

Therapy in Supervision: Responsibility and Relationship

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Introduction

I hold an abiding interest in those “bandaged places” Rumi speaks of; the moments of therapeutic work where our sore spots are touched by the people we work with, opening up new possibilities for relating to ourselves and to others. Supervision is a place for us to take these blind and tender places, where we can make greater sense of them in a supportive environment. But where does the supervision of these fragile places end and therapy begin? A detailed investigation of the issue of the separation between therapy and supervision reveals a body of literature that is at times sparse, vague, simplistic, punitive and rigid. Our ethical codes and guidelines are focused either on a complete prohibition of any combination of the two roles ([Australian Psychological Society, 2004, p.1](#)), or set time limits on any therapeutic content within supervision ([Society for Counselling and Psychotherapy Educators, 2003, p.5](#)). What is not described in any clarity however, is how the line between the two practices is to be drawn. Where does supervision end and therapy begin? Where should the “discussion” of a supervisee’s personal issues begin and end? When does an “issue” become a problem in the therapist’s practice? And how are we to assess this without deep exploration?

As I set out to research the nebulous distinction between therapy and supervision in the light of our profession’s relevant literature, I am beginning with an auto ethnographic inquiry into my own experience as a therapist, supervisee, supervisor and educator, and of the ethical challenges to each of these distinct and connected roles.

I have endeavoured in particular here, to examine key moments in my own work as a supervisor, and to place them in the context of the current literature on the subject of supervisory practice, in the hope that they will shed light on our understanding of the sometimes therapeutic experience of supervision. I have used an auto-ethnographic methodology in order to privilege what [Bochner \(2000, p. 270-271\)](#) refers to as structural complexity, emotional credibility, narrative depth, ethical awareness, and an emotional connection to the story. This is a methodology that encourages exploration in depth and seeks understanding, but often raises questions rather than answers them. As Bochner suggests, in order to remain faithful to this method of inquiry, I will privilege the raising of pertinent questions, rather than restricting the research process to those questions that

show themselves to be immediately answerable. However, I do believe there is a clear direction that emerges here both for future research and for practical ethics in the area practice of supervision.

Methodological Concerns

Auto ethnography is a qualitative research method that emerged out of a dissatisfaction with ontological, epistemological and axiological limitations of social science in the 1980s. Pioneers of the method, Carolyn Ellis and Arthur Bochner, began to explore ways to bridge the divide between autobiography and ethnography. (Ellis & Bochner, 2000, p. 734). This form of research positions the researcher as both author and focus of the research and is situated at the junction between the personal (auto) and the cultural (ethnography) (Ellis, 2009, p.13). The content is usually written in the first-person voice, and may appear in a variety of forms; short story, personal essay, photographic essay, fiction, journal, social science prose (Ellis, 1999, p. 673), dramatic prose, poetry (Richardson, 1996, pp. 6 & 10), or performance (Spry, 2001, p.706). Rather than being a liability, the subjectivity of the researcher is seen to be an essential part of the research (Muncey, 2010, p. 8). While subjective experience is often referenced back to current research, the writing style is distinctly colloquial, in order to offer a more trustworthy qualitative picture through evocative personal narrative. Formal academic language is rejected as it is in some other forms of qualitative research, where the aim is to give voice to the research subjects themselves. In the case of auto ethnography, the researcher is both ethnographer and participant, both observer and observed.

Bochner (2012) describes his experience of therapy with both humour and a certain flamboyance, as part of an auto ethnographic research paper centred around the tension between obligation and inspiration.

We got off to a really rocky start. At first, I felt as if the couch were manipulating me. Then I realized that the couch's control over my behaviour was part of a greater conspiracy, a therapeutic scheme to weaken my defences. In a state of relaxation, I would be more likely to open up, reveal hang-ups and express feelings – you know, come out of hiding.

I was onto Dr. Milton's plot and would have none of it. Determined not to give into the couch's demands, I made it my opponent. When the couch insisted that I slouch or recline, I vowed to find a way to sit up. Damn it, I was going to find a way to sit tall at the corner of the couch (p.535).

