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A RETROSPECTIVE STUDY: HOW DO CLINICAL PSYCHOLOGISTS IN SOUTHERN ISRAEL PERCEIVE THEIR RELATIONSHIPS WITH THEIR SUPERVISORS AS TRAINEES IN THE PSYCHODYNAMIC PARADIGM?

A thesis submitted to Middlesex University

in partial fulfilment of the requirements for the degree of

Doctor of Professional Studies (Supervision in Clinical Psychology)

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September 2017

Acknowledgements

A retrospective grounded theory study: How do recently licensed clinical psychologists in southern Israel perceive their relationships with their supervisors as trainees in the psychodynamic paradigm?

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Abstract

The aim of the research was to study how recently licensed clinical psychologists in southern Israel perceive their relationships with their supervisors as trainees in the psychodynamic paradigm and to further the understanding of psychodynamic supervision. The study examined the experiences of supervisees in psychodynamic supervision employing a constructivist grounded theory approach, and included 10 participants who had completed their licensing exam within the last three years, and had trained in Israel. The research was retrospective, as time had passed since the licensing exam, and was also reflective, as the participants had gained experience and maturity in the field.

A system of open coding was used to analyze the interviews. Following this stage, the codes were grouped into focused codes, and a summary of the memos were organized for each participant. A constant comparison was made between the focused codes of the interviews until the categories were saturated, that is no new categories emerged, and a core category became apparent. Theoretical sampling was used by interviewing three of the 10 participants a second time in order to fill in gaps in one of the categories. The goal of the study was interpretive understanding.

The findings suggest that classical psychodynamic supervision provides the trainee with an experience of containment and reliance on the expertise of the supervisor during the initial stages of training and supervision. However, relational psychodynamic supervision empowers the supervisee in the latter stages of training by providing mutuality and open dialogue in an asymmetrical relationship. Classical supervision often did not address the self-perception of the supervisee, or the relationship between the supervisor and the supervisee. The failure to process these issues seemed to affect the agency of the supervisee in her relationship with her supervisor and, to some degree, fostered a sense of dependence. The supervisees who expressed their experience in supervision as transformational were those who experienced their own agency, and a sense of empowerment.

In my study, the tension created between the expectation of finding the ideal supervisor and coping with the supervisor in their relationship was the central challenge of supervision.

The 'teach or treat' dilemma appeared to be a conflict only in the classical style of supervision, as the boundaries between professional knowledge and personal issues are protected. In the intersubjective relational mode, the boundaries are more permeable, allowing more self-disclosure and temporary focus on personal issues The 'real' relationship in psychodynamic supervision was apparent in my study and was contingent on the two people involved in the interaction.

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Chapter 1: Introduction

1.1 Background

The transition from supervisee to licensed psychologist requires a shift in self-perception and professional identity. Becoming an effective and compassionate therapist is a multi-faceted process which challenges the psychologist's emotions, beliefs, values and attitudes towards life (Beinart 2004; Hess 2008; Watkins and Scaturo 2013).

Supervision in psychotherapy cannot be separated from the orientation it represents. The theoretical orientation influences the supervisory process and the competency of the supervisee. Most research on clinical supervision for psychotherapy has focused on counselling and social work (Hess 2008). This implies that there is currently less knowledge about the impact of supervision on the professional identity of clinical psychologists. Some of the issues requiring further investigation include agreement on what tasks are involved, the factors that influence effective supervision, and can these factors be taught to supervisors (Rock 1997; Fleming and Steen 2012; Hawkins and Shohet 2007).

When supervision is conducted in accordance with a particular theory, certain competencies are emphasized and others are diminished. There is commonality in supervisory experiences, regardless of the theoretical bias. It seems that a form of alliance needs to develop in supervision similar to the therapeutic alliance in therapy. The supervisor's and the therapist's ability to initiate and establish a relationship is necessary in all supervisory

models, as well as emotional containment and reflective practice. (Falender and Shafranske, 2010).

There are subjective components in all professions that contribute to the professional identity of the trainee. In training to become a clinical psychologist, the myriad variables that can impinge on the development of a professional self may or may not be attuned with the personal development of the supervisee. This can make the transition towards becoming an independent practitioner very difficult. The process of supervision can facilitate this transition, delay it, or can also weaken parts of the supervisee's professional identity.

Two major themes in psychodynamic supervision have been developed: the supervisory alliance and parallel processes (Searles 1955). Fleming and Steen (2012) suggested that in order for learning to occur, a relationship is needed in which both partners are committed to common goals. They used the term learning alliance, similar to the therapeutic alliance (Greenson, 1966), which has developed into the term supervisory alliance. However, the learning alliance arose from a teaching metaphor, whereas the supervisory alliance is a co-constructed bond between the supervisor and supervisee, mutually empowering both partners (Meissner, 1992; Berman, 1997b; Sarnat, 2012; Watkins, 2011).

The parallel process was viewed as the supervisee's unconscious identification with the client (Searles, 1955; Hora, 1957). This is manifested through the supervisee's assumption of the client's tone and behavior in order to convey to the supervisor emotions experienced in therapy

sessions. Searles (1955) advocated a reflection process to clarify both the supervisee's and the supervisor's countertransference, and claimed that parallel processes were a small part of supervision. As the self-awareness of the supervisee grows, countertransference is diminished and mutual reflection on the therapeutic process is free to develop (McNeill and Worthen, 1989; Rock, 2000; Frawley-O'Dea, 2003; Crowe et al., 2011; Sarnat, 2012).

The field of clinical psychology has grown rapidly during the past 30 years (Fleming and Steen, 2012; Beinart, 2002; 2004; Milne 2009). Psychodynamic supervision is widespread in the training and development of most mental health practitioners and has taken its place in the professional literature. Psychoanalysis and psychodynamic therapy have influenced the development of psychodynamic supervision. The psychodynamic approach focuses on an internal reality that unconsciously influences a person's actions in order to discern why the individual responds in a particular manner to significant people and events in his life (Segal, 1964; Winnicott, 1989; Ogden, 2004). Hess (2008) claimed that there is a lack of methodological isomorphism in the way psychodynamic supervisors relate to their supervisees, which stems from the difficulty of treating supervisees as trainees and not as patients. The goal of psychodynamic therapy is emotional restructuring but the aim of psychodynamic supervision is educational. However, the educational component of supervision is embedded in the emotional restructuring of the supervisee. This makes psychodynamic supervision a complicated process. It cannot be 'only' educational; it always involves the whole person

of the supervisee emotionally as well as cognitively, and it is always interpersonal, based on the relationship with the supervisor (Sarnat, 2012).

Initially, supervision was viewed as an extension of psychotherapy. The supervisor accrued experience in psychotherapy and was supervised herself for a number of years. She was then accepted as a supervisor trainee and was supervised on her cases for a predetermined period (Rock, 2000). Currently, supervision is viewed as a field of expertise which has its own internal structure, separate and different from psychotherapy (Carroll, 2007; 2008; Smith, 2009; Moore, 2010). The field of supervision includes several meta a-theoretical models (Hogan, 1964; Littrell, Lee-Borden and Lorenz, 1979; Watkins, 1997; Bernard and Goodyear, 2004; Page and Wosket, 2004; Carroll, 2007; Hawkins and Shohet, 2007; Stoltenberg and McNeill, 2011), some of which will be described in the literature review.

Classical psychodynamic models have been structured as a two person system involving one client and one expert, in both therapy and supervision (Rock, 2000). The relational model in psychodynamic psychotherapy (Greenberg and Mitchell, 1983; Benjamin, 1988; Sarnat, 2012; Frawley O'Dea, 2003) is co-constructed by both dyads (therapist-client, therapist supervisor), and views the supervisor as part of a three person system. The supervisor's role is to allow reflectivity and disclosure from both the therapist and the supervisor (Berman, 1997a; 1997b; 2000; Frawley-O'Dea and Sarnat, 2001; Sarnat 2012; Yerushalmi, 2013). In the relational mode of psychodynamic therapy and supervision, the concepts of neutrality and anonymity are replaced with an emphasis on interaction, mutuality, and

authenticity. This is an endorsement of the claim that human factors, as well as analytical factors, operate in the therapeutic process (Mitchell 2000). Yerushalmi (2013) posits a paradigm of psychodynamic supervision which combines the personal authentic with the professional aspects of supervision.

Bordin (1983) described the working alliance in supervision as a relationship of collaboration and mutual understanding which involves an agreement on the goals of supervision and is based on an emotional bond between the supervisor and the supervisee. Bordin's definition has subsequently been renamed the supervisory alliance, and is currently still being used.

Beinart (2002), in a grounded theory study, explored the factors that influence the supervisory relationship and investigated two models of supervision (Bordin, 1983; Holloway, 1995) through an interview study with supervisees. Her findings included that rapport between the supervisee and supervisor, and the supervisee feeling supported, were important factors in the supervisory relationship. Wisdom and knowledge were less important than stimulating discussions. In a collaborative relationship, supervisees were not anxious about the evaluative components and valued honest feedback (Fleming and Steen, 2012).

Carroll (2007) posited that supervision developed in three stages. During the first stage, supervision emerges from psychoanalysis. The second stage consisted of supervision's adaptation to various counseling models, while the third stage incorporated developmental models which focus on how

supervisees learn, and the social roles assumed in the supervisory relationship. Presently, supervision is emerging as a separate profession based on a philosophy of learning (Moore, 2010).

