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The Unsaid II: In-depth accounts of non-disclosures in clinical supervision from the supervisor's perspective

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Abstract

Aim: To offer an in-depth account of non-disclosures from the supervisors' perspective, this study sought to explore the supervisor's experience of non-disclosure within the supervisory relationship.

Method: Using interpretative phenomenological analysis (IPA), eight supervisors were interviewed.

Findings: Five super-ordinate themes are focused on in this paper: (a) Supervisor training, (b) Supervisor non-disclosure, (c) Management of trainee non-disclosures, (d) Supporting factors for supervisor disclosures, and (e) The effect of non-disclosures.

Conclusion/Implications: Exploring non-disclosures from the supervisor's perspective revealed that the supervisor's perceived lack of power and control at the beginning of supervision set the tone for their identification and management of non-disclosures in the supervisory relationship. A further finding related to how thoughts about non-disclosure were closely linked to reluctance to supervise and served the purpose of supervisor strategic self-presentation.

KEYWORDS

control, non-disclosure, power, strategic self-presentation, supervision, supervisor training

1 | INTRODUCTION

The withholding of information has a well-established history in psychotherapy. The ability to openly express one's innermost secrets was central to Freud's (1913/1958) psychoanalytic cure and today remains an important component of various forms of psychotherapy. Research findings into the area of withholding information have had important implications for psychotherapeutic development and practice. Similar to psychotherapy research, supervision research findings in this area are likely to have important implications for supervision training and practice. However, our understanding of non-disclosure in clinical supervision is fairly limited at this stage, in comparison with the psychotherapeutic context.

Research in the last two decades suggests that supervisors withhold information from their trainees for numerous reasons. Ladany and Melincoff's (1999) study found that 98% of

the supervisors withheld critical information from their trainees, citing supervisor uncertainty, concerns it would damage the supervisory relationship and concerns about the mistiming of the disclosures; that is, trainees may not have been developmentally ready to process the non-disclosures. Other reasons for supervisor non-disclosures ranged from anticipated negative reactions from the trainee and withholding information about personal issues, to doubts about their own effectiveness (Heru et al., 2006; Hoffman et al., 2005; Skjerve et al., 2009). Supervisors may also be anxious about their vulnerabilities, which may then prevent them from disclosing to trainees. It has therefore been speculated that they refrain from disclosing their countertransference, not in an attempt to protect trainees, but rather to protect themselves (Frawley-O'Dea & Sarnat, 2001). The effect of these types of non-disclosures on the supervisory process has been largely unaccounted for in supervisory research.

Supervisors' disclosures appear to be viewed by trainees as a significant component in supervision. Ladany et al.'s (2001) study found a positive relationship among supervisory style, supervisory working alliance and supervisor self-disclosure (SRSD). SRSD was found to result in strong, emotional connections with trainees and increased the dyad's ability to form a positive working alliance and thus better facilitation of trainee disclosures (Ladany et al., 2001). More recently, the effects of the SRSDs were also found to be positive to allay trainees' concerns and resulted in the trainees' experience of stronger supervision relationships and more disclosures (Knox et al., 2011). Supervisor disclosures that related to struggles the supervisor had in the therapeutic, professional or supervision realm (Ladany & Lehrman-Waterman, 1999) were also found to be more helpful.

Conversely, the supervisors' 'success' disclosures, which tended to reflect supervisors' narcissism, were seen as less meaningful to trainees (Ladany & Lehrman-Waterman, 1999). Generally, supervisors' disclosure appears to have contributed to a good learning environment and enhanced trainee development and growth (Knox et al., 2008). Studies further suggest that supervisor disclosure may also serve to normalise trainees' struggles and negative feelings, as well as improve the supervisory alliance (Skjerve et al., 2009). There is also consensus that the supervisor's ability to disclose relevant information may in turn facilitate trainees' disclosure of information that would ordinarily be difficult to bring to supervision (Ladany & Melincoff, 1999).

Gender also appears to play a role in supervisor non-disclosures. Female supervisors were found to possess more stringent personal and professional boundaries and subsequently made less use of disclosures (specifically regarding personal material; professional experiences; therapy experiences; reactions to the trainee's clients and supervisory experiences) than men (Heru et al., 2006). Furthermore, male and female supervisors were found to differ significantly in their perceptions of appropriate boundaries in supervision, with traditional gender role behaviours and differential gender socialisation patterns being hypothesised as possible reasons for this (Heru et al., 2006).

Several additional factors related to non-disclosures and the supervisory relationship have also emerged. Supervisor non-disclosure was found to ensue if trainees lacked openness, when the supervisory relationship was perceived to be at risk, if the supervisors avoided difficult feedback or if the supervisory relationship was weak (Hoffman et al., 2005). Non-disclosures in supervision also appear to be influenced by factors not only related to the supervisory alliance, but how control and conflict are negotiated within this alliance (Singh-Pillay & Cartwright, 2019). Using Quarto's (2002) definition of control in this context as 'one's perceived ability to define and influence how another person behaves with regards to the process of supervision' (p. 25), the link between non-disclosures and power within this space is accentuated. Power dynamics and *split-complementarity*—which occurs when a sense of mutuality is under threat—have been shown to impact on what remains unsaid in the supervisory relationship (Chen & Bernstein, 2000; Quarto, 2002; Singh-Pillay & Cartwright, 2019).