Andrew Sparkes (2007), Director of Research at the University of Exeter, writes of himself in a thinly disguised third person, in auto ethnographic research on the pressures of working within an audit culture:

The mantra: 'Research grants in- Publications out' began to colonise the terrain. More waves of disillusionment engulfed him. At times he almost drowned. But Jim could swim. He swam with the tide long enough, and well enough, to get promotions and become a full professor. He bobbed along on the top of the waves when things got stormy. He dived to escape the crashing tumult, holding his breath in an eerie silence. When the weather

was good, he sometimes, as Director of Research for the School of Performance Studies (SPS), turned against the current, trying to create a safe harbour where colleagues and students could float without caution, thinking and feeling differently about themselves and their research (p.524).

In some auto ethnographic research, the line between fiction and non-fiction can be blurred and highlighted (Sparkes, 2007, p.522). This reflects the post-positivist belief that the self as writer is a “complex, (im)possible subject in a world where (self) knowledge can only ever be tentative, contingent, and situated” (Gannon, 2006, p. 474). Medford (2006, p. 853) posits a difference between the *Truth* and the *truthful*, echoing Rorty’s (1989) suggestion that “[w]e need to make a distinction between the claim that the world is out there and the claim that the truth is out there” (pp.4-5).

Here, to the best of my ability, are some truthful accounts of my supervisory world.

The Safety of the Rulebook

I’ve just come from a class demonstration for counselling students where so many roles were interconnecting I’m left thinking of that hand locking game. The one where you all hold hands in a tangled position and then proceed to unravel yourselves like a knot in a necklace. Not breaking a single link.

I am the teacher and I was the “client”. My co-demonstrator is my peer supervisor and she was acting as my counsellor. We are also colleagues. This has not been, up until recently, my style at all. Over my years of working as a therapist and supervisor, I have enjoyed the privacy and safety of separateness. As a client I have felt comfort in this separation as well. I had a therapist, a supervisor and friends and there were no meaningful overlaps between them. I wanted the freedom of a space built for a single purpose and I was very conscious that role fluidity was often more cramped than expansive.

There are certainly written guidelines available for therapists and supervisors who are uncertain of their navigation through the waters of therapy and supervision. Each major psychological and counselling association, including the Australian Psychological (APA) and Counselling Associations (CAA), the Psychoanalytic Psychotherapy Association of Australia (PPAA) and the Psychotherapy and Counselling Federation of Australia (PACFA), hold guidelines, many of which include a significant reference to multiple relationships and some a brief reference to the practice of therapy within supervision. While the detail in most ethical codes outlines the hazards of multiple relationships, the practice of therapy within supervision receives cursory descriptive attention. At the same time, therapy in supervision is largely prohibited across associations and orientations. Most of these prohibitions are presented with limited explanation, while some, like the Psychoanalytic Psychotherapy Association of Australasia, provide detailed explanation for the separation, including concern that the therapist’s personal therapy be allowed to unfold unhindered by the constraints of ensuring good work practice (PPAA, 2009, p.6).

Occasionally, codes will outline more clearly the often necessary process of moving in and out of personal material within supervision. The Society of Counselling and Psychotherapy Educators (SCAPE) is one of the few to do so. Their guidelines begin with the directive that “there should be a differentiation between supervision and personal therapy” and that “If there is a repeated pattern or significant personal issue in the trainee’s practice, for example a block in empathy, avoidance of intense feelings or impairment in the trainee’s mental health, the supervisor should discuss this with the trainee and/or recommend personal therapy/counselling” ([SCAPE, 2003, p. 5](#)). Interestingly, some drug and alcohol agencies, such as those under the auspices of the Michigan Certification Board for Addiction Professionals, take this separation into a more detailed and practical direction, by naming the potential role conflicts between a counselling supervisor and a 12-step fellowship sponsor. Here the principle at work is more about allowing the therapist more varied and independent input into their own process of sobriety, by making sure their personal and professional supports are separated. In other words, rather than pathologising a crossover in relationships, these organisations are specifically valuing the personal support of the therapist independent of their work ([Michigan Certification Board for Addiction Professionals, 2008, p.4](#)).

Writing this, I am interrupted by a phone call from a man I am supervising*. He is not sleeping much, his heart’s not beating well and he sounds at the end of it, whatever it is that we get to the end of. I’m very concerned about him, but I notice that I’m not worried about his clients. I allow myself to focus on him and his needs in this moment. How am I making this assessment? What do I think I know? What comes to me first is that it is okay to have a bad time as a therapist. It is okay not to always be right on the ball. Maybe it is better than perfection. I think of [Winnicott \(1971\)](#), perhaps indebted to Anna Freud, and his idea of the “good enough mother”.