In Israel, psychodynamic supervision, which is the mode of training for most clinical psychologists, continues to be based on its psychoanalytical foundations. Developmental and process models are not part of any training program for supervisors (Shefler et al., undated).

1.2. Models of supervision

Psychotherapy supervision transmits the practice and culture of psychotherapy and holds a respected place in the training of mental health professionals. There are three main streams of supervision in psychotherapy that have developed during the past century: psychotherapy-focused, developmental, and process models. An approach that is psychotherapy-focused is based on a specific theory and practice of psychotherapy (Hawkins and Shohet, 2007; Smith, 2009). Bernard and Goodyear (2009) stated that learning is maximized when the supervisor and supervisee share the same orientation.

Historically, therapists worked according to a particular theory, and reached a judgement based on their training and experience. Presently, Evidence Based Practice (EBP) and Evidence Based Clinical Supervision, (EBCS) require more accountability from the individual practitioner. There has been a reduction in the authority of mental health practitioners who are required to justify their decisions in scientifically credible ways, implying transparency in their decision making. EBP has aroused

controversy, perceived as a way of ensuring that managers and policy makers are at the forefront of making decisions in mental health (Milne, 2009). Milne suggests that the goal of EBCS is to foster experiential learning in both psychodynamic and cognitive behavioural approaches, and to ensure the formal training of supervisors.

Much of the literature on supervision includes various developmental and process meta models which have been developed to better understand the process of supervision and how it impacts on the supervisee.

Developmental models are a-theoretical meta models and involve the stages of professional development of the supervisee, assessment of the supervisee's stage, and the facilitation of his growth. These models support the notion that supervision and psychotherapy are inherently different. Each stage in the psychotherapist's development is seen as qualitatively different and addresses the uneven skills development of the supervisee. (Hawkins and Shohet, 2007).

The landmark developmental model was developed by Hogan (1964), who outlined a four-stage process. At stage 1, the supervisee is dependent and somewhat insecure, struggling to apply the theory she has learned towards understanding her clients. The supervisor, at this stage, may partially employ teaching methods. At stage 2, the supervisee experiences a conflict between dependency and autonomy, vacillating between the two poles. When the supervisee feels confident in her abilities, and her motivation increases to a stable level, she is functioning at stage 3. At stage 4, the supervisee is aware of her abilities and her limitations. However, Hogan

(1964) suggested that the stages are not mutually exclusive and that the therapist may move from stage 1 to 4 many times in her lifetime (discussed by Grey, 2007).

A model which is widely accepted is the IDM - Integrated Developmental Model (Stoltenberg and McNeil, 2011). This model traces the progress of the trainees through the stages of self and other awareness, motivation, and autonomy. Hawkins and Shohet (2007) combine the developmental models of Hogan (1964), Worthington (1987) and Stoltenberg et al. (1998) into four common levels in the professional development of a supervisee (Hawkins and Shohet, 2007: p. 74).

Level 1 – self-centered – 'Can I make this work?' (focusing on oneself, lack of belief in one's abilities);

Level 2 – client-centered – 'Can I help this client make it?'(focusing on needs of the client, might lead to confusion);

Level 3 – process-centered – 'How are we relating together?' (intersubjective processes); and

Level 4 - process in context-centered – 'How do processes interpenetrate?' (deepening of knowledge, self-awareness, and autonomy).

Criticism levied at the developmental model includes the possibility of a rigid interpretation of the stages, without allowing for the uneven skills development of the supervisee (Hawkins and Shohet, 2007). Also, supervisors are progressing through their own stages and these must be addressed as well. Furthermore, if the model is valid then supervisors

should be able to assess the level of their supervisees. Chagnon and Russell (1995), in an empirical study, found no difference between experienced and beginning supervisors in their ability to assess the level of the supervisee. All supervisors had difficulties in assessing their supervisees at level 2 (Grey 2007).

Developmental theories do not address the issue that therapy and supervision are interpersonal relationships. Developmental models also do not address the theoretical approaches of both the supervisor and the supervisee. How can the supervisor and supervisee agree on the practice of the supervisee, in the light of their theoretical differences? If the supervisor claims to be eclectic, this is even more of a problem for the supervisee (Patterson, 1997).

Process or social role models are also a-theoretical meta models which focus on the learning needs of the supervisee. They differ from developmental models in that the supervisee does not develop through various stages but rather their learning needs are addressed as they evolve.

One such model, the discrimination model (Bernard and Goodyear, 2009), focuses on the training components of supervision. The supervisor can be a teacher, counselor or consultant, according to the developing needs of the supervisee. Each of these roles can focus on different aspects of supervision. It is called a discrimination model because it requires that the supervisor attune her responses to the supervisee based on her individual needs. It is also a social model because it requires that the supervisor shape her intervention, in response to the situation. Initially, the teaching role

may dominate the interaction with new supervisees. The consultant role is emphasized in relating to more advanced supervisees. There is an implicit acceptance that supervisees pass through developmental stages (Grey, 2007).

Page and Wosket (2004) developed the cyclical model, which comprises 5 stages that are subdivided into 5 steps. This model uses humanistic and psychodynamic principles. Page and Wosket claimed that supervision can begin at any one of the five stages: contract, focus, space, bridge, and review. Supervision is seen as a process which enables rather than educates. In the 'space' stage, reflection is encouraged, and the experience of containment is strengthened by going through the process one stage at a time.

The cyclical model requires thorough grounding in psychodynamic theory and this reduces its use with practitioners using other theories. It has been criticized due to the rigidity of the stages, which may frustrate the supervisee by not allowing sufficient flexibility (Page and Wosket, 2004).

Hawkins and Shohet (2007) developed the 'seven-eyed model' of supervision in order to address the many interactions which occur in supervision between the supervisee, the client, the supervisor and the work context. Although only the supervisee and the supervisor are present in the room, the client and the work context are consciously and unconsciously present in the interaction. Thus, two interlocking systems are involved - the supervisee client system and the supervisor - supervisee system. The supervision is affected by the supervisor's focus. The emphasis can be on

the supervisee - client relationship through reports or tapes or notes, or it can be on the therapist - client relationship through the here and now experiences in supervision. Each of these two approaches can be further divided into three categories, which, including the larger work context, amounts to seven categories as follows (Hawkins and Shohet, 2007: p. 82-84):

1. Focus on the client and what and how they present;

2. Exploration of the interventions and strategies used by the supervisee;

3. Exploration of the relationship between the client and the supervisee;

4. Focus on the supervisee;

5. Focus on the supervisory relationship;

6. The supervisor focusing on their own process; and

7. Focus on the wider context in which the work happens.

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1.3 Psychodynamic supervision

The subject of this study is psychotherapy-focused supervision in the psychodynamic paradigm, which, in Israel, is recognized as the main paradigm of training for clinical psychologists (Shefler et al., undated). Clinical psychologists work predominantly in psychotherapy, and a large proportion are involved in clinical supervision. The experiences in the supervisory encounter appear to play an instrumental role in psychotherapy-focused supervision, particularly pertaining to the reflective practice of both the supervisor and the supervisee (Watkins, 2011; Sarnat, 2012).

Psychodynamic supervision can be classified into patient-centered (classical, one person psychology model), supervisee-centered (based on ego psychology, self-psychology and object relations), and relational-intersubjective (Berman, 2000; Frawley-O'Dea and Sarnat, 2001; Yerushalmi, 2013). In the patient-centered paradigm, the supervisor is seen as the expert who has the knowledge and skills to assist the supervisee, thus giving the supervisor considerable authority. The supervisor's role is to help the supervisee understand the unconscious dynamics of the relationship (transference and countertransference) between the supervisee and the client.

In the supervisee-focused model, much time is spent on the supervisee's countertransference experience with the client (including parallel processes) and how this manifests in the supervisory relationship. The intersubjective - relational approach deals with the relationships in the

supervisor - supervisee and the supervisee – client dyads (Smith, 2009; Sarnat, 2012; Frawley-O'Dea and Sarnat, 2001; Berman, 2000; Yerushalmi, 2013).

Sarnat (2012), a psychodynamic supervisor, supports moving beyond a patient-centered or supervisee-centered approach (one-person-psychology model of supervision) to a more intersubjective - relational approach. In the intersubjective mode, the supervisor, therapist and patient are seen as co-creators of the dyads. The supervisor is aware that her relationship with the supervisee is based to some extent on her own countertransference issues. At the same time, the supervisor is responsible for adjusting to the supervisee's learning needs. The myth of the supervisor as an objective expert, immune to countertransference reactions, is rejected. Instead, supervisors are supported in seeking consultation with their colleagues (Sarnat, 2012).

Farber (1956) raised critical questions about therapy, which this study will question about supervision. He stated that effectiveness lies beyond theory and training and asked what manner of human being is the therapist (supervisor)? He further stated that in psychotherapy (supervision), if a meeting is to occur, it will occur despite transference, inequalities in position, status, background and awareness. The therapist (supervisor) addresses his patient (supervisee) not as an object of knowledge but as a being who could become.

1.4 Rationale for the research

I have worked as a senior psychologist and as a supervisor in Israel for many years. My interest in the experience of supervision arises from my personal experiences, my reading of the literature, conversations with colleagues and the particular context of supervision in Israel (Berman 2000; Yerushalmi 2013). In particular, I am interested in the experiences of the supervisee in her relationship with her supervisor. Interactions between the supervisor and the supervisee can empower or weaken the supervisee in her perception of herself as an independent practitioner (Levenson, 1982; Stoltenberg et al., 1998; Beinart, 2004; Falender and Shafranske, 2004; Hess, 2008; Bernard and Goodyear, 2009).