Implications for practice

- This research suggests that supervisors need to be reflective about their own withholding behaviours in relation to building the supervisory alliance and to be mindful about relational dynamics that underpin that alliance building. This is ideally an issue they can take to their own supervision.
- This research raises the need for further supervision training, specifically in terms of the theoretical criteria for alliance building in the supervision context and the processes involved. These issues appear significant and are likely to have implications for both supervision training and practice.
- The study also has numerous implications for further supervision research, one of which includes supervisors' felt professional inadequacy in addressing issues within the supervisory relationship. We also do not yet understand if what remains unsaid in supervision necessarily has the opposite effect on the alliance (i.e. an experience of weaker relationships) and this requires further exploration.

2 | SUPERVISOR TRAINING

Supervisors are often presumed to be 'the experts' (Ladany et al., 2013) within the relationship. As a result, new supervisors are likely to be more sensitive to perceived threats to their authority by supervisees and may, as a result, exhibit a rigid and demanding interpersonal style as a way of establishing boundaries within supervision (Muse-Burke et al., 2001). Novice supervisors are therefore more likely to behave in an overly controlling and structured manner (Ellis & Douce, 1994). The responsibility to evaluate trainees is also likely to be anxiety provoking for novice supervisors, calling into question not only the supervisor's judgement, status and prestige within an organisation (Morrissey & Tribe, 2001), but also the supervisor's performance and competence, as well as a shift in their roles (Bradley & Ladany, 2001). Importantly, supervisors' non-disclosures have thus far been thought to contribute negatively to the supervisory alliance and the sense of trust established (Ladany et al., 2001).

Within the South African context, although there is an absence of any formal training or development for clinical supervision, this appears to be an international trend (O'Donovan et al., 2008). In terms of supervision training and practice, the methods used by most supervisors tend to typically reflect the methods their own supervisors would have used (Spence et al., 2001). In South Africa, the Health Professional Council of South Africa (HPCSA) defines a Supervisor, or supervising psychologist, as 'a senior psychologist that has been registered as a psychologist with the Board for more than three years. Where applicable, the three-year period includes the time spent in compulsory community service' (HPCSA, 2014).

Form 160, p. 1). Once registered as a psychologist in South Africa, further supervision is not a professional requirement.

Considering the complex nature of non-disclosures within the supervisory relationship, it is unsurprising that more research is required in this area (Bernard & Goodyear, 2009). This study thus endeavours to offer a detailed understanding of non-disclosures within the supervisory relationship from the supervisor's perspective. Over the last two decades, there have been various definitions of non-disclosure put forward by researchers. Nielsen et al. (2009) offer the most recent definition of non-disclosure as '...every topic, significant or insignificant, that supervisees or supervisors reported that they do not talk about, including task-oriented feedback, in the supervisory setting' (p. 50). This definition appears most comprehensive and inclusive and was accordingly adopted for the purposes of this study.

On a broader level, the dated research available marks the absence of recent research in the field of supervision, particularly from the supervisor's perspective. This study thus endeavours to further this. Supervision as a process is generally concerned with the interaction of supervision participants, who reciprocally negotiate, shape and define the nature of their relationship (Chen & Bernstein, 2000; Strømme, 2014). Consequently, it appears that more attention needs to be given to the underlying dynamics of supervisory experience. Relational theory¹ offers a means of addressing this concern by broadly centring on several core ideas: (a) it emphasises the idea that all relationships are *co-constructed*, giving rise to particular relational patterns and positions in the relationship; (b) it emphasises bi-directional and mutual influences, where relatedness involves a process in which both persons in a dyad mutually regulate and influence each other, both consciously and unconsciously; and (c) relational theorists often emphasise that idea that relationships involve the dynamic inter-play of multiple subjectivities and multiple self-representations (Aron, 2006; Benjamin, 2004; Bromberg, 2009; Safran & Muran, 2000b). As a result, the current study utilises a relational focus as a guiding principle for exploring non-disclosure, with the supervisory relationship presenting an opportunity to understand interpersonal experiences and processes that may be linked to non-disclosure.

3 | METHODOLOGY

Interpretative phenomenological analysis (IPA) was utilised, focusing on the supervisors' subjective experiences of non-disclosures within the supervisory dyad. IPA hones in on how individuals make sense of their life experiences (Smith et al., 2009), so is particularly appropriate for understanding personal experiences, particularly privileging the subjective dynamics (Willig, 2001). In accordance with the goals of this research, the phenomenological component of IPA furthermore maps out participants' experiences and the interpretative component contextualises these claims and then makes sense of the mutually constitutive relationship between 'person' and 'world' from within a psychological framework (Larkin et al., 2006,

TABLE 1 Supervisors' demographic characteristics

Supervisor	Category	Supervisory experience
Lerato	Counselling	12 years
Mike	Counselling	8 years
Cindy	Clinical	3 years
Sonum	Counselling	6 years
Sheri	Clinical	5 years
Pat	Clinical	13 years
Sally	Clinical	5 years
Taryn	Clinical	5 years

p. 117). In terms of the present research, ideally the overall outcome is an attempt to gain renewed insight into the phenomenon of non-disclosure in supervision, informed by participants' own relatedness to, and engagement with, the phenomenon. Although IPA has been used to explore a wide range of psychological topics, it has only recently been evidenced in studies of clinical supervision focusing on trainee experiences of non-disclosure (Singh-Pillay & Cartwright, 2019). The aim of this paper was thus to establish a body of knowledge in relation to non-disclosures in clinical supervision, particularly from the lens of the clinical supervisor.