...the good enough ‘mother’ (not necessarily the infant’s own mother) is one who makes active adaptation to the infant’s needs, an active adaptation that gradually lessens according to the infant’s growing ability to account for failure of adaptation and to tolerate the results of frustration (p.13).

Perhaps like the idea of perfect parents, perfect therapists are not only illusory but potentially harmful. He is a treasure this man, his crisis work instinctive, careful and loving. He is funny and connects well. I have listened to his sessions with envy – I would love some of what he has – to be so easy with many-faceted disaster. But I haven’t answered my question. How am I making this call, this assessment of his fitness to practice? Part of the answer is that I’m not doing that at all. I don’t really have to. He works in an organisation where his counselling with clients is carefully monitored, and this leaves me free. I can be the support person and not the gatekeeper. But this is also not entirely true. I can still feel the gatekeeper role, lurking behind my care and support of him. The reality is that if he were to breach the organisation’s ethical code, I would be held to account as well, although the mechanism of this accountability remains largely unclear. I also hear more about his self in the workplace than his employers do, and this can’t be ignored as I measure the extent of my responsibility.

Part of what I hear that allows my worry for his clients to drop away, is a continued care and opening to them, a visceral respect and clarity of vision. I go with this. If this were not the case, I would be much more concerned. There is evidence for this belief that compassionate connection to our clients points to our continued effectiveness, particularly in the literature on burnout (Maslach & Leiter, 1997; Maslach, Shaufeli & Leiter, 2001; Lee, Cho, Kissinger & Ogle 2010) and in the many studies of therapeutic outcome (Miller, 2004; Morgan & Spenkle 2007; Vivino, Thompson, Hill & Ladany, 2009). But in the moment, I am also relying on a difficult to explain sense of what it would be like to come to him for help. And I am gleaning this information from a discussion that would be indistinguishable from therapy. This is exactly the territory I am attempting to map. He and I are having a therapeutic interaction within supervision. He is speaking of his distress, I am working to understand, to reflect and to connect. I cannot ignore his pain, cutting him off and referring him post haste to therapy, because I must both honour my support role as a supervisor and also the need to assess the potential impact of his distress on his clients. I also need to get an idea of his own safety within the work. And to do this I need to walk the tightrope between my two disciplines.

Supervision balances a strange arrangement of weighted tasks. I can be held accountable for the actions of my supervisee under some circumstances, but it is not clear exactly how. If I worry about his work with clients, I can tell him. If he can't hear or disagrees, I can tell others but not until he crosses a line into unethical behaviour. If he breaches his code of ethics and is the subject of a formal complaint, I may be asked by the ethics panel of his registration body if I knew he was not working well. If I am seen as negligent as a supervisor, it is possible that I will face my own panel, whose aim would be to review my fitness as a supervisor. If he is disciplined in this process, then another supervisor could be asked to provide him with supervision in order to correct his ethical errors in future. This is very poorly charted territory outlined with grace by King and Wheeler (1999). They cite a "paucity of research and information" relating to the issue of supervisor responsibility" (p.218) and conclude that "The legal responsibilities of supervisors are unclear" (p 216). Zinkin (1995) goes further, describing the attempt to supervise therapy as "impossible", but "...nevertheless the best guide [for assessing counsellor competence] is the experience of their supervisors" (p. 246).

Going through the ethical codes for supervisors across various persuasions of psychotherapy (APS 2004, 2007, PPAA 2009, PACFA 2011, SCAPE 2003), there is virtually no mention of the responsibility of the supervisee within the supervisory relationship. All caution is held in the hands of the supervisor. If these so-called therapeutic conversations I am having in supervision are in part assessments of competency, could they also be seen as attempts to encourage my supervisees to assume their share of the burden of responsibility in supervision?