In Israel, psychodynamic training for clinical psychologists remains imperative as a foundation for doing work in psychotherapy. This means that all clinical psychologist trainees participate in a minimum of four years (most are part time trainees) of psychodynamic supervision. Psychodynamic supervision, which includes transmitting knowledge about theory, enhancing complex psychotherapeutic skills and facilitating the development of relational capabilities in supervisees (Rock, 2000; Sarnat, 2012) is a complicated process. It is a long internship, and is accompanied by the difficulty of working in a psychiatric hospital ward for one year, and finding one's place in a medical model which does not use the psychodynamic language of the trainees. It takes years of training, therapy and supervision for the supervisee to feel sufficiently knowledgeable. The supervisee struggles with her own ability to 'see' and understand. The dependency and frustration that is fostered by this process can be a central

conflict in the professional development of the psychologist, and can lead to resistance in the supervisory process (Stoltenberg et al., 1998; Bradley and Gould, 2002; Bernard and Goodyear, 2009). The professional identity of the clinical psychologist, often frail at the beginning of the process, requires a measure of immunity to 'survive' the training process and ultimately experience an inner validation of themselves as clinical psychologists (Yerushalmi 2013).

Research on psychodynamic supervision is burdened by the difficulties of organizing and understanding a large number of interpersonal variables (Frawley-O'Dea, 2003). Fleming and Steen (2012) posited that some research studies have failed due to these difficulties. This has created a number of gaps in the professional literature which include questions on parallel processes, communication in supervision (what is said and what is heard), the supervisory alliance, and the 'real' (personal) relationship. My study focused on addressing the following gaps:

1. The analysis of the client's narrative can dominate supervision by leading to conjectures about parallel processes and defense mechanisms. How this experiential knowledge is transferred back to the therapeutic relationship in a way that is beneficial to the client remains a question (Madison, 2001; Fleming and Steen, 2012; Bernard and Goodyear, 2009).

2. There is a disjunction, a gap, between the lived and the verbalized experience, which is further complicated in the two-person situation regarding what is spoken and what is heard. The lack of knowledge

on the impact of communication in supervision needs further investigation (BCPSG, 2008; Hess, 2008; Yerushalmi, 2013).

3. Most approaches to psychodynamic supervision emphasize the supervisory alliance and the transference - countertransference processes. However, the lack of focus on the 'real' or 'personal' relationship is a serious omission. The supervisee's perception of the attitudes and personal values of the supervisor and how this affects the process of supervision have not been adequately addressed and researched (Greenson, 1971; Meissner, 1992; Jones 1998; Gelso, 2002; Frank, 2005; Watkins, 2011).

In summary, some of the gaps relating to the research on supervision include: how the experiential knowledge from supervision is transferred back to the therapy sessions; how the communication style in the supervisory session (what is said and what is heard) impacts on the supervisee; and how the "real" or "personal" relationship affects the supervisee's perception of himself as a competent psychotherapist?

1.5 Context for the research

The gaps identified in the literature exist in Israel as well. Hence there is a need for a study to better understand the concept of psychodynamic supervision in Israel.

Since Israel was established as a state in 1948, the rapid growth of psychiatry was coupled with an awareness of the possible contribution of clinical psychology. In 1957, the Department of Psychology was established

in the Hebrew University in Jerusalem (Shanan and Weiss, 1967). In 1977, the Psychologists Act was passed, regulating the licensing process of clinical psychologists in Israel. All psychologists must enrol in the psychologists register, which is administered by the Ministry of Health (Halaj and Huppert, 2017).

Most clinical psychologists work in government clinics, hospitals, youth immigration adolescent services and the army. Their work includes psychological testing, individual and group psychotherapy, and supervision. Some have a part-time or a full-time private practice.

It is the quality of supervision in the work setting which fosters a good clinician. A major challenge for Israeli clinical psychologists has been to inform themselves of how to work with the different cultures represented by the large diverse immigrant Jewish groups living in the country, and the different cultures and traditions represented by the Arab and Bedouin populations.

The south of Israel, the Negev, is a region which has absorbed many immigrants from different countries (among them, Russia, Georgia, Ethiopia, Argentina, Yemen, Morocco, Iraq) due to the low density of the population in Beer Sheva (250,000), the major city of the Negev. In addition, 240,000 Bedouins reside in the Negev, utilizing all the available medical and psychological services.

Currently, of the 11,500 psychologists in all of Israel, approximately 33% are clinical. There are about 144 psychologists per 100,000 people, which is the highest number of psychologists per population in the world. The next

highest is in the Netherlands at 91 per 100,000, followed by Finland at 56 per 100,000 (Halaj and Huppert 2017).

In Israel, psychodynamic training has been the dominant mode in most programs for clinical psychologists. There are approximately 4000 clinical psychologists practicing mainly psychodynamic psychotherapy. They hold either M.A. or Ph.D. degrees in clinical psychology and train as interns on a part time basis (20 hours a week) towards their licensing exam and registration. They receive supervision in psychodynamic psychotherapy and in psychodiagnostics for four years. The examination for licensing and registration includes a written case presentation and a psychodiagnostic evaluation, which are submitted to the examining committee previous to an oral exam. This study examines supervision only in psychotherapy.

In Israel, licensed clinical psychologists wishing to work as supervisors must complete 50 hours of supervision-on-supervision from two supervisors and receive a recommendation from both clinicians regarding their ability to become supervisors. There are no courses or training programs for supervisors. Supervisors are not required to attend annual re-licensing workshops or participate in conferences relating specifically to supervision. Rather, licensed psychologists wishing to become supervisors are encouraged to study at one of the post-graduate psychotherapy programs in order to hone her skills as a psychotherapist. There is little research relating specifically to the supervision of clinical psychologists in Israel except for the work of Berman (2000; 2009) and Yerushalmi (2013), both advocates of the relational approach.

The psychodynamic approach is dominant among clinical psychologists in Israel but there is a developing interest in CBT. In 1980, the first world CBT conference was held in Israel. Psychiatrists, psychologists and social workers have been taught CBT as a basic technique to be used alone or combined with psychodynamic therapies. The first Israeli congress of the European Association for Behavioral and Cognitive Therapies – the 45th annual event – took place in Jerusalem in 2015 (Siegel-Itzkovich, 2016). Systems approaches are used in family therapy, whereas the client-centered humanistic approach and the existential orientation are not formally recognized in Israel. The field of counselling psychology is not accredited (Halaj and Huppert 2017).

Clinical psychology in Israel is currently in a state of change due to a mental health reform bill passed in 2012. The bill stipulated that all government mental health clinics will be moved from the Ministry of Health to the country's health maintenance organizations (HMOs) starting in 2015. The HMOs are under no obligation to employ and train clinical psychologists, who might incur more costs than social workers or other trained therapists (Leus, 2013). The reform bill, by its exclusion of training centres for clinical psychologists, implies that clinical psychologists are not cost effective. This direction undoubtedly will take time to implement, but when it does happen, it will be even more difficult to train in the psychodynamic paradigm. This approach requires much time in therapy for change to occur, both in the therapeutic relationship and in the client's life. The amount of therapeutic sessions available to patients will be considerably less than those enabled by the terms of the previous system.

Currently, this has affected the training process of clinical psychologists. After completing their M.A. in clinical psychology, graduates wait for an average of two years to begin their specialization. This has resulted in the Health Ministry suggesting to psychologists that they specialize in educational or developmental psychology. The ministry explained that there are only few internships available, and that there are more applicants than positions available for specialization in clinical psychology. Students from Arab, Bedouin, ultra-orthodox and Ethiopian communities have priority for specialization positions due to a lack of clinical psychologists in these sectors (Times of Israel, 2016).

In Israel, there is a debate regarding evidence-based versus other psychotherapies. Evidence based therapy is presented as scientifically and economically more feasible. However, questions remain as to the therapeutic process and relationship in contrast to the more technical aspects of therapies which make use of protocols. The questions address the too strict requirements of the evidence based approach. The variability between individuals and cultures suggests that a dialogue is required between different approaches (Sanderson, 2002).

It is difficult to research psychodynamic therapy in contrast to evidence based therapies. Research on evidence based therapies usually focuses on the cognitive-behavioural paradigm, as it has a more manualized or clear protocol approach (Shedler, 2013). However, beyond the structure of CBT, two people remain sitting in a room and working in a therapeutic relationship. Questions related to the anxiety the relationship arouses

(transference), and the motivation of the client to work with this particular therapist (working alliance), relate to all psychotherapeutic orientations.

Regardless of the orientation of the therapist, research has shown that it is the relationship which heals and not the approach. Empirical evidence seems to indicate that a warm collaborative therapeutic relationship leads to positive therapeutic outcomes in most cases. As different clients have different relational needs, particular therapeutic techniques need to be part of a positive therapeutic encounter (Cooper, 2004).

The profession of psychology in general and of clinical psychology in particular continues to attract many young Israelis despite the rigorous selection and training process, and the increasing difficulties in securing a position for specialization. Presently, it is a profession which attracts more women than men. In order to apply for the M.A. program in clinical psychology, the applicant must have an average of 87% on her undergraduate degree, plus a score of 650 in GRE-Psychology exams, or a score of 100 in the MITAM, the Israeli test for graduate degrees in psychology. Only 20% of the applicants are invited for an interview. Not all of the applicants interviewed are accepted into the program (personal knowledge).