3.1 | Participants

In order to target suitable participants, purposive sampling was utilised within this study. The inclusion criterion was based on supervisors having at least three years of supervisory experience. The study explored non-disclosures within supervision from eight supervisors' perspectives. All identifying details were eliminated to protect confidentiality. Participants were situated at Hospitals and University Counselling Centres in South Africa, and participation was completely voluntary. Initial contact was made with participants telephonically to introduce the study, followed by a session to build rapport, discuss consent forms and outline the research process. Confidentiality and the anonymity of the participants were maintained throughout the research study, and identifying material was removed from the research report. The audio recordings and the transcriptions were anonymised. The eight supervisors who agreed to participate in this study averaged 31–60 years, and their supervisory experience averaged seven years. Six of the supervisors were white and two were Indian. Seven were females, and one was male. Their individual details are reflected in Table 1.

3.2 | Data collection and analysis

Semi-structured interviews were utilised in this study, and all interviews were conducted by the first author. The following questions (Singh-Pillay & Cartwright, 2019) were used as a guide:

1. What constitutes trainee and supervisor non-disclosures in clinical supervision?
2. What are the perceived influences of non-disclosures in supervision?
3. What are the perceived consequences of non-disclosures for the supervisory alliance?
4. How are non-disclosures in supervision likely to be managed by both members of the supervisory dyad?
5. What might have facilitated disclosures within the supervisory relationship?
6. How are non-disclosures in supervision perceived to influence trainees and supervisors personally and professionally?
7. How are non-disclosures in supervision perceived to influence the therapeutic experience and outcome?

All interviews spanned approximately 90 min. As recommended (Smith et al., 2009), all interviews were audiotaped, which meant that the richness and depth of the verbatim transcripts were easily accessible for in-depth analysis. First-stage analysis involved the researcher immersing herself in the data through listening to the recordings and reading the transcripts numerous times. Following IPA methodology, all exploratory comments were first noted in the margin (Smith et al., 2009) and then analysed using psychological concepts and abstractions to identify developing themes. Thereafter, themes were ordered chronologically to form clusters of connected themes and were labelled. Finally, a table of these themes was developed which reflected the higher order themes and the sub-themes (Table 2). The first participant's transcription was used to create the list of themes, and other transcripts were then analysed to further identify these themes or other related themes. Linked themes were clustered together, and if they appeared unconnected, they were dropped. Once a final set of themes was summarised, this was then evidenced with quotations from the transcripts. As a final point, this was then turned into a narrative account with verbatim excerpts (Smith et al., 2009).

In terms of the supervision process, the first author was mindful of her own supervision as a trainee being essentially task-orientated and, as a result, neglectful of personal difficulties. At that time in the supervisory space, it was felt that trainees had to compliantly agree to what was said, to avoid narcissistic outbursts from some supervisors. Although the supervision styles were never made explicit then, the peculiar supervision styles some supervisors adopted tended to be very cognitively based and overlooked trainee perspectives about their cases or even trainee feelings in relation to clients. Considering these experiences, it was expected that the writer's own biases had the potential to affect the research questions and interpretation of the results to some extent. As a result, the researcher regularly reflected on her preconceptions about the data and attempted to suspend these in order to focus on understanding the experiential world of the research participant. As recommended by Smith et al. (2009), all interviews were audio-taped and transcribed verbatim for accurate reflection of data. During the research process, if strong concerns or researcher bias was identified, then these were mindfully

discussed further with the co-author. The authors pre-emptively discussed how assumptions based on gender, appearance or status may have influenced how participants responded to research questions, and what they may have chosen to disclose or keep to themselves. It is furthermore believed that a safe and non-judgemental research setting was formed, by establishing rapport with the participants, creating transparency about the research process and regular researcher reflection, collaboration and oversight.

4 | RESULTS

There were five superordinate themes that emerged from the data: (1) Supervisor training, (2) Supervisor non-disclosure, (3) Management of trainee non-disclosures, (4) Supporting factors for supervisor disclosures, and (5) The effect of non-disclosures. The themes are presented in Table 2 with verbatim excerpts. This study focuses on the novel findings related to the supervisor's perceived lack of power and control, which emerged at the beginning of supervision and set the tone for the subsequent cycle of non-disclosures in the relationship, primarily perpetuated by the supervisor's need for strategic self-presentation or an inability to address negative feedback.

4.1 | Supervisor training

Most supervisors felt ill-equipped and unconfident in their supervisory roles. This appeared to impact on their ability to identify or manage non-disclosures. Supervisors in the study reported no formal training in clinical supervision, and as a result, some felt unprepared and, in some instances, inadequate to offer supervision to trainees. Taryn, a supervisor based at a hospital, illustrates this in her excerpt:

... there's no real training... after being qualified for 3 years, it was just taken for granted that we would begin supervising students, so first it was very ad hoc² supervision and then it became formal supervision. So, I think I supervise the way I've been supervised because there's actually nothing that says ok, this is how you supervise, this is what you do.