Drawing the Line

I've written before about my concern that personal therapy within supervision is often driven by the supervisor's perception of the needs of the therapist's clients, and that this is not therapeutically ethical (Krupka, 2006). There is a risk that the needs of the

therapist- as- client, and of the therapist's clients cannot both be served. Apart from solid research on the largely structural factors that contribute to therapist burnout, provided by Osborn (2004), Maslach, Shaufeli & Leiter (2001) and Lee, Cho, Kissinger & Ogle (2010), we remain somewhat blind to the positive supports that help therapists to work well, and so we are necessarily hampered in our assessment of when to offer a therapeutic intervention to our supervisees and when to refer them on. Our therapeutic responses in supervision can then be either too generalised to be of immediate benefit to clients and/or too limited for the benefit of the therapist.

The Australian Psychological Society's Ethical Guidelines (2004) prohibit providing "psychological services" to supervisees (p.1), but do not make clear what those services may or may not entail. Falender and Shafranske (2004) support this prohibition in their assessment of the line between therapy and supervision, which they follow with an American Psychological Association sanctioned guideline to direct personal issues that compromise work practice to separate consultation.

Of utmost importance in addressing the counter transference is the maintenance of the boundary between therapy and supervision...encouraging exploration of personal conflicts in supervision compromises the integrity of the supervisory alliance and is of service to neither the client nor the supervisee (p.87).

However, most supervisors spend at least some time with their supervisee's "personal conflicts". And some supervision researchers are calling for a more interpersonally holistic approach to supervision, drawing from an emerging literature on the importance of addressing personal issues within supervision and its effect on supervision outcomes. Morgan and Spenkle (2007) address the question of these potentially therapeutic interventions in supervision in their call for a common factors approach to supervision, noting that supervision commonly includes "... the personal growth, awareness and emotional management of the supervisee..." (p. 7).

What becomes increasingly obvious, then, is that there is conflict about both our understanding of what constitutes personal material and of the value of exploring what is personal to the therapist within supervision. But if we can't necessarily pin down to the letter where supervision begins and therapy ends, Michael Carroll (1988) suggests as one possible solution, the creation of a supervisory discipline that stands alone and apart from psychotherapy. We have made some strong moves towards this in Australia with all registration bodies now requiring specific training in the discipline of supervision and supervisory colleges and peak bodies coming into existence. The question then must be expanded to include competency. What makes a good supervisor, and is it different to what makes a good therapist?

Quality Beginnings

I have been curious my whole life about how the therapist is made, and in writing this I have discovered a curiosity about the formation of the supervisor. I have a number of suspicions about my own development. I suspect that supervision allows me to teach,

and I love teaching. I understand things so much better when I have explained them to someone else. I can be an idealist and this work can occasionally give me permission to work with ideals. I collect information like a philatelist, and it's much more fun to share it. It soothes professional loneliness. I suspect that being a supervisor also allows me access to a bigger picture and I love big pictures. I like the feeling of understanding things that are happening across a sector and across the world, and I like to have a hand in change on a wider scale.

I also imagine that supervision can be a stance of greater distance than therapy, and that this distance has been a place I operate from in order to make sense of painful experience. As a child, intellectualising was my defence of choice, and it served me well. Understanding was emotionally regulating for me. I have had to be so protective of my emotional self at times in my life that I am left with an acute sense of care around the disclosure of personal emotional experience. This also encourages my sensitivity to this particular division, which can appear in practice to be more a division between cognition and emotion, than between supervision and therapy.

Hooper and Weitz (2006), in their study of training standards across a number of helping professions, outline a staggering list of qualities and abilities that define a good supervisor. These include capacities in line with those needed in therapy, such as empathy, acceptance and reliability, but their list also outlines such ideals as wide experience, great sensitivity to diversity and discrimination and creative thinking (Hooper & Weitz, 2006, pp.116-117). Whilst acknowledging that to even attempt such a list for a profession of great complexity is "problematic" (Hooper & Weitz, 2006, p.113), the authors have given us a collection of characteristics that many of us would name as ideals for any relationship where we are vulnerable and seeking guidance. These are the qualities most of us would want in our parents. As I examine this list and hold myself up to its bright light, I know that many of the places where I'm doing well have been hard won in the arenas of close transformative relationships with people who have these very qualities.

Making Space

For each of my supervision clients, I want to create a space that makes room for their wider lives and that is also specific to the development of their work. We are working on our work, and in any focus we might take outside of their counselling rooms, I don't want to lose that. For some of my colleagues, supervision is a space not so different from therapy. For them, the boundary is an illusion; it's as simple as the idea that we are whole beings and we bring the whole of ourselves to the therapy room, so of course supervision will have a therapeutic feel at times.

