



Comfort and challenge: A thematic analysis of female clinicians' experiences of supervision

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Objective. The supervision of counsellors, counselling psychologists, and psychotherapists is generally perceived to be an invaluable component of training and practice. The present study analysed this process to explore the meanings of supervision and to consider implications for clinical practice and training.

Design. This study presents the accounts of 19 psychological therapists who experienced supervision while working at a London-based women's therapy centre.

Method. Demographic information was collected by questionnaire, and semi-structured interviews were conducted to explore aspects of the supervisory experience. The qualitative data were thematically analysed.

Results. Supervision has complex and paradoxical meanings, and it impacts on clinical counselling practice in multifarious ways. Dominant themes highlighted were the usefulness of supervision, specifically support, empowerment, and joining; fear of exposure in supervision versus gaining new information; the comfort versus the challenge of supervision; and supervision as a containing space.

Conclusions. An experiential model of supervision was developed from the data. This model complements existing models in the field. It could be evaluated and used alongside existing models in various training and supervision contexts. Findings are discussed in relation to the literature on clinical supervision.

Practitioner Points

- Supervision is an expanding area of clinical practice, yet there is a very small evidence base surrounding its process.
- A qualitative approach to researching the process of supervision provides a useful understanding of its key ingredients.
- Whilst a number of models of learning, therapy, and supervision exist, the experiential supervision model that has been developed here draws on the conflicted experiences

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of the supervision process to facilitate professional development and learning in supervision.

For many years, supervision has served as the firm foundation of clinical practice. Just as clinicians are embedded in the scientist-practitioner approach, so supervisors are now developing as 'reflective-educators' who treat the training and education of other clinicians as a profession in itself (Fleming & Steen, 2004; Peterson, 1995). Yet, theoretically based rigorous research into the processes and outcomes of supervision is in its infancy.

According to The Concise Oxford Dictionary of Current English (Allen, Fowler, & Fowler, 1990), to supervise is to 'oversee the actions or work of [a person]'. Yet in clinical and counselling practice, the process of supervision is known to be a complex interaction of teaching, support, reflection, and translation of theory in the context of a unique relationship. This process is reflected in Milne's (2009) definition that suggests that supervision is:

'The formal provision by approved supervisors of a relationship-based education training that is work focused and which manages, supports, develops and evaluates the work of colleagues. It ... differs from related activities such as mentoring and therapy by incorporating an evaluative component ... The main methods that supervisors use are corrective feedback on the supervisees' performance, teaching and collaborative goal setting. The objectives of supervision are normative (e.g. case management and quality control issues), restorative (e.g. encouraging emotional experiencing and processing) and formative (e.g. maintaining and facilitating the supervisees' competence, capability and general effectiveness)'. (p. 439)

Some of the more recent supervision research has been fuelled by governmental and societal changes around evidence-based practice (Harden, Grant, Buckley, & Hart, 1999; Layard, 2006). Consequently, psychological studies have developed in areas of evidence-based supervision (Milne, 2009), outcome in supervision (Worthen & Lambert, 2007), measurement of supervision tools (Wheeler, Aveline, & Barkham, 2011), and assessment of supervisory competencies (Roth & Pilling, 2010). Review-based studies (Ellis & Ladany, 1997; Ellis, Ladany, Krenzel & Schult, 1996; Freitas, 2002; Milne & James, 2000) have reported both positive and negative findings in the evaluation of clinical supervision. Other research has attempted to explore different aspects of the process of supervision such as supervisory alliance (Ladany, 1993) and disclosure in supervision (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999). However, process-based supervision research is still at an early stage (Cushway & Knibbs, 2004).

The process of supervision

Whilst psychological approaches to the supervisory process have developed (e.g., Falender *et al.*, 2004; Hess, 1987; Holloway, 1987) in many respects, the evolution of supervision research has mirrored that of therapeutic practice research. That is, early approaches to supervision were direct extensions of psychotherapy theory (Strupp, Butler, & Rosser, 1988). Then as shifts in therapeutic practice developed, so the applied approaches to supervision shifted with the evolution of more humanistic and person-centred supervision models (Patterson, 1983). In addition, behavioural (Boyd, 1978), cognitive behavioural (Liese & Beck, 1997; Pretorius, 2006; Townend, Iannetta, & Freeston, 2002; Schmidt, 1979), systemic (Liddle, Becker, & Diamond, 1997), and narrative (Behan, 2003) approaches to the process of supervision have developed

over time. Yet, the application of therapeutic models to the intricacies of supervision has generally proved too narrow to account for the complexity of the supervisory experience. This trend in supervision research has, arguably, restricted the evidence base by offering too few directions for research and practice in the specifics of clinical supervision (Beinart, 2004).