(p.1, 8)

For most of the supervisors, there was no discussion, consultation or mentoring about their roles as supervisor. However, none of the supervisors appeared to have challenged the institutional directives, and in so doing appear to have complied with this expectation. There also appears to have been a marked absence of guidance for supervisors in their role of supervisor and often they relied on their own experience of supervision to inform their roles. Sheri, a supervisor also based at a hospital, spoke of institutional expectations despite the lack of training in supervision.

TABLE 2 Summary of superordinate themes

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

Well, we had no specific training on how to supervise. I think it's expected of you as a clinician after a certain number of years to know how an intern should be able to interact at different stages of their internship with the patient. I'm not a 100 % confident.

(p.1, 12)

Sheri's excerpt, like many supervisors in the study, conveyed the belief that institutions generally held the view that clinical supervisors were proficient clinicians capable of supervision alongside an institutional expectation to be 'all knowing'. Underlying this expectation appears to be an implicit 'authoritative power' afforded to supervisors by the institution. Although many of the supervisors lacked confidence in their ability to supervise, they passively continued supervision despite this. This lack of training combined with institutional expectations to function competently as supervisors in the absence of such training meant that supervisors often did not have the skills to identify or manage trainee non-disclosure within supervision.

It also further suggests that supervisors were unable to identify their own withholding behaviour and how this may have impacted on the supervision dynamics.

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

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

(p.2, 28)

Similar to Mike, most of the supervisors in this study were unaware of the various supervision models, but continued to supervise in the absence of this and used their preferred therapeutic approach to inform supervision practice. This may have been attributed initially to their lack of formal training in the area, their impromptu placement in supervision, as well as their disinterest or de-motivation to supervise. The training deficits and 'not knowing' experienced by most supervisors in the study appear intricately linked to their perceived lack of autonomy regarding the decision to supervise. This also appeared to lead to reluctance to supervise as many felt they were not given an option. Cindy's excerpt illustrates this further:

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

(p.1, 12)

The supervisors' experiences in this study conveyed the impression that there was generally an absence of supported transition into full-time supervision. Rather, it appeared imposed on them and they felt powerless in deciding about this role and did not challenge it in any way. Supervisors in this study often felt 'out of depth' as a supervisor and were overwhelmed and unprepared for this role. This was linked to the idea of supervision being an onerous task. Sonum speaks to this further:

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

(p.1, 47)

Her words clearly reflect her unwillingness to supervise. They also convey a disinterest in supervision as an unavoidable obligation, as well as her lack of motivation. The supervisors' lack of autonomy about their decision to supervise, and subsequent reluctance to take up this role, further reflects the perception that many of them had no control over supervision within an institutional context. Some of the supervisors felt powerlessness and their reluctance raises concerns about how this impacted on their ability to genuinely and meaningfully engage with their trainees. It further raises questions about their ability to effectively identify and manage difficulties in supervision, such as non-disclosure. The implications and pervasiveness of this finding will be discussed further in the discussion.

4.2 | Managing trainees' non-disclosures

Some supervisors believed that trainees' non-disclosures were linked to a sense of safety in the supervision relationship. These supervisors maintained that they addressed trainee non-disclosures fairly and cautiously. Most of the supervisors in the study suspected that trainees who were afraid of their supervisors, or did not feel safe within supervision, were most likely to withhold information. This was perceived to have been done primarily to protect themselves. Lerato elaborated on this perception:

I would imagine that it probably has to do with how safe their supervisor makes them feel. I suppose if they know they are being evaluated, if qualifying is dependent on one's evaluation assessment of them, so I suppose it depends on how safe the supervisor makes them feel and I think it also has to do with the intern's own level of confidence and feelings of competence or lack thereof.

(p.3, 51)

The perception of trainees' safety and subsequent self-protection using non-disclosures appears to have been, in some cases, inferred from some supervisors' own experiences as trainees themselves. For example, Sally used her own experiences of non-disclosure as a trainee to guide her as to what trainees may have not disclosed to her.

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

(p.4, 6)

The supervisor's quote illustrates how she used her own experiences of withholding behaviours in training to raise awareness of particular types of non-disclosure in her trainees. Other supervisors also shared the perception that trainee fear and self-protection was linked to evaluation concerns. Most of the supervisors in the study primarily felt that they were able to raise the issue of withholding information with a trainee directly if they suspected it to be an important omission. Taryn spoke of this further:

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

(p.6, 15)

Supervisors appear to have assessed two main factors prior to raising suspected omissions. Firstly, the trainee's level of defensiveness was implicitly considered. Secondly, supervisors also thought about possible risks that suspected non-disclosure may have on the patient. These factors appear to have determined the immediacy and directness with which suspected non-disclosures were addressed. In some instances, supervisors appeared to address concerns about non-disclosure in a guarded way and reflected some anxiety about how the trainees would have responded. This reinforced the impression that non-disclosures were perceived by these supervisors to possess a negative element. This perception, however, may have been characteristic of the supervisors' own experiences of withholding information. Other supervisors opted to either openly raise suspected non-disclosure with the trainees or interpret the trainees' responses. The variation in how supervisors addressed what trainees left unsaid appears to be in keeping with their individual approaches to supervision.