I think somewhat differently about this. I believe there is a part of me that lives with my clients that doesn't play much of a role outside of that work. Most of me is the same, but she, my best curious working buddy, my therapist self, is not all of me. I want to stay true to her in my own supervision, and I want to find her and make space for her in the supervision of others. She is so easily pushed aside by competing interests, and perhaps

she also dominates where it is not useful. So really it is not so much a separation of roles I'm talking about here, but a fine parsing of the image, a detailed and pixelated view of working experience that distinguishes the working self as one part of the whole person.

But if we agree to privilege the working self in supervision, we also need to be aware of not positioning therapy for therapists as simply a kind of repair job we recommend in order to get back on the road again. Since many ethical codes for supervision are very clear on this hiving off of the working self, specifying either limited or no personal support within supervision and encouraging therapeutic referrals for ongoing personal issues, we are in danger of minimising the wider role of therapy in the development of the therapist. Norcross and Guy (2007), in their study of psychotherapist self care, report that three quarters of mental health professionals have undergone personal therapy (p.167), and that many report that "[o]ur training, identity, health, and self-renewal revolve around the personal therapy experience" (p.167).

Over the course of my own life, I have taken every opportunity to work in therapy. I believe that despite having had a number of truly wonderful teachers and supervisors, therapy has been more valuable to me in my work than most of my training, and much of my supervision. However, therapy is not a strategic science. I can't say that through therapy I ended up improving my work with clients in anything like a targeted way. I'm not convinced you can "take an issue" to counselling and come out somehow better at your job in a timely way with specific clients. The target of most lovingly-mandated therapy is wide, as anyone who has ever referred a loved one for counselling, and waited patiently on the sidelines for things to improve, will surely know.

The most prescriptive and evocative of descriptions of personal and professional development through psychotherapy and its effect on work practice, comes from the American Psychoanalytic Association Bylaws, reported by Lohane (2007). Here they address the need for therapy prior to becoming a therapist, and give us one perspective on how personal therapy can support our practice as therapists:

A searching personal experience into the depths of human suffering and conflict, an experience through which one is profoundly affected, as both patient and analyst, seems an essential base from which to derive a conviction about the effectiveness of psychoanalysis. Such a conviction can sustain one's life work as an analyst (p.3).

Research on therapist development by several authors, most notably Norcross and Guy (2007), tells us that it is personal therapy that has helped us most in our work with clients, and that when this relationship is a good one, we develop both skill and confidence. What still remains uncertain however is what effect the supervision of therapists has on client outcomes. Wheeler and Richards (2007) and Freitas (2002), in their meta-research into the impact of supervision on clients, both report on the incredible research complexity of the subject area and reveal no substantial evidence so far of improved client outcomes as a result of therapist supervision. So once again I come back to the responsibility of the supervisee. If we accept that personal therapy is helpful to our work with clients, if we understand the importance of the quality of the supervisory relationship to the

effectiveness of supervision, and if we hypothesise that a common factors approach may apply to supervision as it does to therapy, then I believe this leads us directly to a need for greater focus on the role of the supervisee. As I look into my own experiences as a supervisor, I can see this common thread.

Working Experience

Some of the supervision I do is provided on behalf of community counselling agencies. The agencies themselves are therefore my employer. My job descriptions include words that fill me with despair. They're stuffed with phrases like "key activities" and "measurable". Since when did "measurable" become a noun? I can fill in the "key activities" section. If I am ever at a loss for what constitutes my job as a supervisor, or "clinical supervisor" as I have become known, there are countless texts detailing the differing tasks of supervision. And yet, I wonder about this in the light of the past two weeks.

One counsellor I supervise has made a serious error and she is devastated by her mistake. In a recent session with a distressed and exhausted parent, she missed a clear marker of a child at risk of physical abuse. Like her client, she also has a baby who is keeping her awake at night for a period of time that feels dangerous. She was very close to her client's experience in a recent session, and her risk assessment on behalf of a toddler who may be in danger was not even close to adequate. She is a new supervisee, and she was reluctant to tell me this, worried that I would judge her. This discussion of reluctance was a small portion of the "key activities" in our session. She was well able to assess where she was waylaid and how she would take action to address the risk with her client. The rest of our session was about her and her own sleep. She cried with tiredness. I held her hand.