Despite this, some supervision-specific models have evolved over time. These include developmental models (Hess, 1987; Stoltenberg, 1981; Stoltenberg, McNeill, & Delworth, 1998) that attempt to consider the growth and development of a supervisee. Social role models of supervision (Carroll, 1996; Hawkins & Shohet, 2000; Williams, 1995) have also emerged, where the assumption is that the supervision model sets out roles and expectations about what functions the supervisor will perform. The systems approach to supervision (Holloway, 1995), builds on social role models, but considers the supervisory relationship itself as core, taking into account a range of contextual factors including the client, the supervisee, and the institution. Whereas the critical events model (Ladany, Friedlander, & Nelson, 2005) proposes that supervision goes through key process phases from marker, to task environment, to resolution, in the context of a supervisory alliance (Bordin, 1983).

Supervisory alliance has been operationalized as mutual agreement on the goals and tasks of supervision and the emotional bond between supervisor and supervisee (Bordin, 1983). At the heart of each supervisory encounter is the quality of the relationship, that is, the alliance between the two parties. Supervisory alliance is generally deemed as essential to successful supervision, irrespective of model, or approach (Scaife, 2010). In addition to this, it is widely agreed that reflexivity (i.e., self-awareness and agency; Rennie, 2004) is fundamental to the process of counselling and therapy (Harper, Preface, Dallos, & Stedmon, 2009). Within the context of supervisory alliance, supervision must be a forum for developing a counsellor's abilities to self-reflect.

Theoretical frameworks supporting reflective practice

Models of learning and development shed valuable light on the processes of reflection and learning in supervision. Kolb's (1984) experiential learning cycle is frequently applied in this context. Through phases of concrete experience, reflective observation, abstract conceptualization, and active experimentation, the learner/supervisee consciously explores and learns about an experience. This cycle has been criticized for its simplicity (Moon, 2001; Rowland, 2000), but praised for its face validity (Scaife, 2010). Ghaye and Lillyman (1997) developed a model of interrelated cycles of reflective learning in which different types of reflection are identified: critical interactive, receptive, perceptive, and descriptive. This model is thought to be enabling and meaningful if not difficult to hold in mind (Scaife, 2010). Gibbs' (1988) reflective cycle model provides a more detailed and prescriptive guidance on how a clinician might operationalize each stage of learning. Both Kolb's and Gibbs' models utilize a cyclical process of learning, reflection, analysis, and deepening awareness. These are valuable tools for supervisor and supervisee and can embed both in a secure structure for learning.

Rationale for the present study

In building an evidence base around supervision, it is important to document and analyse supervisees' complex experiences of the supervision process. It is arguable that the meanings attached to supervision experiences are as important as the outcome measurement. The aim here, therefore, is to understand the mix of ingredients that

combine to create the supervisory experience, thereby building on clinically orientated supervision research and reflective learning theory in the context of a rigorous qualitative methodology.

Method

Design

It is argued that where a research question is concerned with understanding process rather than outcome, then qualitative approaches are highly useful (Smith, 1996). Semi-structured interviews were therefore conducted and the data analysed using thematic analysis.

Thematic analysis is a stand-alone method that fulfils the majority of functions of grounded theory, narrative analysis, and other meaning-based analyses, but with a minimum of theoretical baggage. It requires no core category identification, no development of axial coding, or data saturation procedures of grounded theory. In this way, it is flexible, straightforward, and practical in a clinical context. It has been used in several important investigations in counselling and psychotherapy (McLeod, 2011). Whilst the limitations of thematic analysis are recognized, the research team chose it as the 'best-fit' methodology for this busy clinical environment.

To accommodate potential limitations, the study was designed to address the desiderata for qualitative research outlined by McLeod (2011) and Stiles (1993). These are (1) clarity and comprehensiveness – by giving sufficient procedural detail, (2) adequacy of conceptualization of data – by acknowledging the open-ended nature of the analysis, (3) credibility of researchers – through acknowledging power differentials and differences throughout the research process, (4) contextualization – by carrying out a comprehensive literature review to historically and socially locate the study, (5) systematic consideration of competing interpretations of data – the five researchers, with differing views systematically analysed the data individually, then re-analysed them in pairs and again as a team, and (6) experiential authenticity of the material – by reporting participants' rich and verbatim accounts, offering participants copies of their transcripts, and asking two participants to comment on the authenticity of the final draft of the report. All participants will have access to any academic articles and reports from this research.