4.3 | Supervisors' purposeful non-disclosure

Supervisors' non-disclosures primarily took the form of purposeful, conscious non-disclosures. This suggests that what was not disclosed was a very controlled and conscious act on the supervisors' part. There were four prominent forms of purposeful non-disclosures, which included strategic self-presentation, private non-disclosures, professional non-disclosures and supervision-specific non-disclosures.

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

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

(p.7, 11)

The supervisor's non-disclosure, in this instance, allowed him to project a sense of competence, composure and an 'invulnerable' image to his trainees, despite his personal struggles. For him, it conveyed a sense of control and hints at his perceived role as an authority figure. He also appeared mindful of the potential for emulation of his role, as

well as the accompanying power to influence in that context. Similarly, other supervisors also withheld deficits in knowledge which highlights how purposeful non-disclosures were used to come across as invulnerable and in control. The non-disclosures thus appear to have enabled some of the supervisors to project a false sense of composure, irrespective of their own uncertainties or anxiety. This appears to have been a consistent presentation for the supervisors.

Some supervisors felt that 'private' disclosures on their part were neither useful nor necessary. Private disclosures typically referred to personal information, experiences or reflections pertaining to their private life. Despite the perceived closeness of their relationships, some of the supervisors often found that they had to carefully navigate supervision to maintain appropriate boundaries within the supervisory relationship. Private disclosures appear to have resulted in discomfort for some supervisors. This was particularly related to relationships with trainees, where not disclosing private information to trainees served to protect them from blurring personal and professional boundaries. On the contrary, professional disclosures appeared easier for supervisors to manage than personal disclosures and there appears to have been less withholding in this area. Supervisors only faced a dilemma when professional disclosures were anticipated to breach issues of confidentiality. Sonum's excerpt illustrates this further.

If I've got a patient in my private practice that I think might know them or a part of their lives... then that's crossing boundaries. I won't tell them what I know about that [client] so it's about normal confidentiality issues, but they will learn quite a lot from me about my clients. You have to be careful ...clients discuss their intimate lives with you and you don't want to go blabbing about that to your interns. So there might be a few things about people that I feel are sensitive or I wouldn't know how to even explain to my interns.

(p.6, 16)

The vigilance about professional disclosures reinforces the supervisors' commitment to professional and ethical conduct. Some supervisors' purposeful non-disclosures were often reported to be a technique to facilitate the trainees' learning. Rather than provide the trainees with all the information upfront, at times, supervisors' non-disclosures were intended to teach trainees to discover information on their own. This is further exemplified by Taryn's excerpt:

...So, it depends what month they are in the process. It also depends on what therapy mode they are using, so obviously if they are using CBT (Cognitive Behavioural Therapy) they don't need to know all the psychodynamic aspects of it. If it's a simple CBT, then we can keep it at that, so it depends on the type of client, on whether I want them to read more about it or not.

(p.3, 29)

This suggests that purposeful non-disclosures were done for pedagogical purposes to gradually expose the trainee to information that was appropriate to their developmental stage. Two other incidents of supervision-specific non-disclosures involved negative feedback to trainees which was perceived as being critical. The first incident of non-disclosure appeared motivated by the supervisor's own personal issues, and the second incident suggested that the supervisory space shared with the trainee was felt to be un conducive to disclosures.

4.4 | Facilitating factors for supervisor disclosures

There appears to be several factors that facilitated supervisors' disclosures in clinical supervision. Key factors from the supervisors' perspectives included the patient's best interest, relationship factors, maternalisation of the supervisory role, and trainees' learning. Most of the supervisors appeared open to making disclosures particularly if the disclosures were likely to have facilitated more effective patient care. Cindy elaborated on this further:

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

(p.7, 22)

This highlights the supervisors' primary sense of professional responsibility to the patients and prioritising patient welfare over and above other responsibilities. Other supervisors also voiced similar concerns. Relationship factors within the supervisory dyad also appeared to facilitate disclosures on the supervisors' part, particularly issues of professionalism, maturity, mutual liking and respect. Sheri's excerpt exemplifies this.

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

(p.16, 3)

In this instance, it is assumed that a very positive alliance existed in this relationship. At times, the primary motivation for some supervisors' non-disclosures was motivated by their attempting to improve the supervisory alliance. Here, conflict was avoided within the supervision alliance by means of withholding sensitive information. This, however, conveys the impression that in these instances the supervisory alliance was perceived as being too fragile for some disclosures.

The withholding behaviour appears to have been recurrent in some of these supervisory relationships, and the more the supervisor perceived the alliance as being vulnerable, the more was withheld. Similar observations were made by other supervisors.

Some of the supervisors in this study openly discussed their 'maternal role' as a supervisor and its perceived influence in the supervisory relationship. Sonum spoke to this further:

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

(p.2, 30)

Some of the older female supervisors admitted to being very maternal ('glorified mother') and protective of their trainees. This appears to have been a significant focus for them. They believed that this maternal role helped facilitate disclosures in their relationship. The perceived nurturing component of the mothering role also appears to have been an important focus. Likewise, supervisors were very positive and enthusiastic about making disclosures about cases which they thought facilitated their trainees' learning. Mike elaborated on this further:

I have occasionally spoken about clients I have worked with and the experience I have had. So she may be talking about a case, for example, with personality disorders and how difficult it's been to work with someone with borderline personality disorder...and so I spoke about my experience about that... I did feel it would be appropriate to share the frustration, or my own personal feelings in response to having worked with that client. I disclosed that because I wanted to show some resonance. I wanted to resonate with her experience... it's something that I had experienced as well.