Counselling psychology as an area of specialization does not exist in Israel, and the philosophy of client-centered therapy with its humanistic underpinnings is not a subject for therapy or supervision. This is a loss, as individuals whose problems are not clearly psycho-pathological receive therapy in the psychodynamic or cognitive behavioural mode. This includes

individuals threatened by security issues, immigration, members of non–
Jewish minorities, people living on the kibbutz, issues of religiosity, and
holocaust survivors (Barak and Golan, 2000). Client-centered therapy
focuses on creating an atmosphere of warmth and acceptance which
facilitates a relationship. In the classical psychodynamic paradigm (beyond
the individual characteristics of the therapist and supervisor), these
qualities are not addressed or discussed.

1.6 Personal experience

My interest in the experience of supervision stems from my reading of the
literature, conversations with colleagues, the particular context of
supervision in Israel (Berman 2000; Yerushalmi 2013), and my personal
experiences.

Receiving supervision as a trainee was a stressful process for me. It was
difficult to learn from others as I was hesitant to accept expertise and was
protective of the knowledge I had accrued and internalized. In supervision, I
sensed that my work with the patient was being interpreted by the 'other'.
My instinctive response was to reject this foreign interpretation.

The relationship with my supervisor determined my ability to learn. An
accepting supervisor could help me formulate new interpretations of my
own, which made the process of supervision possible for me. It was an
authentic encounter and strengthened my own unique style of working. A
supervisor whom I perceived as too didactic or critical would arouse my
covert resistance, leading me to develop an acquiescent role. The

supervisor 'knew' and I did not, a situation I had difficulty accepting. Dialogue or encounter was not possible.

As I was preparing for my licensing exam, the head psychologist at the clinic, who had been my supervisor, offered her personal and professional support. My niece in Montreal was very ill during my last year of residency and I spent a trying year flying between Israel and Montreal. My supervisor demonstrated that she perceived me as a colleague who 'knows' and believed in my ability to become a licensed clinical psychologist. It was her 'recognition' which strengthened my resolve. Recognition, which requires both mutuality and separation, was defined by Benjamin (1988) as:

> "that response from the other which makes meaningful the feelings, intentions and actions of the self. It allows the self to realize its agency and authorship in a tangible way but such recognition can only come from another whom we, in turn, recognize as a person in his or her own right."

This experience had a profound effect on me and shaped me as a clinician. I aspire to create a relationship which allows the supervisee to feel that I recognize her as a colleague, and that I hope to contribute to her knowledge and skills. As Buber eloquently wrote about relatedness (quoted in Spinelli, 2006):

> "the experiencing of the other in the relationship without either overwhelming and shaping the other's "otherness" so that it becomes a mere extension of "I", while at the same time neither neglecting, minimizing nor abdicating one's own presence in the relationship.

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Thus, the great paradox presented by Buber is that the individual truly emerges and experiences the uniqueness of his or her being . . . by the embracing of an inclusionary relatedness."

The mainstay of my work is psychotherapy and supervision. I have spent most of my working life as a therapist receiving supervision, and as a therapist supervising others. The transition from a trainee receiving supervision to becoming an independent licensed clinical psychologist requires a shift in self-perception and professional identity. It is not a linear course, and the supervisee works on many levels at the same time - cognitive, emotional, and reflective. The professional literature is complex and abstract, and its application to therapy requires the development of interpersonal skills which include both declarative and procedural knowledge. Supervision can support and clarify the process or may become another 'burden', requiring that the session be described, analyzed and sometimes defended.

As I trained first as an existential-humanistic psychologist and secondly as a psychodynamic therapist, I had, and continue to have, many thoughts and questions about the supervision process. The need to understand human experience and learning has been a major theme for me. People seek meaning in their lives, and cope with life by overcoming or transcending personal limitations and life circumstances. This is a message of empowerment, sometimes bordering the spiritual dimension, and hinting at the presence of a 'higher self' (Maslow 1970).

Psychodynamic therapy and supervision have traditionally relied on the 'why' questions. There are long and painful excavations into the client's past history seeking the source of the client's 'unease', and through countertransference, the therapist's discomfort. The relentless search for causes and their effects can dominate the therapy and supervision. This may not allow sufficient room for acceptance, hope and possible transcendence. I perceive a lack of reflective thinking in order to balance the focus on depth and analysis in psychodynamic training. Sometimes the right questions involve asking 'what and how', and not 'why'. A lack of reflective thinking distances us from ourselves, and dulls our awareness of how we live our lives, and interact with significant others; what is important to us; and how we negotiate the process of change. Our response to others emerges out of who we are in addition to what we have learned and believe.

There are questions regarding the attitudes and personal values of the supervisor. "Formal consideration of how personal values can influence and enhance the morality and ethicality of decision making is a crucial aspect of the supervisory process" (Jones, 1998). Levinson warns of the hidden dangers of an expert supervisor 'teaching' a supervisee. The *real* goal of supervision encompasses existential goals of inspiring hope and elucidating meaning from the experiential process (Levinson 1982; Jones 1998).

Psychodynamic supervision which rests on theory and interpretations of the countertransference may give both the supervisor and the supervisee a feeling of 'hiding behind the theory'. Surely there are elements of 'reality'

which enter the relationship of both the therapist and client, and the supervisor and supervisee. As Freud said, "Sometimes a cigar is just a cigar". It is not just the countertransference difficulties which make psychodynamic supervision very complex. It is also the real questions that the supervisee experiences regarding the personality, knowledge, values and attitudes of the supervisor, which determines whether the supervisee wants or can learn from this person.

My personal experience reflects the issues that have emerged in the literature, and has motivated me into trying to understand how psychodynamic supervision can facilitate and foster the growth of a professional self. I am curious as to the applicability of a learning paradigm to an interaction which holistically affects the therapist, emotionally and cognitively. Conversely, I find it interesting that a supervisory relationship, which includes training and learning, puts so much emphasis on the therapeutic aspects of the relationship. This is the 'teach or treat' dilemma.

1.7 Conversations with colleagues

Discussions with colleagues have implied that they, too, had many questions about their experiences in supervision. A recurrent theme appeared to be the lack of authentic dialogue. One woman, who trained when she was older, as I did, said she had been a 'good girl' and had responded in a way she thought was expected. Looking back, she felt she might have missed an opportunity to expose and deal with her difficulties. She preferred the intersubjective-relational approach, was sometimes awed by the neediness of her supervisees and frequently experienced the

dilemma of 'teach or treat'. She did not think that every senior psychologist should work in supervision.

A younger colleague, who is currently training to become a supervisor, had a different perspective. She felt that the issue of trust was paramount because of the importance of the evaluation. Reflecting on her experience, she questioned the fact that the relationship between herself and her supervisors was never discussed - not in psychodynamic terms and not as two individuals working together. The focus was on the case. She used the term an 'elephant in the room' - large but somehow invisible by ignoring its existence. Another factor which weakened the supervision was the lack of connection between theory and the case. The determining factor for her was the real concern of the supervisor. Now that she is training to become a supervisor, she feels that supervisors should have a peer group.

A third colleague to whom I spoke was a psychologist recently licensed as a supervisor. He claimed that the concept of parallel processes was very meaningful to him through enactments that the supervisee brings to the supervision. He felt that supervision is a paradoxical process, as the supervisor 'knows' and 'does not know'. He told me about a personal traumatic encounter that occurred during his supervision. We talked about the conversation that didn't happen - the relationship between him and his supervisor.

In conversations with supervisors/supervisees, I became aware of a level of dissatisfaction with the supervisory process in psychodynamic supervision. The frustration of these psychologists appeared to stem from material that

could not be articulated and processed in the supervisory meetings and was, therefore, omitted by either denial, professional discomfort, or a lack of belief in the supervisory relationship (Schon, 1987). This led me to become curious about the experiences of the supervisees. Particularly, what fosters openness, that is, the courage to bring one's mistakes to supervision, and what aspects in the supervisory relationship empower the supervisee.

I worked in a psychiatric hospital where the model most widely used for training was classical psychodynamic, which may be due to a lack of training in the relational mode. I assumed that the main liability of the classical model is the fostering of dependency in the supervisee, which can impede the development of a professional self, or create a 'false' professional self (Winnicott, 1989). I tried to be aware of my personal bias in my study. Perhaps, for some supervisees, particularly at the beginning of training, the classical model provides much support and guidance from an authoritative supervisor. My research notes the differences between the classical and relational approaches and their influence on the development of the professional self in the training of clinical psychologists.

There are a number of different ways to approach this subject. At this stage, a qualitative investigation to explore the experiences of licensed clinical psychologists, retrospectively, on their supervisory experiences appears to be most feasible. I decided to use grounded theory, which uses both social processes and analysis, to collect an ample data set from their

experiences. In the methodology section, I explain more fully my reasons for choosing this method.

1.8 Aims and objectives

This study will explore the experience of supervisees in psychodynamic supervision in southern Israel. Specifically, it will examine clinical psychologists' experiences of their supervisory relationships as supervisees previous to their licensing exams. Research in psychodynamic supervision has received little attention in the professional literature in Israel (Berman, 2000; Yerushalmi, 2013), although it has been researched elsewhere (Carroll, 2007; Beinart 2002; Hawkins and Shohet, 2007).