Method of data collection and analysis

A literature review was carried out to formulate broad interview questions. A semi-structured interview schedule was developed according to the principles of Hollway and Jefferson (2000). This covered broad aspects of working within the women's centre, theoretical approach, training, and background information. Target questions were also developed to cover aspects of the participants' supervisory experiences (see Table 1).

Table 1. Target questions on experiences of supervision

1.	Can you tell me something about the supervision you get at xxx therapy centre?
2.	What theoretical orientation does your supervisor hold and how does that fit with your orientation? (prompts, e.g., how does that fit in with your training institution?)
3.	What do you think about your clinical supervision (prompts, e.g., how does it make you feel? How do you feel about your supervisor?)
4.	Do you think supervision affects your practice, and if so can you talk about in what way?
5.	How often do you have supervision, and what do you think about that?

Table 2. Counsellors' orientation of training, supervision, and ethnicity (pseudonyms are used throughout)

Name	Age	Supervision orientation	Orientation of practice	Ethnicity
Lucy	44	Gestalt, integrative	Gestalt, person-centred, attachment	Caribbean
Kathleen	32	Psychodynamic	Existential	British
Louise	42	Attachment	Psychoanalytic	British/Spanish
Wanda	63	Attachment	Person-centred, psychoanalytic, attachment	British
Sarah	43	Attachment	Attachment	Swedish
Pippa	58	Integrative, psychosynthesis	Person-centred/humanistic, psychoanalytic/attachment	British
Doris	53	Psychoanalytic	Psychodynamic	Australian
Susan	57	Humanistic	Humanistic, integrative	British
Sandra	55	Psychosynthesis	Psychosynthesis	British
Jane	57	Attachment	Psychoanalytic, attachment	Middle Eastern
Gillian	61	Psychoanalytic/attachment	Attachment	British
Alison	51	Transpersonal/integrative	Person-centred	British
Anne	45	Psychoanalytic	Psychoanalytic	British
Patricia	63	Psychoanalytic	Psychoanalytic	British
Wendy	43	Integrative	Existential, person-centred	German
Kim	39	Attachment	Integrative	Greek
Carmen	45	Psychodynamic	Object relations, integrative	British
Jenny	32	Attachment, psychodynamic	Psychoanalytic, integrative	British/Spanish
Linda	38	Attachment, psychodynamic	Integrative, psychodynamic, attachment	British

Whilst these questions provided a provisional structure to the interview, questions were also expanded or removed in response to particular answers (cf. Higginson & Mansell, 2008).

Recruitment procedure

Recruitment letters and leaflets were sent to all 57 counsellors¹ who were practising at the centre at the time of the study. Inclusion criteria were (1) to have worked at centre for at least 6 month, (2) to currently be receiving regular individual supervision, and (3) to indicate willingness through providing written consent.

Forty counsellors fulfilled these inclusion criteria, and of these, 19 volunteered to be interviewed giving a 47.5% participation rate. Participants ranged in age from 32 to 63 years, all were female, and their theoretical orientations varied (see Table 2).

Participants who volunteered were interviewed in one of the therapy rooms at the centre.²

¹ The term 'counsellor' is used here to describe all of the participants regardless of whether they were counsellors, counselling psychologists or psychotherapists, as this is how they are referred to by the centre and by their clients.

² This voluntary aided women's centre in North London is run by seven part-time paid members of staff and up to 60 un-paid volunteer counsellors. Currently approximately 300 women who are unemployed or on low income use the centre every week for counselling, body therapies (e.g., massage), and other complementary therapies.

The first and second authors interviewed eight counsellors each, whilst the third author interviewed three. The interviews were shared equally between the two experienced practitioners, as they had experiential understanding of clinical supervision and could direct the interview if necessary. The third author, a non-practising academic psychologist, carried out the remaining interviews when the others were unavailable, so as not to miss any data.

The interviews – which each lasted between 30 and 75 min – were digitally recorded and later transcribed for analysis; all of the counsellors' identifying information was changed. At the end of each interview, participants were asked to reflect on the research and their experiences of the process. Participants were offered the opportunity to amend their transcripts; three requested to read their transcripts and one made minor amendments.