(p.6, 34)

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

4.5 | The effect of non-disclosures

The supervisors' accounts of trainees withholding information within the relationship generated several sub-themes. These

included the following: (a) A defensive reaction to suspected trainee non-disclosures, (b) How it affected them both professionally and personally, and (c) When it resulted in compromised patient care.

4.5.1 | Supervisor's defensiveness: 'I don't think they don't tell me'

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

Well, maybe I'm naive, but I don't think that, and especially with my style of supervising, I don't think that interns purposefully don't tell me things, because I'm not harsh or judgemental and tell them, 'Oh why didn't you do this?', because I know that they are learning. So, I don't think interns don't say things purposefully because also they are very nervous, they want to tell you everything so that they do the right thing. So, I think if there are any non-disclosures, they are done unwittingly.

(p.2, 37)

The supervisor believed that non-disclosures on her trainees' part were only done unintentionally. This suggests that she presumed that her style of supervision and unconditional acceptance was conducive to trainee disclosures. Similarly, other supervisors also used defensive strategies such as denial and rationalisation to shield themselves from exploring the issue of purposeful trainee non-disclosures within their respective supervisory relationships. This suggests that some supervisors were unprepared to accept the possibility that, despite their support and attempts at fostering a good supervisory alliance, purposeful trainee non-disclosure may still have ensued.

4.5.2 | Professional and personal effects: 'I felt a bit betrayed'

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

...I was actually devastated, because ...it was going to my boss...and the point is that I felt there wasn't any space to defend myself and it wasn't entirely fair.

(p.11, 27)

Here, the supervisory space was not perceived to be conducive to disclosures. For supervisors, the consequences of trainees' withholding behaviour, in some instances, could be quite serious or damaging for the supervisor. Some of these include incidents where non-disclosure led to professional disciplinary hearings and malpractice lawsuits. It was also thought to potentially discredit the supervisors' professional standing with the professional board of psychology, colleagues and patients. Some supervisors reported that they felt personally affected when trainees did not make disclosures to them. The most common feeling in response to trainees' suspected non-disclosures appears to have been betrayal. Pat's excerpt illustrates this further.

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

(p.7, 24).

In this instance, the trainee's withholding of information was linked to issues of safety. As mentioned earlier, supervisors in the study perceived non-disclosures to occur primarily as a result of trainees' fear in an unsafe environment. However, the betrayal and subsequent anger that some supervisors experienced appears linked to their notion of having created a supportive environment for trainees. Despite this, they felt that their efforts had gone unrecognised by their trainees. They thus appear to have assumed a very personal reaction to their trainees' non-disclosures.

4.5.3 | Compromised patient care

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

I don't think she was telling me everything that was going on, and she was busy all the time. We were crazy busy, crazy busy... and sometimes she wouldn't come to supervision, she would book patients in that slot, so I really started getting really anxious about not having a handle about what was going on there. And I suspect she wasn't giving me information on what was happening in sessions. I wasn't managing to look at her files and I didn't think they were up to date, so I know that stuff wasn't done. Patients didn't get reports, there were all sorts of stuff that happened... and maybe I avoided dealing with as well.

(p.8, 47)

The supervisor confirmed her experience of a trainee withholding information from her which subsequently resulted in compromised patient care. Due to the work setting being busy, her initial response to this situation was about her inability to control this. However, on

further probing she acknowledged that she avoided addressing the issue. This importantly captures how this supervisor felt unable to address the issue of compromised patient care because she was tied up with her own issues of being 'nice', as well as attempting to maintain some semblance of an alliance. Her lack of supervision training is also likely to have exacerbated her inability to address this issue. In terms of patient care, other supervisors voiced similar concerns about compromised care and reported that they were either aware of patient care being compromised through non-disclosures, or anxious that it would be. In some instances, greater anxiety was expressed about their inexperienced trainees' lack of awareness and what may have inadvertently been withheld as a result.

5 | DISCUSSION

This study utilised IPA to understand non-disclosures in clinical supervision from the supervisor's perspective. Some of the findings are supported by previous supervision research and highlight that supervisors withholding information from their trainees under particular circumstances is a common finding (Grant et al., 2012; Ladany & Melincoff, 1999) and was linked to concerns it would damage the supervisory alliance (Ladany & Lehrman-Waterman, 1999), or pedagogical reasons; that is, trainees may not have been developmentally ready for the information (Ladany & Melincoff, 1999), as well as the anticipated negative reactions from the trainee (Heru et al., 2006; Skjerve et al., 2009). Findings in this study, however, centred around choice motivation, the supervisors' training and development, as well as issues of power and omniscience, which are given further attention below.

5.1 | Choice motivation

The lack of choice about becoming a supervisor emerged across the whole sample of supervisors and appears to have heavily impacted on their motivation in supervision. As a result of supervisor training deficits and lack of information about supervision models, most of the supervisors were unable to manage supervisory difficulties such as suspected non-disclosures.