The relationship between the supervisor and the supervisee will be emphasized in an attempt to determine the factors that enable the transition from the supervisee's experiencing of herself as an apprentice, to an internal validation of herself as a specialist who 'knows', or 'knows enough'. As the training process is multi-faceted, this will undoubtedly contribute towards the difficulty of analyzing the data, understanding the implications and drawing conclusions. My research has an epistemological focus. It is aimed towards interpretative understanding: how can we know more of what there is to know about the training experience and process of clinical psychologists in the psychodynamic paradigm. There are subjective components in this research which will influence the direction and the content of my questions in the interviews and my subsequent analysis of the data. This may lead towards developing themes in certain directions,

while other subject matters will not be explored. Hopefully, this will generate questions for future research.

The study will be retrospective, as psychologists will be interviewed after they are licensed. The relationship between the supervisor and the supervisee will be emphasized in order to determine the factors which enable and enhance professional learning in the field of psychodynamic psychotherapy.

A grounded theory study will be conducted with 10 psychologists (or until the categories are saturated) and the interviews will be analyzed. Grounded theory is a qualitative course of inquiry which gives voice to the participants and attempts to generate new theory through the constant comparison of data. It is descriptive, analytical and explanatory, asking questions regarding 'what happened' and 'how it happened'. The concepts and emerging theory attempt to explain 'why it happened' on increasingly higher levels of abstraction (Charmaz 2014).

Questions will focus on the nature of the experience of the supervisee (Falender and Shafranske, 2010). Is it an alliance of the expert and the neophyte, or a meeting between two trained professionals which allows for 'continuous consultation' (Levenson, 1982; Gabbard, 2008)? What enables meaningful supervision and what prevents it from developing? Some of the literature (Levenson, 1982; Hawkins and Shohet, 2007) claims that the focus of supervision should be on the phenomenology of learning - the experience of the supervisee in the process of how he learns.

The objectives are to:

1. investigate experiences of the supervisees as they train to be psychodynamic clinical psychologists;

2. determine the critical factors in the supervisory relationship which enable the supervisee to 'recognize' herself as becoming an independent professional psychologist;

3. note if the supervision in the psychodynamic paradigm is in the classical mode or the relational mode, or both; and

4. make recommendations regarding the supervision of clinical psychologists.

Psychodynamic supervision is a dynamic process which examines, retrospectively, the therapeutic interaction between the therapist and the client. The supervisee's deepening awareness of himself as a developing therapist in the presence of a committed supervisor can have a mutative influence on his professional development (Watkins, 2010). Supervision is also a phenomenological process in that it draws the supervisee's attention to the way he works, that is, to the descriptive aspects of his participation in the therapeutic interaction (Spinelli, 2006).

My study will focus on the experience of clinical psychologists receiving supervision in the psychodynamic paradigm. Psychodynamic therapy and supervision have developed in two directions - the classical mode and the relational - intersubjective mode. The classical model is based on the expertise of the supervisor and the needs of the supervisee, professionally and sometimes personally. The supervisor struggles with the 'teach or treat' dilemma (Rock, 2000; Frawley-O'Dea and Sarnat, 2001).

The relational-intersubjective model resembles 'continuous consultation' (Levenson, 1982; Gabbard, 2008), and a dynamic mutual learning process (Berman 2000, 2009; Page and Wosket, 2004; Hess, 2008; Yerushalmi, 2013). The supervisor's seniority is acknowledged; however, supervision develops as a dialogue which addresses the issues being discussed. It is a process of dynamic learning for both the supervisor and the supervisee in an atmosphere of two subjects addressing complex issues, which may include personal revelations relevant to the discussion. My study explores the effects of either or both of these two approaches on the self-perception of the supervisees.

Chapter 2: Methodology

> "real scientific progress results from imagination, creativity and common sense, rather than merely deduction and induction" (Salmon, 2003).

The aim of the study was to explore and further the understanding of psychodynamic supervision. The study examined the experiences of supervisees in psychodynamic supervision using a qualitative grounded theory study approach. The difference between qualitative and quantitative approaches is epistemological in that qualitative research adheres to the notion that phenomena can only be understood in context whereas quantitative research posits that phenomena can be isolated in order to determine how this will impact on the context (Mirza, 2013). Qualitative researchers are interested in the quality of experience rather than cause and effect relationships, and are able to generate hypotheses but are limited in their ability to generalize and to predict outcomes. They are concerned with lived experience and meanings defined by the participants (Willig, 2008). Criticism levied at quantitative methods includes the attempts of researchers to make empirical statements about variables and overly generalized interpretations, while ignoring the complex social reality.

A qualitative approach aims to develop an understanding of how the world is constructed. This principle suggests that our world is complex and can be viewed from different perspectives. Qualitative research can be paradoxical in that the researcher understands and knows the world but wishes to

become a knower beyond common sense knowledge, attempting to be discovery oriented and critical (McLeod, 2001).

Ontology and epistemology are related to methodology. My epistemology follows my ontological stance by being relativistic. Knowledge is temporary and partial. We cannot fully know the nature of our experience of ourselves, of our relationships and our reality. We can strive towards a truth relative to the context, which expands our understanding and opens up possibilities for new knowledge (McLeod, 2001). Knowledge, for me, lies in the area where experience and meaning meet. Inevitably, the circumstances of our lives and our experiences will change and the previous knowledge will be insufficient to give meaning to the new phenomenon being experienced.

Reflexivity is part of qualitative research. It challenges conventional ideals of science which shows preference for distance and objectivity over engagement and subjectivity (Finlay, 2003). It can be defined as the project of examining how the researcher and intersubjective elements influence the research, including how critical self-reflective methodologies have evolved. It addresses researcher preconceptions and motivations pertaining to the research question.

Reflexivity differs from reflection in that reflection is an abstract concept that the self uses to contemplate or think about various issues. Reflexivity, in the social sciences is self-referent, involving a level of self-scrutiny, and an awareness that this process is happening. It refers to both self and other and to how this process enables knowledge to be contributed to the social

sciences. Feminist theory suggests that reflexivity impacts on the qualitative researcher by developing reciprocity with the interviewees - being 'with', instead of doing research 'on'. This process deconstructs the researcher's authority in both the research and the writing process and allows the voice of the interviewees to be heard in their raw, original form as much as possible. Reflexivity has also been used as a measure of validity in qualitative research, as it helps the researcher situate herself, and become aware of how her personal experiences can influence the research, thereby resulting in more accurate and valid research (Pillow, 2003).

Qualitative research is regarded as a subjective enterprise modulated by methodological rules and regulations (Maso, 2003). The self-transparency that reflexivity requires can improve research. The research question has to arouse passion and doubt in the researcher regarding the insufficiency in the professional literature. A 'true' question leads to limitation and openness - what can be seen and what still remains open.

> "Every researcher has to know what motivated the research question, which beliefs are behind it, and of which conceptual framework it is an expression. To this end, researchers must interrogate themselves and their clients" (Maso, 2003: p. 42).

I believe that my training as a therapist has helped me develop the skills necessary to carry out this type of research. As a psychodynamic psychotherapist and supervisor I have been trained to begin each therapeutic session 'without memory, and desire' (Bion, 1967). This allows for the agency of the supervisee. I try to listen in an analytic mode without making judgments and without assuming that I understand. Listening to

others is a process during which assumptions and hypotheses arise and are either strengthened or nullified as the session proceeds. Inherent in this process is a belief that understanding is always partial and the search for 'truth' is also relative and personal but, nonetheless, a powerful organizing function in our lives.

Qualitative studies in psychotherapy (and supervision) are different from qualitative studies in other fields, as the approach attempts to identify and clarify meaning, and to construe aspects of the social world similar to the activity of therapy. The researcher strives towards insight and understanding, and focuses on questioning basic assumptions and accepted practices.

Macleod (2001) claimed that all qualitative research emanates from the epistemologies of phenomenology and hermeneutics. Phenomenology attempts to proximate the essence of the object of inquiry by immersion in phenomena, by attempting to set aside preconceived ideas and knowledge, and allowing the essence to reveal itself. Hermeneutics comes from the opposite direction, stating that we cannot free ourselves from preconceived notions, and that understanding is always from a personal perspective and involves interpretation. We are 'trapped' by the language of our culture. If we immerse ourselves in the text, our world and the world of the text can meet in a process called fusion. All qualitative studies use strategies from both hermeneutics and phenomenology to construct meaning. It is a matter of finding the right balance.

The advantage of qualitative research is that it recognizes that people understand the behaviour of others through their own subjective perception and that the act of interviewing involves two subjectivities. This makes objectivity irrelevant.

The development of qualitative research continues to display a lack of rigour as there is no accepted consensus regarding the standards of this research. There are questions regarding whether the terms validity, reliability, and generalizability are suitable in order to evaluate qualitative research. As the assessment of scientific knowledge involves these terms, qualitative research can emphasize truth value, consistency and neutrality and applicability. Truth value includes the researcher's personal beliefs and biases which can influence the collection and interpretation of data. Consistency relates to decision-making processes of the researcher, and her ability to depict these processes through the transparency of her work. This is the trustworthiness of the research, and of the researcher. Neutrality centers on the difficulty of remaining neutral in the light of the researcher's biases and her attempt to give a clear, relatively untarnished view of the experiences of the participants in the study, and of her possible intervention and influence. Applicability considers whether the findings are situation specific, or can be applied to other settings (Noble and Smith, 2015).

The researcher should check the representativeness of the data as a whole, ascertaining if the coding categories and the examples used represent the data. Qualitative researchers use 'thick description' or 'auditability' in order

to allow the reader to follow the events, their progression, and to understand their logic. Validity can only be judged if a very detailed account of the context is given, including a description of the procedures from beginning to end so that the reader can follow the logic of the progression (Brink, 1993).