Reflexivity

The researchers' approach aimed to engender confidence and create a rapport that allowed counsellors to talk openly and honestly about their experiences of supervision (Willig, 2008).

The authors acknowledge the dynamic interplay between researcher and researched (Bury, Raval, & Lyon, 2007). The researchers' beliefs and experiences relating to the processes of supervision for clinicians were brought to the research process.

The two clinicians in the research team held a prior interest in the process of supervision as a result of their own clinical experiences. The lead author is a clinical psychologist and trained in systemic family therapy. She holds an overarching social constructionist theoretical perspective that clearly contributed to the research design and analysis. She had no association with the centre. The second author has been a qualified psychoanalytic psychotherapist for 13 years. She holds a critical feminist perspective that dovetails with her psychoanalytic orientation. This author had done a training placement at the centre many years prior to the current study but held no current active involvement there. Both first and second authors supervise others and are supervised by others. Both strongly value the process of supervision, whilst recognizing its challenges at times. The other team members were engaged in academic supervision only, although each held an interest in therapy and counselling and one was hoping to embark on clinical psychology training. These experiences inevitably impacted on the process of interviewing and data analysis (Willig, 2008). To account for these subjectivities, the team developed a rigorous analysis process.

Method of analysis

The interview transcripts were read and re-read by four of the researchers until they became as familiar as possible with the participant accounts, and initial ideas were noted (cf. Braun & Clarke, 2006). The transcripts were then coded line by line, and a hierarchical structure of themes was produced; this was compared across all transcripts and cross-referenced to salient topics from the literature. The final stages of analysis involved all five researchers reviewing the first stage of analysis, analysing and comparing these main themes, and further analysing them into subthemes. These analyses were reviewed by the whole research team as recommended by Turpin *et al.* (1997), and suggestions for additional themes or alterations were given. Following amendments to the analysis, the set of themes was re-reviewed by the first two researchers. There was no attempt to fit participant accounts into any predetermined framework (see Rizq &

Target, 2008). Ongoing analysis was carried out to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions, and names for each theme. The final opportunity for analysis involved selecting vivid extract examples, relating that analysis back to the research question and literature. An experiential model of the supervisory process was developed from the thematic analysis (see Figure 1).

Ethical considerations

Ethical approval was gained from the Middlesex University Psychology Ethics Committee and from the Governing Committee of the women's centre. Participants were informed that their responses would be anonymized and confidential, and that they had the right to withdraw from the study at any time without giving a reason. To protect participant identities, pseudonyms are used throughout.

Summary of findings

Demographics

The mean age of the counsellors was 49 years. Of the sample, 11 were British, two were Spanish, and there was one counsellor each from the Caribbean, Germany, Australia, Greece, Sweden, and the Middle East. Eight counsellors (42.1%) had studied to postgraduate level, six (31.5%) to undergraduate level, two (10.5%) to 'A' Level, and one had an advanced diploma.

Theoretical orientations

Nine (47.3%) of the participants had supervision that matched their theoretical orientation (see Table 2). Six (31.6%) had attachment-based supervision. It was hard to tease out the orientation of the therapists as 11 (57.8%) of them used more than one name to describe their theoretical orientation.

Main themes

Five main themes emerged from the data: (1) usefulness of supervision support, (2) fear of exposure versus gaining new knowledge, (3) comfort versus challenge, (4) knowing and the use of not knowing – a safe uncertainty, and (5) supervision as space.

Usefulness of supervision support

Clinical supervision was largely construed by participants to be useful and supportive. This concurs with most of the previous studies in the area (e.g., Feltham, 1999; McMahon & Patton, 2000). The concept of support was further analysed so that within the main theme of 'usefulness of supervision support', three overlapping but separate subthemes were identified: (1) having someone available', (2) addressing personal issues, and (3) feelings of empowerment. These subthemes are explored further below.

(1) Having someone available: Themes of positivity surrounding the notion of 'support' emerged across interviewees' accounts. When analysing what is meant by the term 'support', participants talked in terms of joining or 'not being alone', having someone there to 'hold your hand', and having help in the difficult times. For example, Kathleen said:

'Knowing that there's that person there, that's sort of holding you while you're holding your client. If that wasn't there, then I think my work would suffer'.