A second supervisee was struggling to make sense of the concept of patriarchy following some family violence risk assessment training. We had a delightful and painful argument about feminism, aware that we were risking a difficult coming together of very different views that touched us both in tender places. This fits easily under the heading of "education", and yet of course it doesn't fit there at all. It's not even sufficient to say that we were each educating the other. He spoke about his experience of being bullied as a young boy and I spoke about my experience of emotional and financial abuse in relationship. We were showing ourselves, testing our tolerance for difference and trying to hold onto a close connection that felt terribly threatened by the new information we were each disclosing.

The common thread for me in both these interactions, was the willingness of each supervisee to engage with their own experiences in an authentic and responsible way. They took charge of their own practice, and actively fostered a relationship of working trust between us. Carroll and Gilbert (2005) and Tudor and Worral (2004) have both addressed the need for this kind of therapist responsibility in supervision in some depth, and my experiences very much support their conclusions.

All four authors, although coming from very different theoretical backgrounds, place the commitment, preparation and contribution of the supervisee as key to the success of the supervisory relationship.

Compelling Reason

We have gone some way to try to encourage supervisee responsibility by making post training supervision compulsory, particularly for counsellors and psychotherapists. But what effect does compulsory supervision have on the line between therapy and supervision?

I have a picture of myself, age 7, in the queue for confession at Joan of Arc School for girls. What will I bring to the priest? I wonder. I can think of nothing. But of course that will never do, there must be something. So I make up a story. Something involving unkindness perpetrated upon my sister. This must have been one of the few times I did not actually commit such a crime, and there is sadness in me at the thought that this was the day I was meant to confess. I am well aware that supervision is not confession, or at least, that it is not only confession. My sadness is that like compulsory confession, compulsory supervision can induce a dutiful rather than a reflective response. Perhaps the worst confession is not wanting to share at all.

Ronnestad and Skouholt (2013), in their study of practitioner development, present a general set of principles for supervision that are fundamental to the practice across all levels of therapist experience, but they also provide a developmental model for supervising therapists that is responsive to their changing needs at different stages (pp.176-210). Like many guides to supervising counsellors, this one presents an ideal of engagement in supervision that assumes ongoing interest in critical self-reflection. At times I'd like to see parents forced into supervision on a monthly basis, in the hope that their parenting would improve, but without their commitment, I don't imagine this would satisfy anything but my punitive desires.

With the best of intentions we are trying to compel each other to reveal our therapeutic work openly in supervision through mandatory attendance. The 10 to 15 hours per year required of counsellors in this country to meet their PACFA registration requirements (PACFA, 2012), while not unreasonable, cannot hope to guarantee the quality of transparency we would like to see in our best therapists. What we want is not simply to force people to be overseen. We want therapists to be committed to reflective practice. And some reflections are by necessity distinctly personal.

I've just received an email from one of my "compulsory" supervisees, asking if she can postpone our next session for a while. I've crossed the line here I think, moving too far into therapy from supervision in her estimation. I'm guessing that this is the reason she's put off our session. I'll check it out with her when we see each other again. She has been a joy to supervise, extremely dedicated, reflective and keen to explore her practice in

depth. It has been a very hard year for her personally. She has been in physical pain, endured terrible bushfires, her long-term relationship ended, and she made some minor practice mistakes that were very hard for her to reconcile with her sense of herself.

My interventions on the personal side were tentative on my end, but difficult to bear on hers. We explored how she allowed and didn't allow herself to grieve, her bodily reactions to stress, and her sadness. Each time we made connections back to her work.

Sometimes she cried, often she was uncomfortable, and was concerned that she had been responsible for moving us away from our primary purpose. I'm afraid I did too much reassuring that it was acceptable to talk about her pain and didn't push enough for her to be clearer about what she did and did not want to explore. I suggested therapy could be helpful and that it might feel like a safer place to discuss her difficult year. She was reluctant.