Validation in a qualitative study aims at giving 'objective sanction to a particular interpretative hypothesis.' The applicability of results is connected to analytic generalization, the degree to which the conclusions can influence and direct new research and applications (Sousa, 2014).

2.1 Choosing the method

I searched for a paradigm that would be congruent with my research question. I was looking for a method that would provide a sense of the quality of the experience, and the meaning attributed to the process by the supervisee. This would fit in with my epistemological and ontological positions. I contemplated different types of qualitative research - the narrative approach, the descriptive or interpretive phenomenological approach and grounded theory (MacLeod, 2001; Willig, 2008).

I considered the narrative method (Spector-Mersel, 2011) as each person's story appeals to me. It is a way of understanding how the individual navigates her way in the world, the source of her strength and abilities, how she overcomes obstacles, and why she chooses certain directions. This information speaks to the therapist in me. However, narrative research seems more suited to long periods in people's lives and is involved with how people claim their identities via stories. The emphasis is on memory

work and the construction of meaning in the historical aspects of people's lives. The focus is on description rather than explanation. For these reasons, I decided that it was not appropriate for my study.

I appraised the descriptive or interpretive phenomenological method. (MacLeod, 2001; Willig, 2008). These methods include three phases - epoche, phenomenological reduction, and imaginative variation. Epoche involves bracketing our assumptions about the phenomena being observed to become fully aware of what is before us. In phenomenological reduction, phenomena are described using all our senses, and are reduced to our experience of the phenomena. Imaginative variation attempts to describe the structure of the phenomena - how is this experience possible? The goal is to arrive at the essence of the phenomena. The descriptive and interpretative phenomenological methods aim at understanding the texture of people's experiences and, as such, are valuable for psychologists (Willig, 2008).

Phenomenological research emphasizes perceptions and is concerned with how the world presents itself to individuals in particular contexts. It does not address the nature of the world itself, rather sees the self-in-the-world as one unit. Phenomenological inquiry furthers the descriptive aspects of existence through its focus on the 'how' questions, yet it does not attempt to answer 'why' certain experiences take place, and why people's perceptions are different. Phenomenological research documents the lives of individuals but it does not attempt to explain their lives (Willig, 2008).

My M.Ed. thesis (Degen, 1983) was based on a descriptive -
phenomenological study. In the current study, I wish to deepen my
understanding not just of how the world works, but I would like to ask
questions about why certain events occur, and why some individuals can
cope with them, while others cannot.

The method I chose for my study is grounded theory, a theory developed
by the sociologists Glaser and Strauss (1967) as a form of social research. It
begins with inductive inquiry and proceeds as a comparative, iterative and
interactive method. Grounded theory studies processes and is also part of a
process (Charmaz, 2012). Utilizing the slogan 'all is data', grounded theory
researchers most commonly use in-depth interviews, open-ended
questions, and focus groups. Data are collected and analyzed
simultaneously, allowing the researcher to continue her questions based on
the new analysis and interpretation. The key points in data collection are
marked as codes which are grouped into concepts, and then categories.
The researcher attempts to understand what is important to the
respondent by immersing herself in the data and, in this way, becomes
theoretically sensitive to the data. The method requires that the researcher
has as few preconceived ideas as possible, using prior knowledge to
interpret the analysis rather than to direct it. Literature can be integrated
into the theory through viewing it as data and comparing it with the
emerging categories (Calman, 2011).

Grounded theory is analytical and interpretive and aims to answer the
'why' questions. This raises the level of conceptualization and advances the

theoretical reach of the analysis (Charmaz, 2012). The goal is to generate concepts which explain the way that people resolve their central concerns. The unit of analysis is the incident, not the individual. When comparing many incidents in a particular area, the emerging concepts are probability statements about the relationship between concepts (Rennie et al., 1988).

Qualitative researchers look for topics and themes, while grounded theory investigators are interested in actions and meanings. The code reflects the interpretation of the researcher in interacting with the data. Asking analytical questions, coding and comparing data and codes raise the level of interpretations of the data. Analytical momentum is fostered by grounded theory strategies (Charmaz, 2012).

Researchers attempt to rid themselves of preconceptions about the phenomenon under investigation to allow its true nature to emerge. However, they believe this phenomenological reduction can never be fully achieved. The grounded theory approach allows access to human experiences which are difficult to address and are inherent in the subject matter of psychology. A hermeneutic analysis of personal experiences demonstrates the extent to which people are meta-cognitively aware of the context of their relational field and their responses (Rennie et al., 1988).

Grounded theory has objectivist and positivist foundations, as it aims at inductively discovering objective truths. It involves an exploration of the contextual factors to observe the underlying processes. Grounded theory assumes that theory is discovered.

Constructivist grounded theory (Charmaz, 2014) sees data as co-constructed by the researcher and the participants and does not assume a one-dimensional external reality. This approach assumes that the interaction between the researcher and the participants impacts on the process of research and the findings (Calman, 2011). Constructivism states that realities are social constructions of the mind and that there are as many realities as there are individuals. This leads to the assumption of a relativistic ontological position, seeing the world as consisting of multiple individual realities influenced by context (Mills et al., 2006). The co-construction of meaning in constructivist research emerges from the subjective interrelationship between the researcher and the participant. Researchers are part of the research and their values and biases should be acknowledged as an inevitable part of the outcome. An ontological and epistemological fit with this principle would be the concept of constructivist grounded theory (Charmaz, 1994).

Constructionism states that all social objects are socially constructed, that is, have a transitive element. However, there are also intransitive elements to social reality. As stated by Olsen (2004):

> "The thing being pointed to, described, observed and recorded has, to some extent, got a life of its own. Post structuralists at times forget this reality. Their argument is implicitly that all social objects are entirely socially constituted."

All grounded theories share the features of simultaneous collection and analysis of data, creation of analytic codes and categories developed from the data, inductive construction of abstract categories, theoretical sampling

to refine categories, writing memos, and integration of categories into a theoretical framework (Calman, 2011). The interviews begin with a topic guide, the categories are developed, and there is a narrowing down to the area of interest. The categories should not be forced to fit the literature. Prior knowledge, including literature, should be regarded as data and used to inform the analysis rather than to direct it.

There is a two-step coding process in analysis. The first step is line by line open coding; the second step involves theoretical coding. Following these steps, initial analytical thoughts and hypotheses are developed as memos, which are subject to alteration as the research proceeds. Assumptions developed in the memos can be tested in the field previous to the development of theory. A core category emerges accounting for most of the variation in the data, which is on a high level of abstraction and includes the other major categories (Charmaz, 2008).

Charmaz (2008: p. 402) described her constructionist approach as built on the following assumptions:

"1) Reality is multiple, processual and constructed - but constructed under particular conditions; 2) the research process emerges from interaction; 3) it takes into account the researcher's positionality as well as that of the research participants; and (4) the researcher and researched co-construct the data—data are a product of the research process, not simply observed objects of it".

Her approach reflects the values of the researcher, and the importance of identifying them and their effect on the research. Consequently, Charmaz (2008) assumes a realist position and uses both constructionist and

objectivist versions of grounded theory. Her use of constructionism assumes a real world which is constructed under particular historical and social conditions and can be interpreted in multiple ways (Calman, 2011).

2.2 Symbolic interactionism

Based on the theories of American pragmatists such as Dewey and James, symbolic interactionists posited that the individual and society create shared meanings in their interdependent relationships. Symbolic interaction developed out of a desire to comprehend social life through a deep understanding of symbolic practices and social interactions which enable a shared reality. Truth is not an objective property but is made true by everyday interactions (Pascale 2011).

Mead was a philosophy professor and a social activist who was interested in solving complex social problems. His disciple Blumer (1986) developed the term symbolic interactionism, reflecting Mead's belief that communication, language and talking are essential human activities. Blumer's core principles were: people act towards each other on the basis of the meanings they attribute to the other person; meanings emerge from the interactions people have with one another and are evolved through the use of language; and thought is an inner dialogue which facilitates the interpretation of symbols. These constructs lead to the creation of a person's self and his socialization into the community (Pascale, 2011; Charmaz, 2014).

Symbolic interaction is dependent on the techniques of analytic induction or grounded theory in a qualitative interpretative framework. Analytic

induction and grounded theory are dependent on inductive logic and empirical evidence in localized contexts. It is not a form of textual analysis, rather it facilitates the researcher's ability to create and allow broader concepts to clarify the reading of the text (Charmaz, 2014).

Symbolic interactionism and grounded theory methods complement and enrich each other. Grounded theory offers the methodological means to develop the potential of symbolic interactionism in a research study. Blumer's concept of symbolic interaction was the theoretical foundation for Glazer and Strauss in their development of grounded theory.