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

choice in supervision and the subsequent reluctance appears to have resulted in the supervisors' ensuing devaluation of supervision. Ladany et al. (2013) also arrived at similar findings. The devaluation of supervision is seen in instances where supervisors lacked interest in further reading or informing themselves about supervision. It thus conveys the impression that they may not have been invested in the role of supervisor and offers an explanation for the sustained lack of supervision knowledge over the years of supervisory experience.

5.2 | Training and development

It appears that most supervisors in this study entered the supervisory relationship with an inadequate sense of themselves as supervisors. They lacked proper training and subsequently appeared to struggle with a sense of insecurity about how to conduct supervision. The extent of the deficiency in supervisor education is most seen where supervisors were unaware of their own style of supervision or the various models of supervision available. From a developmental perspective, taking on the additional responsibility of supervision so shortly after qualifying as professionals puts forward the possibility that some supervisors may not have had sufficient time to fully integrate themselves as 'newly evolved professionals' (Skovholt and Rønnestad, 2003). The findings of this study also importantly reveal that some supervisors were aware of patient care being compromised through trainee non-disclosure. However, further discussion on management of these cases was seen to be beyond the scope of this study. Despite being unprepared for the complexities of supervision, many of the supervisors attempted to negotiate difficulties in supervision based on their own experiences and with a view to strengthening the alliance firmly in mind. The focus on the patients' best interest also meant that responsible and ethical practice was held to be a priority. In the absence of adequate training for the supervisory role, it is perhaps unsurprising that some of the female supervisors resorted to the mothering role, a role that was familiar to them and supportive of the trainee. From a relational process perspective, the way 'maternal enactments' manifest in supervision and their possible negative or positive consequences have received relatively little attention in the supervision literature. This has implications for gender role consequences in supervision (Heru et al., 2006), as well as understanding how particular roles are adopted in supervision.

5.3 | Power and omniscience

In addition to research which explores the prominence of the supervisor's power in clinical supervision (Mehr et al., 2010; Murphy & Wright, 2005), the findings of this study highlight the supervisors' perceived lack of power and control at the outset of supervision. As alluded to earlier, this appears to have been primarily influenced by: (a) institutional expectations for the supervisors to provide supervision fresh out of their own traineeships, (b) operational procedures

in some institutions apparently contrary to professional (HPCSA) registration regulations, and (c) the absence of supervision training. The combined factors of the supervisors' reluctance to supervise their reference to external expectations, as well as their uncontested compliance to supervise, suggest that there may have been other underlying motivations for them to conduct supervision. An implicit incentive for psychologists to supervise at an institutional level may have been the authority afforded to the supervisory role. Once this role is acquired, it seems to have carried with it the inherent reputation of being deemed 'good enough' to hold this authoritative position. As a result of apparent institutional pressure or power, some of these supervisors may have been unable to challenge the structural and relational dynamics (embedded in the institutional hierarchy of training). They may therefore have been unable to challenge taking on the role of supervisor. To do so would also, in effect, negate their new conferred authority. In this apparent double-bind, these supervisors may have been unable to discuss their own sense of coercion and powerlessness at the outset of supervision.

It appears that when the undeveloped supervisor was confronted by these institutional expectations to be 'all knowing', despite their feeling overwhelmed and deficient within their role, they did not divulge this. It could be argued that, as is the hallmark of the 'doer-done to' relationship (Benjamin, 2005), people experience relationships as one way, without even realising it, and likely feel 'done to'—that is, as only *reacting*—and feel the *other* is always the 'doer', or the one acting upon them. This is further reinforced by the idea that often in relationships, people think there must be only one 'right' point of view (Benjamin, 2005). From this theoretical point of view, supervisors became 'done to' by the organisational structures (who took on the role of 'doer') and had the option to either resist or submit to institutional demands in the face of institutional power. Their apparent submission may have been influenced by their fear of risking their newly acquired authority—the implicit authoritative power—afforded to these supervisors by the institution. Given the expectation placed on supervisors by institutional demands, it is likely to have resulted in the impression that if supervisors could not effectively demonstrate this expertise in supervision, then they did 'not know'. In addition, in order to live up to the institutional expectations, and in line with Sullivan's (1953) notion of the *Self* striving for self-preservation, it is very likely that these supervisors may have subsequently created an illusory sense of power and control within supervision. This may explain how supervisors felt completely overwhelmed and unprepared for their role as supervisor, but immediately complied with the omnipotent perception of suddenly being expected to train someone in the absence of their own training and ongoing supervision. In so doing, some of the supervisors' 'submission' to supervision may be understood as having been motivated by the avoidance of anxiety (about 'not knowing').

The supervisors felt powerless at the beginning of supervision, and although addressed as an individual factor, this also had relational consequences. In what appears to resemble a *domino effect*, there seems to have been an apparent transfer of split-complementarity dynamics from an institutional context to the supervision context.

The supervisors subsequently appear to have reversed the roles of complementarity, where initially they were the ones 'done to' by the institution. They then took on the role of the 'doer' and the trainee became the one 'done to' (Benjamin, 2006, p. 121). In this way, incompetence may also be potentially transmitted, resulting in further withholding in the relationship. For instance, if the supervisor felt incompetent within the supervisory relationship, this message may have been transmitted to the trainee using interpersonal strategies. Thus, by the supervisor assuming an 'all-knowing' stance, it may add to a sense of incompetence in the trainee. It remains to be seen whether this 'domino effect' is also transferred onto the psychotherapeutic relationship. This, however, was not in the ambit of this study and requires further exploration.