In our last session, she told me that my input was interesting, but didn't really fit with her Christian philosophy. I could feel some fear from her and a new closedness, and I was unable to invite her to explain this to me further in a way she could accept. If she were free to leave supervision, I believe she would. I wish I had taken more care of her reluctance early on, encouraged more silence instead of allowing her to proceed past her unstated comfort zone. At the same time, I'm well aware that she is in some kind of process that has very little to do with me. I feel that sense of being on the outside of a strong projection and the helplessness of being seen through a distorted lens. This leads me to think that in this instance, and maybe in others, I should have taken the lead as the supervisor with the management of this somewhat arbitrary division between therapy and supervision. But perhaps I am mistaken in seeing this as my responsibility only. Perhaps my supervisee is also somewhat lacking in both courage and professional responsibility.

Co-Constructed Conclusions

Supervision asks a lot of us. We're meant to be good guides, and we ask the counsellors we supervise to be like gregarious burrowing animals, forever keen to dig deep, unearth and share what they find with us. As we explore the territory of therapeutic interventions in supervision, it can be hard to remember that we are doing this together. Perhaps the main thing that has been missing in our guidelines here so far is this co-creation. It is this gap that appears to be so glaring in our training programs and in the ethical codes for both therapists and supervisors. If we are to truly navigate the role of supervisor in a way that makes use of what we know about therapy without becoming therapists ourselves, then we will need to let go and to make more room for the responsibilities of the therapists we supervise to emerge. We will need to spend more time building our understanding of how supervision works and less time attempting to police ownerless terrain. We are building our practices in tandem here and in doing so we each bear responsibility for the final construction.

Our guidelines and training programs need to reflect this inevitable co-creation. As supervisees we need greater direction about our responsibility in the supervisory relationship, both to our clients and to ourselves. Because the territories of therapy and

supervision are partly by necessity ill-defined and intertwined, then as therapists in supervision we need to explore this liminal territory with the integrity of self-responsibility. We need to know what is therapeutic for us and what we need from supervision. We need more encouragement from our guiding bodies to engage in reflective practice that allows for the careful separation of ourselves from our clients, our issues from their issues, our need for discussion and our need for therapy. We may also require more emphasis in our training programs on the importance of our own personal work, in order to leave our supervisors with more space to explore territory with us that we accept and know to be our own.

In the arena of counsellor training, we need to take more responsibility for what the research is telling us about the importance of personal therapy and a commitment to truly reflective practice. Perhaps we can take a leaf out of Rogers' approach to teaching counsellors, which placed a very high degree of emphasis on selection (1969, pp.191-193). Our teaching institutions need to see student selection as one of their primary purposes if we are to encourage a truly responsible navigation of the boundary between therapy and supervision.

And, finally, as supervisors we must engage in discussion at this difficult boundary with both curiosity and respect for our supervisee's autonomy. And we need our codes and guidelines to reflect this shared responsibility for the natural complexity of the boundary between therapy and supervision, so we can both do as Rumi suggests, and let the light in to our bandaged places.

* Great care has been taken to protect the identities of the supervisees referred to in this paper. All identifying information has been changed, and most portraits are composites. Supervisees have also been provided with a copy of this paper prior to its submission for publication, in order to give or to withdraw their consent for the material discussed.

References

Australian Psychological Society. (2007). *Code of Ethics*. Melbourne: Author.

Australian Psychological Society. (2004). *APS Ethical Guidelines: Guidelines on Supervision*. Melbourne: Author.

Bochner, A. P. (2000). Criteria against ourselves. *Qualitative Inquiry*, 6(2), 266- 272. doi: 10.1177/107780040000600209

Bochner, A.P. (2012). Between Obligation and Inspiration: Choosing Qualitative Inquiry. *Qualitative Inquiry*, 18(7), 535-543. doi: 10.1177/1077800412450152

Carroll, M. (1988). Counselling supervision: The British context. *Counselling Psychology Quarterly*, 1(4), 387-396.

Carroll, M. & Gilbert, M.C. (2005). *On being a supervisee: Creating learning partnerships*. London: Vukani Publishing.