2.3 Ethical considerations

Ethics is involved with determining the nature of normative theories, deciding on how to apply the principles to moral problems, and focusing on the intent to do good (Olivier 2010). It appears that ethical considerations in research begin with ethical behaviour. Ethical norms are so widespread that one might regard them as common-sense truths. Some reasons for adhering to ethical norms in research include (Resnik 2011)**:**

1. Norms advance the goals of research, in the search for knowledge and truth;

2. In research involving cooperation among many people in different disciplines and institutions, ethical standards promote values such as trust and accountability that are essential to collaborative work. Most researchers want credit for their contributions;

3. Ethical norms ensure that researchers are held accountable to the public on issues of protection for people and animals;

4. If people can trust the integrity of the research they might contribute towards research projects; and

5. Moral and social values are advanced by ethics. If ethical norms lapse, both human and animal subjects can be harmed.

In qualitative research, there is a conflict between the goals of research and protecting the participants' privacy. The application of suitable ethical principles can prevent or reduce harm. Any kind of research should include respect, beneficence, and justice. Respect is the participant's right to know what the project is about, to be involved in the study and to withdraw if she is uncomfortable with the process. Beneficence includes protecting the identities of the participants, even though in small groups this could prove to be difficult. Justice refers to the avoidance of exploitation of the participants (Orb et al., 2001).

The failure of researchers to address ethical issues can result in being ill-prepared to cope with the unpredictable nature of qualitative research that may be derived from such interactions. For example, if the participant is discussing a traumatic event in her life, this might elicit an emotional response. The interviewer has to decide if she will make the moral choice - to stop the interview temporarily and try to be compassionate, or to continue regardless of the participant's pain.

Researchers have the responsibility to foresee the possible outcomes of an interview and to weigh the benefits and potential harm. There are three types of problems that may affect qualitative studies: the researcher participant relationship, the researcher's subjective interpretations of data, and the design itself. In order for a study to be ethical, issues such as confidentiality, data generation and analysis, research participant relationships, and reporting the final outcome, need to be considered and anticipated (Israel Psychological Association, Code of Ethics).

Qualitative studies use interviews and observations to describe a phenomenon from the participants' points of view. The interpretation of these experiences is usually described as an emic perspective - the perspective of an 'insider'. An interview can be a moral endeavour in that the participant's response is affected by the interview. Furthermore, the knowledge increased through the meeting between the researcher and the participant deepens the understanding of the human experience. Qualitative researchers are expected to report the results authentically, even if the results are contrary to their own aims (Orb et al., 2001).

2.4 My personal/professional context and potential dilemmas

My personal/professional situation has changed. At the end of January, 2015, I retired as a clinical psychologist and supervisor at the psychiatric hospital/mental health centre, where I have worked for the past 20 years. I am 67 years old and, in Israel, this is the age of compulsory retirement. I have, however, continued an active, private practise.

All of the psychologists in the study were licensed and were working in different settings. The head psychologist in the mental health centre where I worked supports the subject of my research and is interested in receiving the results and recommendations of my thesis. He helped me by giving me a list of the psychologists who had passed their licensing exam within the last three years .The participants whom I interviewed know that I am no longer a supervisor on staff. This has hopefully mitigated some of the anxiety regarding criticism levied at supervisors. I am not be in a position of 'power' (Olivier, 2010).

I interviewed psychologists from different work settings for data on their training history. Supervisors from different institutes might vary in style and I was interested in capturing these nuances.

My experience as a supervisor has made me sensitive to listening in a reflective mode. I believe that interviewing comes from this direction, but perhaps requires even further distancing. The interviewees were reflecting on a long process - four years of supervision. I attempted to be sensitive to the participant's experience and to be aware that each interview with a participant is part of a chain which will foster more understanding.

There were difficult moments, particularly in the narration of bad supervision events or processes, when I bracketed the interviewer persona, and respond as a therapist or a friend. I believe this is an ethical attitude.

I was concerned regarding my ability to allocate classical supervision its rightful place. I have not been personally successful in learning from authoritative teachers and supervisors and, therefore, did not struggle with idealization, which is an important part of classical supervision. I was able to learn, and to accept direction and knowledge from those who 'recognized' me (Benjamin, 1988), and allowed me to recognize them. It was not a symmetrical relationship which I sought; rather it was the basic humanity of both partners which allowed for the interaction to take place.

My discovery of counseling psychology (M.Ed, 1983), with its emphasis on the humanistic approach, had influenced me deeply. The notion of immersing myself in an interaction with a universe that was potentially benevolent and with people who would help me and foster my growth was a new and exciting idea. The concept of self-transcendence intrigued me. Was it possible for a person to become more than who she was? It was a question which began then, in the early years of my adulthood, and has followed me to the present.

Viktor Frankl appealed to my sense of understanding and inspired me. I felt that Frankl had a personal message for me which included the power of love and, also, the importance of being committed to a goal in life (Frankl, 1975). I felt compelled to develop a passion for my work which would accompany me into my later years. Since my life had undergone

transformative changes, my hypothesis was that the individual develops in relation to important others in the person's life.

Since counseling psychology is not recognized as an area of specialization in Israel, I chose to train as a clinical psychologist (M.A., 1995). This thrust me into the world of psychodynamic theories, and I have remained there since. Apparently, however, my humanistic training remains alive within me. The humanistic theories and the psychodynamic approach have been central to my work as a therapist. Specializing in two disparate approaches and belief systems has also created a professional conflict. I believe that as clinicians we should be educated in psychopathology; however, I often feel that diagnosis and assessment are over-used. In psychotherapy, I am psychodynamic in my understanding of the client's use of defenses, his transference and my counter transference issues. From a humanistic perspective, my goal is to help clients attain a psychological state where they can connect with their strengths and live their lives with less anxiety and more hope.

The relational, intersubjective development in psychodynamic therapy and supervision offered me a way to accommodate my incongruous beliefs. In therapy, the diversity of human experiencing did not always signal pathology, and understanding and change were not always the result of 'working through'. Rather, therapy was connected to the 'here and now' of the two individuals sitting in the room. The relational focus indicated that understanding was necessary but not sufficient. Change and transformation can only occur when individual anxiety is lessened, and acceptance is

internalized sufficiently to take risks in relationships, that is, the supervisee can relate in a new and different way. For me, this meant that humans are not only driven beings, struggling to satisfy our basic needs with others, and suffering because they have not been fulfilled; but also humans who are seekers, and have the ability to overcome frustration and loss through healing relationships with others in the present. In both cases the 'other' is imperative in the ability of the self to accept her limitations, access her potential, and even change her relational style. Perhaps my style of therapy is in the dialectical space between both modes of belief. It was "being with" that was most important, and helping clients to recognize their own experiences not only as unique, but also as sharing common elements with others.

In my study, I hoped that I was sufficiently aware of my personal and professional limitations in order to accept the experiences of the interviewees as being different from my own. If the outcome of my study would suggest that classical supervision was necessary, and could not be replaced by the relational intersubjective approach, I hoped I would recognize and accept this finding, and see my own experience as different and legitimate, but not representative of all supervisees' experience.

2.5 The research design

My research included 10 participants and 13 interviews in order to explore clinical psychologists' experiences in psychodynamic supervision. In this study, participants were licensed clinical psychologists who met the following criteria:

1. They completed their licensing exam within the last three years.

2. They were supervised previous to their licensing exam in the psychodynamic paradigm in psychotherapy for at least three out of their four years of their training.

3. They studied, did their internship and completed their licensing exam in Israel.

An e-mail letter was sent out to clinical psychologists who met the above criteria. This appeared to be a good time frame as they were independent specialists and could be open about their experiences. After speaking to the head psychologist in two training institutes, the e-mail letter was sent to all recently licensed clinical psychologists at The Mental Health Centre, Beer Sheva, and to the Student Counseling Centre at Ben-Gurion University, Beer Sheva. Psychologists who had passed their licensing exam, and were interested in participating sent me an affirmative reply through e-mail, agreeing to receive a phone call from me. I would speak to the participant on the telephone, describe the study and answer questions.

All of the supervisees in the mental health center who fit the criteria for the study telephoned and were interested in participating. Interestingly, none of the supervisees were anxious about the subject of confidentiality. I surmised that they had heard about my study from the head psychologist, and this led them to believe that I was a person who could be trusted. Additionally, I thought that all the interviewees were genuinely interested in talking about their experiences in supervision. They were reflective thinkers and welcomed an opportunity to talk about a subject which had

previously not been addressed. Many of them mentioned that they were interested in the results when the work was completed. I responded favorably, explaining that I had assured the head psychologist that I would organize a workshop based on my findings, and a one or two day workshop on the subject of supervision.

We would then set up a time for the appointment. We would meet at the end of their working hours either at their current working location or at my office. I provided a consent form insuring confidentiality and the participants signed the form before the interview began. Nine psychologists from the Mental Health Center and one psychologist from the Student Counseling Centre at the University responded. Demographic data is not presented in order to protect the identity of the participants.

Variation in the data was ensured through the fact that although most of the participants were working at the Mental Health Centre at the time of the interview, five out of the ten had trained in different institutions previous to the licensing exam.

The participants were interviewed during a period of eight months. Each interview took from 60 to 90 minutes and was recorded on a digital voice recorder. The interviews were subsequently transcribed within 48 hours to keep my thoughts and hypotheses fresh and focused. As grounded theory research is based on constantly comparing data, there were assumptions that were formulating in my mind which influenced the semi-structured interviews. The recorded interviews were deleted and the transcripts were named as P1, P2…

I have worked for many years in the field of psychodynamic therapy and, therefore, attempted to be aware of (to bracket) my preconceived notions about my experience in both receiving supervision and as a psychodynamic supervisor. I am aware that this was possible to a limited degree. The participants were informed of my professional training and this enabled them to speak about their experiences using psychodynamic language and terminology. This undoubtedly influenced the data I collected, and subsequently the findings that were co-constructed by the participants and myself.