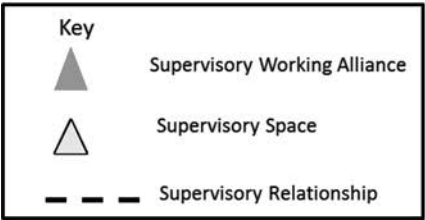
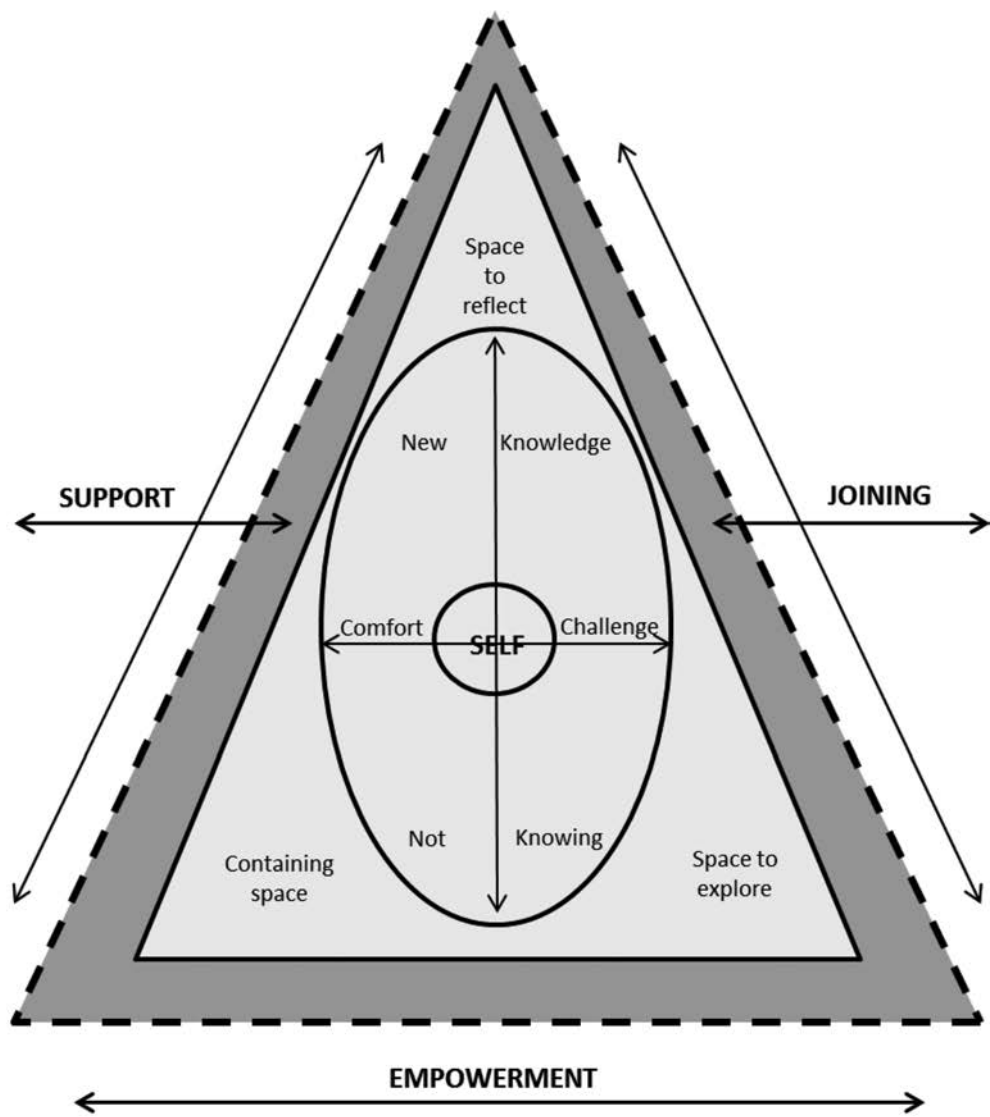


Figure 1. Experiential model of supervision.

She went on to make the link between supervision and practice, and stated that her practice would suffer if there was no one there 'holding her hand' through the process. Other ideas of support connected with times of personal crisis. The personal aspects of the self and supervision were entwined in Lucy's story:

'I really enjoy my supervision and it does feel very supportive, and I know that if I had any kind of crisis there is always someone to phone, there is always going to be someone there, I'm not going to be dealing with something like that on my own'.

Having someone available was also construed in terms of expanding knowledge and gaining new information. That is, it was the *learning* with another that was part of the experience of support. Knowledge gained also tied in with the role of reflexivity and linking theory and practice, as Patricia explained:

'I like my supervisor and I really appreciate the fact that she will also push you in the direction of certain articles and books, and I quite like the fact that she expands the scope of supervision beyond'.