It is not surprising that some of the supervisors' withholding behaviour in this research predominantly emerged as a result of strategic self-presentation or an inability to address negative feedback. Here, the aim was often to put forward a favourable impression of themselves to convey a sense of competence, control and composure. Such withholding appears cyclical, in that any information that may have been seen to threaten perceptions of professional competence and self-regard resulted in further withholding on their part. This strategy appears to have assisted in projecting an 'all-knowing' attitude to better reflect their perceived power and authority. In this manner, the supervisors, like trainees (Singh-Pillay & Cartwright, 2019), appear to have perpetuated a 'cycle' of purposeful non-disclosure. The emphasis on the 'all-knowing supervisor' thus appears to have resulted in some of these supervisors hiding deficits in their knowledge for the duration of the supervisory relationship. In these instances, it would have resulted in the supervisors inauthentically engaging in supervision. This may have enabled some supervisors to conceal their deficient self and project an invulnerable, omniscient image to the trainees and, in so doing, avoid narcissistic vulnerability.

5.4 | Dynamics within the dyad

Some supervisors struggled with disclosing negative feedback to trainees because it was perceived as critical. This appears to have been related to a reluctance to engage in a conflictual dynamic within an already weak supervisory alliance, a potential 'rupture' that was evidently uncomfortable. The avoidance of negative feedback seems to reflect some supervisors' difficulty in working with inevitable strains in the alliance. It also reflects a lack of understanding of the importance of working through potential ruptures in the supervisory relationship (Safran & Muran, 2000b). Despite the supervisors' perception of a good alliance, trainees in the supervisory dyad persisted with withholding behaviours. Notably, these non-disclosures also appear to have continued despite the trainees' own perceptions of a good alliance. It thereby supports Strømme and Gullestad's (2012) findings on non-disclosures within a positive alliance, but appears to have been unaccounted for by many of the supervisors in this study. In effect, the subsequent defensiveness and apparent emotional

response to trainee non-disclosure suggests that these supervisors perceived the notion of trainee non-disclosures to negatively reflect on the supervision they provided. Their denial of trainee non-disclosures conveys the impression that, in the absence of formal supervision training, this may well have been their armour against the possibility of offering trainees supervision that was perceived harmful or not good enough in terms of the supervisory *holding* function (Winnicott, 1965). It was also revealed that some supervisors struggled to maintain both professional and personal boundaries in supervision and this impacted on the disclosures made. Theoretically, this struggle characterises Safran's (2003) theory of the 'tension between the need for agency and the need for relatedness' (p. 165). Attempting to maintain both personal and professional boundaries at various points in the supervisory relationship is likely to have escalated anxiety within the supervisor because of the tension between two conflicting needs. When professional boundaries are privileged over personal boundaries, the conflict between the supervisors' need for relatedness and their individual needs as a supervisor, their need for agency, split along further lines. This implies that attempting to successfully maintain both professional and personal boundaries within the supervision context, whilst privileging one, may be a difficult endeavour, fraught with conflict.

5.5 | Limitations

The authors are mindful that due to varying requirements for professional practice, the results from this study and the conclusions drawn are based upon South African supervisors that are working in ways that other supervisors internationally may not be, particularly in relation to supervised practice. Most supervisors in the study were also females, which may not reflect the current gender balance in the field of clinical supervision in South Africa or that of other countries. In addition, although every effort was made to suspend pre-existing assumptions, the authors are mindful that these may have influenced what was focused on in the interviews, as well as the prioritising of certain themes over others. However, it is hoped that the audit of the analysis circumvented this somewhat. It is also acknowledged that the authors' shared knowledge was used to assist in understanding the data; however, every attempt was made to ensure that the participants' experiences were duly represented.

6 | CONCLUSION

Aside from a few of the findings supporting other research in the area, a prominent finding in the study related to most of the supervisors feeling insecure, disempowered and reluctant in their role. This is a relatively novel finding and appears best explained by self-protection against an unfavourable impression to maintain an environment where supervisors present as composed, omniscient professionals. Similar to the findings on trainee non-disclosures (Singh-Pillay & Cartwright, 2019), a cycle of non-disclosure also

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

These aforementioned issues raise important questions, some of which have already been stated. However, other important questions also emerge, such as: What role does the supervisory alliance play in relation to withholding behaviours? What relational dynamics underpin the alliance building effort in supervision? To what extent are the theoretical criteria for alliance building in the supervision context adhered to, and what process underlies this? These issues appear significant and are likely to have implications for both supervision training and practice. The supervisors' felt professional inadequacy in addressing these issues within the supervisory relationship also remains unexplored. As this was not within the ambit of this research, it remains a crucial area for further research. We also do not yet understand if what remains unsaid necessarily has the opposite effect on the alliance (i.e. an experience of weaker relationships) and this is an area that requires further exploration. Notably, only a few studies that have explored the process issues underlying withholding in supervision (Strømme & Gullestad, 2012; Strømme, 2014; Yourman, 2003) have underscored relational dynamics that unfold and further research in this area is significantly lacking.

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ENDNOTES

¹ For the purposes of this article, we broadly refer to interpersonal, relational and intersubjective views collectively as "relational theory".

² Reference to impromptu supervision.

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