducting research in an area charged with sensitive and first-person human material. This may be reflected in the lengthy, and perhaps defensive, persuasive argument that was developed throughout this narrative inquiry. It is often difficult to "sell" the goodness of learning from personal account and experience, and if the reader has persisted to this point, I hope that my collaboration with the participants has contributed to an understanding of the supervision process and the dynamics that lie beneath training and the supervisory relationship.

In the process of transcribing the audiotapes weeks prior to conducting the postinterviews, I was privy to the personal experiences of the interns. During the interviews, I felt steeped in the supervision session text, and as the interns talked about their clinical training I was very familiar with many of their references to the supervision sessions. This helped me to clarify my understanding of the textual data, and I conferred with the interns several times about how I was interpreting what the supervisory process involved based on their experience.

My apprehension early in the research process diminished as I became further engrossed in the transcription process, laboured as it was, because I began to see how valuable it was to have the actual text at hand. Understanding how supervision worked meant figuratively situating myself in the middle of the intern and supervisor's discussion. I also began to feel very excited about participating in the supervisory process myself, because I realized how supervision could be used to the best advantage in my own training experience. This was fantastic, because supervision was much more meaningful to me as a beginning student. I was able to take a few 'shortcuts' to understanding the therapeutic and supervisory process because I journeyed part of the way with the interns as they embarked on their own professional paths. Its my hope that the reader, whether student, supervisor, or casual acquaintance, will find similar benefit in this work.

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Appendix A:

Samples of Research in Clinical Supervision in Psychology

Ellis, M. V. (1991). Research in clinical supervision: Revitalizing a scientific agenda. *Counselor Education and Supervision, 30*(3), 238-251.

A recommendation for clinical supervision and theoretical formulation based on a scientific agenda.

Fox, R. & Guild, P. (1987). Learning styles: Their relevance to clinical supervision. *Clinical Supervisor, 5*(3), 65-77.

A discussion of conceptualizations of learning styles and the need for supervisors knowledge of the worker's particular learning style during clinical supervision.

Heppner, P. P. & Roehlke, H. (1984). Differences among supervisees at different levels of training: Implications for a developmental model of supervision. *Journal of Counseling Psychology, 31*(1), 76-90.

A two year study of trainee perceptions of effective supervisory behavior and critical incidents which differed according to the level of training achieved.

Hess, A. K. (1980). Training models and the nature of psychotherapy supervision. In A. K. Hess (Ed.), *Psychotherapy supervision: Theory, research, and practice*. New York: Wiley.

A study of supervisory goals and the relationship parameters of supervision which includes supervisory types, roles, functions, and

communication patterns.

Iberg, J. R. (1991). Applying statistical control theory to bring together clinical supervision and psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59(4), 575-586.

A statistical analysis of empathic responses in first session performance and a discussion of standardizing therapist behavior through use of training manuals versus postsession client ratings.

Pritchard, K. K. (1988). Reactions to "The case presentation approach in clinical supervision." *Counselor Education and Supervision*, 27(3), 249-251.

A review of Briggs's conceptualization of clinical supervision in terms of cognitive development and suggestions for identifying the varying cognitive levels of trainees.

Rickards, L. D. (1984). Verbal interaction and supervisor perception in counselor supervision. *Journal of Counseling Psychology*, 31(2), 262-265.

Concluded that there is a moderate relationship between the rating of supervisory dyad verbal interaction and the trainee's perception of various supervisor attributes.

Appendix B:

January--, 1994

name/address

Dear -----:

I am conducting a master's thesis research project which is tentatively titled: "A Narrative Inquiry of Clinical Supervision in Psychology: A Discourse Analysis of the Storying-Restorying Process". The study will examine the qualitative aspects of 3-4 successive supervisory sessions, via audiotapes, in which the student therapist-supervisor dyad discuss clinical casework and related issues. Additionally, I would like to interview the student therapist after the last supervisory session is audiotaped. This will take no more than an hour and will be an informal and completely confidential interview. Only the investigator and the individual members of the supervisory dyad will know of the participation in this research.

I am enclosing a letter from The Department of Psychology at the University of Manitoba to show you that this study has been approved by the ethics review committee. If agree to participate, any information you supply will be kept confidential. Furthermore, you will have the option of entirely removing or partially deleting any portion of your materials if you have subsequent doubts about the inclusion of it in the study.

The audiotapes and interviews will contribute to research regarding the development of professional clinical skills on the part of both the student therapist and the clinical supervisor, as well as providing a view of the student therapist's concept of his/her role in the supervisory context. I will contact you by telephone after you've received this letter so that you can let me know if you would like to participate in this study.

I look forward to speaking with you.

Sincerely,

Carrie Ann Lionberg
Department of Psychology
University of Manitoba

Appendix C:**Consent Form**

I agree to participate in a research project conducted by Carrie Ann Lionberg involving clinical supervision. I understand that my contribution will involve audiotapes of the supervisory session and, if I am the student-therapist in the supervisory dyad, an interview regarding my experiences in the supervisory sessions. I am aware of my option to contact Ms. Lionberg (XXX-XXXX or XXX-XXXX) during the course of the study so that we may discuss any issues or concerns related to my participation in the project.

Upon transcription of the audiotapes, the text will be reviewed so that information which would reveal the identity of either member of the supervisory dyad or any client referenced in the supervisory discussion may be deleted and coded. I will have the option of reviewing my own contribution to the data so that I am fully comfortable with my participation in the project. I have been assured that only Carrie Ann Lionberg will have access to the final transcriptions.

I also understand that I have the right to discontinue my participation in this research at any time if any aspect of it feels uncomfortable. I have been advised that, prior to the final data analysis, I have the option of entirely removing or partially deleting any portion of my material if I have subsequent doubts about the inclusion of it in the study. This includes refusal either prior to, or upon conclusion of, a given session/interview.

Name (printed)

Signature

Date

Appendix D:

- (.) A pause which is noticeable but too short to measure
- (.5) A pause timed in tenths of a second.
- = There is no discernable pause between the end of a speaker's utterance and the start of the next utterance.
- : One or more colons indicate an extension of the preceding vowel sound
- Under Underlining indicates words that were uttered with added emphasis.
- CAPS. Words in capitals are uttered louder than the surrounding talk.
- (.hhh) Exhale of breath.
- (hhh) Inhale of breath.
- () Material in parentheses are inaudible or there is doubt of accuracy.
- [Overlap of talk.
- (()) Double parentheses indicate clarificatory information, e.g., ((laughter)).
- ? Indicates a rising inflection.
- ! Indicates an animated tone.
- . Indicates a stopping fall in tone.
- * * Talk between * * is quieter than surrounding talk.
- > < Talk between > < is said quicker than surrounding talk.

Transcription notation system as summarized in:

Gale, J. E. (1991). *Conversation analysis of therapeutic discourse: The pursuit of a therapeutic agenda*. Norwood, New Jersey: Ablex Publishing Corporation. (p. 105)