(2) Addressing personal issues: One of the functions of supervision is to allow a counsellor to identify and accept their weak spots, and to separate personal issues from those of the clients (Feltham & Horton, 2006). For example, Sandra said:

'My father died three years ago and I found that quite difficult. I did lose a client through it, and it was interesting, I didn't lose all of them but I tried to carry on working and she was very, very supportive during that time'.

(3) Empowerment: Nine participants made a link between supportive supervision and feelings of empowerment that reflected the position of women working with women where issues of power versus powerlessness were highly apparent.

'It's always brilliant because you go in and I think I know everything that is going on, and I'll go in there, and quite often she'll just give me a different take on something. Or she'll help me articulate something that I have felt unable to say'.

(Sarah)

'It [supervision] affects it [my practice] profoundly. I think there's something incredibly powerful about having to speak of experience'.

(Pippa)

New vision was also seen as empowering. The idea of seeing things separately and differently when away from the client also gave new knowledge and power to the counsellor:

'You get coloured by getting in the relationship or in the dynamics yourself, some people sort of standing back could see it in a way that I didn't . . . You know it's like family therapy . . . where they actually have people speaking into your ear in a room behind you . . . the two people they're sort of stopping you, because once you're with a family you often, you become part of the dynamics'.

(Wanda)

Yet supervision is not necessarily all positive. It has been well documented that trainees and qualified counsellors fail to bring issues to their supervision for fear of feeling

inadequate (Mearns, 1995). Tension between knowing and feeling exposed emerged from the current data.

Fear of exposure versus gaining new knowledge

'I thought 'yes' push your boundaries, don't go for safety, go for somewhere where you can learn something new. It has been interesting because with my other supervision I did feel quite comfortable, but with *this* supervision I am in a state of emotion each time because there is so much which is new and different about it'.

(Susan)

In Susan's extract above she talked about the discomfort of learning something new, and how pushing oneself in the supervisory experience could be both stimulating and uncomfortable, a point reiterated by Doris:

'I don't like supervision for myself, it makes me think I'm not very umm, there is a part of me that feels inadequate, and therefore it feeds into that, into that feeling, you know I haven't done this. And there's another bit, which from a logical and rational point that says that you know you're not going to see everything, and that's the point of coming for this. But there's you know there's a part of me that does actually feed into my insecurities'.

It is not just new knowledge that is gained. For example, Kim talked about personal qualities that she has acquired through the process of supervision:

'One way it has affected it is that I am a bit more patient and accepting of what is happening maybe that is because that's what X [supervisor] is like'.

Comfort versus challenge

Whilst participants perceived supervision as a comfort, they also recognized it as a challenging experience:

'I mean I do have quite strong views on supervision, I'm not keen on supervisors that are there to pat you on the back and say "well done". Not that it's not nice to have a little bit of that, but I'm much keener to hear about the constructive criticism. I find that much more useful'.

(Louise)

Alison agreed, and linked the challenge to helping her think:

'I just need to be challenged a bit more about what I am thinking. What happens to me in the session? How does that affect the client? What is all this very significant stuff that I know goes on?'

These apparent tensions seem to find some resolution in the belief that clinical supervision was both useful and therapeutically effective. Feeling 'pushed', insecure, or even anxious were described as important steps towards building confidence and competence in clinical practice.

Knowing and the use of not knowing – a safe uncertainty

Supervision concerns the transferral of knowledge and the process of teaching and learning (Smith, 1996, 2005). This aspect of the supervisory relationship emerged in the present study, but there was also some discussion around the experience of 'not

knowing'. Casement (1985) suggested that it is important for a psychotherapist to tolerate extended periods during which they feel helpless and ignorant. The position of 'not knowing' combined with the notion of the supervisory 'safe uncertainty' (Mason, 2002) is something that emerged in this research:

'I always think there is a funny thing about supervision. Its purpose really for me is often to find answers but the way it seems to work to confirm that actually I have the answers. Sometimes there are sessions where I get really big insights. They don't happen every session. Sometimes that happens. Other times I go with an anxiety or a worry and just to be able to talk about it. And once I get beyond my own anxiety I actually do know what I am doing'.

(Carmen)

Supervision as 'space'

The supervision space itself was described as having an impact on practice. Embedded in this notion of 'space' is the conceptualization of supervision as a place in which one can play, experiment, stand back, and 'see' new perspectives. The supervision space also serves as a place to be contained. There seemed to be a search for the right space with appropriate boundaries. Jane discussed the importance of learning about boundaries through role modelling:

'As I said before, she is very professional; she is a good role model for me, because I've started supervising now. She is very, very boundaried'.