- Ellis, C. & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733-768). Thousand Oaks, CA: Sage.
- Ellis, C. (2009). *Revision: Autoethnographic reflections on life and work*. Walnut Creek: Left Coast Press.
- Falender, C.A., & Shafranske, E.P. (2004). *Clinical supervision: A competency-based approach* (1st ed.). Washington, DC: American Psychological Association.
- Freitas, G.J. (2002). The impact of psychotherapy supervision on client outcomes: A critical examination of two decades of research. *Psychotherapy: Theory/Research/Practice/Training*, 39(4), 354-367. doi:10.1037/a0015673
- Gannon, S. (2006). The (im)possibilities of writing the self-writing: French poststructural theory and autoethnography. *Cultural Studies <=> Critical Methodologies*, 6, 474-495. doi: 10.1177/1532708605285734
- Hooper, D. & Weitz, P. (2006). *Training and training standards: Psychological therapies in primary care*. London: Karnac Books.
- King, D. & Wheeler, S. (1999). The responsibilities of counsellor supervisors: A qualitative study. *British Journal of Guidance and Counselling*, 27(2), 215-229.
- Krupka, Z. (2006). Drawing the line: personal counselling in supervision. *Counselling Australia*, 6 (3), 14-16.
- Lee, S.M., Cho, S.H., Kissinger, D., & Ogle, N.T. (2010). A typology of burnout in professional counsellors. *Journal of Counseling and Development*, 88(2), 131-158.
- Lohane, Z. (2007). Ethical flaws in the training analysis. *Psychoanalytic Psychology*, 24(4), 688-696.
- Maslach, C. & Leiter, M.P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass Inc.
- Maslach, C., Shaufeli, W.B., & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422. doi: 10.1146/annurev.psych.52.1.397
- Medford, K. (2006). Caught with a fake ID. *Qualitative Inquiry*, 12(9), 853-864. doi: 10.1177/1077800406288618
- Michigan Certification Board for Addiction Professionals. (2008). *Certified Clinical Supervisor Code of Ethics*. Michigan: Author.
- Miller, S.D. (2004). Losing faith: arguing for a new way to think about therapy. *Psychotherapy in Australia*, 10(2), 44-51.

- Morgan, M.M. & Spence, D.H. (2007). Toward a common factors approach to supervision. *Journal of Marital and Family Therapy*, 33(1), 1-17. doi: 10.1111/j.1752-0606.2007.00001.x
- Muncey, T. (2010). *Creating autoethnographies*. London: Sage.
- Norcross, J.C. & Guy, J.D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York: Guilford Press.
- Osborn, C.J. (2004). Seven salutary suggestions for counsellor stamina. *Journal of Counseling and Development*, 82, 319-328. doi: 10.1002/j.1556-6678.2004.tb00317.x
- Psychoanalytic Psychotherapy Association of Australasia. (2009). *Ethics*. Sydney: Author.
- Psychotherapy and Counselling Federation of Australia. (2011). *Code of Ethics*. Melbourne: Author.
- Richardson, L. (1999). Educational birds. *Journal of Contemporary Ethnography*, 25(1), 6-15.
- Rogers, C. (1969). *Freedom to learn*. Ohio: Charles E. Merrill Publishing Company.
- Rønnestad, M.H. & Skovholt, T.M. (2013). *The developing practitioner*. New York: Routledge.
- Rorty, R. (1989). *Contingency, irony and solidarity*. Cambridge: Cambridge University Press.
- Society of Counselling and Psychotherapy Educators. (2003). *Code of ethics*. Australia: Author.
- Sparkes, A. C. (2007). Embodiment, academics, and the audit culture: A story seeking consideration. *Qualitative Research*, 7(4), 521-550. doi: 10.1177/1468794107082306
- Spry, T. (2001). Performing autoethnography: An embodied methodological praxis. *Qualitative Inquiry*, 7(6), 706-732. doi: 10.1177/107780040100700605
- Tudor, K. & Worral, M. (2004). *Freedom to Practice: Person-Centred Approaches to Supervision*. Llangarron: PCCS Books.
- Vivino, B.L., Thompson, B.J., Hill, C.E. & Ladany, N. (2009). Compassion in psychotherapy: The perspective of therapists nominated as compassionate. *Psychotherapy Research*, 19(2), 157-171. doi: 10.1080/10503300802430681
- Wheeler, S. & Richards, K. (2007). The impact of clinical supervision on counsellors and therapists, their practice and their clients. A systematic review of the literature. *Counselling and Psychotherapy Research: Linking Research With Practice*, 7(1), 54-65. doi:10.1080/14733140601185274

Winnicott, D.W. (1971). *Playing and Reality*. New York Basic Books.

Zinkin, L. (1995). Supervision the impossible profession. In P. Kugler (ed.), *Jungian Perspectives on Clinical Supervision*. (pp.240-248). Einsiedeln:Daimon.

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