Whereas Alison talked playfully about her supervision space:

'Oh it is absolutely crucial because I am the sort of person who needs to sort of rummage around in the material'.

Others talked of supervision as a space to have things dissected to see things differently:

'So with this particular supervisor, it was like you know when I explained something about a client or me, or how I felt in a situation with a client she would sort of always pick something that could be looked at, and she would pick things that were kind of predictable, the sorts of things you would pick. You know like rather than just listening to what I said and look at it from my point of view . . . but she would sort of . . . it almost felt like that what I was saying was data to be analysed'.

(Gillian)

While Jenny considered it a space to be 'held':

'Knowing that there's that person there, that's sort of holding you while you're holding your client so yeah. If that wasn't there, then I think my work would suffer'.

Analysis of findings

The key emergent themes and subthemes clearly complement existing research in the area. Supervision was generally seen as useful and supportive. In this study, and others (Orlans & Edwards, 1997; Wheeler & Richards, 2007), supervision is considered to be a space for gaining new knowledge and increased power. Yet, the present study and the emergent experiential supervision model (ESM) map the contradictory experiences of the process of supervision within the supervisory relationship. The advantage of

qualitative methodology is that it facilitates such tensions to be articulated and expanded. This differs from much of the quantitative research in the area (e.g., Estafion, Patton, & Kardash, 1990; Mezirow, 1981) that looks at 'either/or' rather than 'both/and' (Hoffman, 1989).

This study has found two key tensions within the supervisory experience: (1) the comfort versus the challenge and (2) the experience of knowing and not knowing. It is suggested that it is the supervisory relationship, which is perceived as 'safe' and the working alliance therein, that facilitates a supervisee to engage in these conflictual experiences. The safe supervisory relationship, according to the proposed model, is created through the processes of empowerment, support, and joining (as illustrated in Figure 1).

In the centre of the model is the 'self as supervisee' with psychological, theoretical, and personal issues that are brought to the supervisory relationship. The supervisory process should be fluid, so that at differing points throughout the supervision process, the supervisee can shift between the two key dimensions of 'comfort versus challenge' and 'knowing versus not knowing'.

The inner triangle in the model represents the supervision *space* itself. Participants from the current study constructed this notion of space as a place where a supervisee can reflect on their practice, explore new ideas, and be contained (Bion, 1975) in the process of their therapeutic work.

The key ingredients of the supervisory relationship itself are indicated by the outer (dashed lines) triangle. Thus, through the supervisory working alliance, that is, the shaded area, the supervisee feels empowered, supported, and is joined by the supervisor when thinking about her work. A cycle of support and empowerment is created. This can feed into the supervision space via the supervisory working alliance. **The space - a place to explore, reflect, and be contained - enables the supervisee to hold onto conflicting experiences of knowledge/not knowing and comfort/challenge.**

The present model **is embedded within the context of contemporary counselling practice.** It bridges the experiential learning cycles of Kolb (1984) and Gibbs (1988) with the **supervision** models of Holloway (1997), Bernard and Goodyear (2008), and Ladany *et al.* (2005) **and expands the knowledge base around** supervisory alliance (Bordin, 1983; Ladany *et al.*, 1995; Scaife, 2010).

The need for supervisory rapport and safety for a positive supervision process (Ladany *et al.*, 1999) has been confirmed in the current study. As with other studies (Weeks, 2002; Worthen & McNeill, 1996), acceptance from the supervisor and feelings of support and 'hand-holding' are comforting components of a positive supervisory relationship.

At the same time, **supervision can also be highly challenging for supervisees.** The notion of 'challenge' was explored by Elizur (1990) who drew attention to 'feeling stuck' in patient work, suggesting that this can be healed within the supervisory relationship. The critical events in the supervision model (Ladany *et al.*, 2005) further developed this idea of being stuck.

Participants in the present study believed that help with feeling stuck was one of the main tasks and experiences of supervision. This concurs with findings of Wheeler and King (2000).

Magnuson, Wilcoxon, and Norem (2000a) outlined helpful aspects of supervision as being the constructive challenging of the supervisee within the context of a supportive relationship. This can occur through a positive and supportive relationship, didactic instruction, feedback, and the sensitive challenging of values (Magnuson, Wilcoxon, & Norem, 2000b). The present findings build on this and propose that experiences of

supervision are not simplistic and dichotomous, but evolve with the co-existence of tensions, that is, comfort and challenge; knowing and not knowing.

Family therapy theory uses the idea of 'joining' (Minuchin, 1974) to describe the therapist working collaboratively with the family in their quest for a new narrative. Participants in this study spoke about the need to have someone 'holding your hand' through their clinical work. Previous studies (Weeks, 2002; Worthen & McNeill, 1996) also found that supervisees relished the sense of collaboration, collegiality, and mutuality within supervision. This experience draws parallels with research on the therapeutic process itself (Bury *et al.*, 2007) and links with the notion of supervisory alliance through a parallel process, that is, the supervisory relationship mirroring the therapeutic one (Bernard & Goodyear, 2008; Binder & Strupp, 1997; Frawley-O'Dea & Sarnat, 2001).

In the present findings, the defined space of supervision was considered to be significant in itself – a place to play (Winnicott, 1971) and to explore ideas. The supervision space also served as a place for being held that fits in with Bion's (1975) concept of the therapeutic container. Casement (1985) suggested that in supervision, as in personal therapy, there seems to be a search for the right space with appropriate boundaries. Other models in the area of reflective practice (e.g., Ghaye & Lillyman, 1997; Johns, 2004; Mezirow, 1981) pay less attention to the notion of 'space' itself.

McHale and Carr (1998) suggest that it is as crucial to explore issues of power and hierarchy in the supervisory relationship as it is in clinical work. Studies surrounding the notion of gender and cultural competency (Ancis & Ladany, 2001) address issues of culture, racism, and the centrality of power in the supervisory process. Power relations whether through gender, class, race, or culture can manifest in this process (Inman, 2006). Women in the current study talked about the importance of empowerment in their supervision. Pinderhughes (1989) argues that a 'supervisor may use the helping role to reinforce . . . his or her own sense of competence by keeping subordinates in a one down position' (p. 111). In the context of this study, interviewees were vulnerable to replicating unhelpful or harmful interactions with supervisors. This is acknowledged, and power imbalances were addressed through the process of reflexivity and through drawing on the desiderata outlined in the introduction at all times.

The present study demonstrates that the all female power base at the centre is generally empowering for supervisees. Miller (1991) proposes a model of shared power where women can be empowered within a connected relationship – what Surrey (1991) described as 'relational power'. The current findings concur with this and with proposals that the supervisor (through the use of their expert power) can enable a supervisee to assume greater power over time (Nelson, 1997).

Banks (2001) argues that the use of supervision models based on specific theories must be questioned given the cultural biases that are presented in those theories. The current study acknowledges this and the paucity of research on power relations, cultural, and gender difference within the supervisory relationship. This study does at least attempt to address these issues, albeit in a limited way.

Context of the proposed ESM

The formal model serves as a 'map to the outsider' who lacks knowledge about an area. However, the formal model can become an end in itself (Gordon, 2001). It can be reified and there is a danger that the model can become a substitute for the experience and judgement of a skilled practitioner.

Despite this, there are now increasing numbers of evidence-based clinical supervision models being studied. Whilst it is recognized that frameworks for understanding the supervisory process can at times detract from the process itself, the model proposed here bridges existing supervision models (e.g., Beinart, 2004; Hess, 1987; Holloway, 1997; Norcross, 2002) with experiential learning models (Gibbs, 1988; Kolb, 1984) and allows a place for tensions as well as movement and growth in the context of a safe supervisory space.

Limitations of the current study

Some participants may have found it difficult to be honest about negative supervision processes at the centre, for fear of being exposed to supervisors (Vallance, 2004; Webb & Wheeler, 1998). Thematic analysis has drawbacks, for example, there is no noting of contradiction and continuity within one account (Braun & Clarke, 2006). The study suffers from being largely descriptive, focusing on supervisees' reactions with little attention to outcome (Cushway & Knibbs, 2004). The participant size is small, and as a clinically based project, the study suffers from difficulties with replication and bias. The current findings arguably add to the bank of atheoretical frameworks that have evolved from limited data with small and specific samples. Ellis and Ladany (1997), Ladany, Walker, Pate-Carolan, and Gray Evans (2008), and others (see Fleming & Steen, 2004) lambast supervision research on all of these grounds. This is acknowledged, but it is proposed that through the 'best-fit', rigorous research methodology, these unusual but complementary findings can usefully contribute to the theory and evidence base around clinical supervision.

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