2.6 Analysis of data

Ten clinical psychologists were interviewed, using a semi structured interview format. They were informed about the subject of the study and signed a consent form. The questions for the first interview were general:

How did you decide to become a clinical psychologist?

Could you tell me about your experiences in psychodynamic supervision? How many supervisors did you have during your four years of training, and could you describe your relationship with each one of them.

Do you have any recommendations regarding the training process?

The interviews were interactive. I recorded and transcribed each interview within a 48 hour period. A system of open coding was used to analyze the interviews. (Charmaz, 2014; Willig, 2008). Following this stage, the codes were grouped into focused codes, and a summary of the memos were organized for each participant (Appendices 2,3,4). The open codes were

descriptive, whereas the focused codes and the memos were analytical in an attempt to interpret and understand the meaning of the supervisee's description. A constant comparison was made between the focused codes of the interviews until no new categories were visible and a core category became apparent. Theoretical sampling was used by interviewing three of the ten participants a second time, in order to fill in gaps in one of the categories which continued to puzzle me. I had questions about the first category I had developed – 'Choosing clinical psychology: a calling'. My interview began with the question, 'How did you decide to become a clinical psychologist?' I was interested in what brought people to such a difficult profession, and thought that their reasons might influence their experience in supervision. Based on the first ten interviews, I had much data which pointed to the direction of seeing clinical psychology as a 'calling', and I wanted to focus my questions on this particular category. I chose three participants who had given me different perspectives for choosing the profession in the first interview, and wanted to ask them directly if they related to my hypothetical thinking. My category heading changed as a result of these additional interviews, and became 'the need to understand and to help others to understand.'

As the research was done through the constructionist version of grounded theory, the results are the "organization and presentation of the data…of discovering the ideas the researcher has about the data after interacting with it" (Charmaz, 1990, quoted in Willig, 2008).

2.7 Limitations of the grounded theory method

One of the most difficult parts of writing the research proposal was deciding on my research question, thinking about the information I would assemble, and how this would impact on my question.

The limitations of grounded theory relates to its epistemological roots. (Willig, 2008).The theory began with a positivistic epistemology whose purpose was to allow new theories to emerge from the data. However, as the theory uses inductive processes, it does not address the role of the researcher, and therefore does not focus on questions of reflexivity in a sufficient manner. Constructionist grounded theory addresses these issues by recognizing the active role of the researcher. This suggests that in investigating a process the focus will be on the thoughts and feelings of the participants and the interviewer. The positivistic-objective view began with the "outside-in" approach, whereas the social-constructionist view works from the "inside out." Willig (2008) argues that this might appear as a cognitive-behavioural understanding, beginning with a participant's thoughts and how they affect his emotions and behaviour.

> "It is of course possible to combine the two perspectives ('inside-out' and 'outside in') by attempting to capture the lived experience and to explain its quality in terms of wider social processes and their consequences" (Willig, 2008: p.78).

Willig (2008) states that another limitation of using grounded theory for psychological research stems from the theory's development for sociological studies. It was meant to further understanding of social processes, and not to be applied to questions about the nature of experience. Applied to the meaning of experience, it may further our

understanding but could remain descriptive, and not explanatory, the central tenet of grounded theory.

Charmaz (2014) claims that causal relations were stressed in the early grounded theory studies, but the goal of many studies in the present is interpretive understanding. This has been my direction.

Chapter 3: Results

In this section, I present the categories which emerged from my interaction with the supervisees and with the material in my transcripts. Constructivist grounded theory was employed to analyse the data.

I interviewed 10 clinical psychologists who had been licensed during the last three years. Each interview lasted from 60-90 minutes. The interviews were recorded and were transcribed within 48 hours. This allowed me to do an open coding, focused coding, and memo writing before I began the next interview. The categories were constructed, and were saturated by the completion of my ninth interview. Three of the psychologists were interviewed a second time because, I was conflicted regarding whether the first category should be named 'a calling'. I write about this process in the first category.

In reading through my material, it occurred to me that I view this profession as a calling, and was not aware that I was projecting my perceptions onto my interviewees. The three participants I chose to interview a second time were chosen because their perspectives differed. I wished to clarify their opposing views and understand them more deeply in order to make my decision. It was a worthwhile exercise, I write further on in the first category section, as it helped me to understand that for some of my participants it might be a calling, but this was not the determining factor in choosing the profession. I spent much time on this category as I surmised that choosing a direction is accompanied by expectations of the

process which would follow, and that these expectations, unconscious motives, would have much bearing on the reality which followed.

3.1 The categories

1. Becoming a psychologist, the need to understand.

2. Coping with the training process-supervisee agency:

   a. managing anxiety and developing trust

   b. 'not knowing' - the experience

3. Searching for the ideal supervisor.

4. Working with the supervisor in the relationship - a process of empowerment?

5. Professional identity - continuing the process of becoming a clinical psychologist.

6. Shift in self-perception - is it transformative or cumulative?

7. Professional self-transcendence - becoming a supervisor.

3.1.1 Category 1: Becoming a psychologist - the need to understand

After explaining about the study, and narrating some of my professional history, I began each interview by asking the participants how they decided to become a clinical psychologist. I was interested in hearing their individual stories 'from the beginning'. My sense was that if I could know them better on a personal level then I would have a more comprehensive understanding of who they are, their expectations when they chose clinical psychology, and their experiences in supervision. I was interested in the

context of their choice, as I believe that this had bearing on the relationships they had created with their supervisors.

All of the participants in the study chose to work as psychologists from a deep conviction that they had both the desire and the ability to help others. Help was not defined in a particular way, but took shape in their undergraduate years in the direction of clinical psychology. Some had grown up in families in which one or both parents worked in the helping professions. The choice, it appears, was influenced by exposure to the field of counselling, education, and social services and, for some, by internalization.

> P7 (L 19-23): I think that was the atmosphere I grew up in… I felt something would be lacking if I was not in touch with my experiencing. I once read a book about a person who was always listening to other people's stories. I can identify with that. When we hear people's stories, they are part of our lives.

Internalization occurs in an object relationship when there is attachment, the object is constant, and there is a sense of fit between the self and the object. Under these circumstances the individual will accept and internalize the influence of the other, and the external experience will become an internal experience. There is a sense that the new attitude is consonant with the individual's existing values (Lerner, 2008).

> P6 (L 9-14): My mum is a social worker, my dad is a family practitioner, my uncle is a pediatrician, my aunt is a psychoanalyst, my other aunt is a psychiatrist… I guess something about the way I was raised, this whole idea of working with people, even though it wasn't spelled out.

The notion that internalization is a vehicle for growth and change is relevant to the relationship of supervision. It alludes to the idea that development and learning occur in an interpersonal context. The dynamics of internalization can be active in the supervisees' relationships with their supervisors (Lerner, 2008). One of the participants described good supervision as:

> P4 (L 83-85): like parenting-seeing the potential of the child, believing in the potential of the child, even if they are a long way from living it.

All participants were attracted to psychology as an interesting discipline, one that stimulated their cognitive abilities, and deepened their desire to understand themselves and help others cope with the complexities and vicissitudes of life.

> P3 (L 34-42, 2nd interview): My parents are not from therapeutic roles, I would say the intellectual interest is more emotional. Personally, I can tell you… that people who have experienced some kind of trauma, not too much, they were able to deal with the trauma, and grow from it… it is also rewarding. In a very sad way…it brings you to the depths that are really, really, connected to your essence. And that is what is intriguing to me. And you want to share it, the path. The ability to grow emotionally, as a person.

Their choice of profession infers some shared characteristics. These characteristics include: curiosity about human nature; a belief in the power of communication between people in order to facilitate and foster both understanding and change; an assumption that experience contains meaning which can be elicited and examined in therapeutic relationships; and an acceptance of subjective reality.

P4 (L 18-20; 26-27): Also a lot of curiosity - how I am formed, how the world is structured. I can't say that I was the type of person to whom everyone brought their problems… Mainly on what motivates us, moves us forward, our thoughts, our feelings.

P5 (L 33-35): I realized also that I found it very interesting - those places which were vague and complicated and raised a lot of questions.

Choosing the profession and coping with the supervision were brought together in a desire to understand their own strengths and limitations in their work with others. Sometimes, the need to understand emanated from personal history.

P9 (L 137-138; 156-157): I wasn't one of those children who ran and played spontaneously. I was observant, watchful, I thought about things, not in a good way... I needed to understand. That is why I chose psychology. I needed to understand myself and my family.

Difficult events in the past were a motivating factor in choosing a profession which hopefully would help the participant to understand herself and her complex family history. Sometimes, it was a personal issue at a later age which made self-understanding a necessity.

P8 (L 5-10): It was a very difficult year for me personally. I had problems with self-esteem, and depression. I started to think about it. It was a type of discovery, having an inner world that is important, and interesting... Suddenly this inner world opened to me, and slowly I moved in this direction.

Their motivation in deciding to become clinical psychologists developed from exposure to the field and internalization, through difficult family experiences, personal crisis as adults, or intellectual curiosity. The common

feature which attracted the participants was the 'promise' of understanding their own lives, and the desire to do meaningful work with people, so that they too, could understand their own lives, and hopefully, overcome some of their difficulties.

> P5 (L 22-23; 75-77): I understood that I wanted to work with people, that I like people, I wanted to do something of value... I like to talk to people on a deep level.

Meaningful, was a phrase which was repeated often.

> P10 (L 12-15): I worked in a community center with children from disadvantaged families. It was very meaningful for me.

The participants were reflective and had a high level of self-awareness. Choosing psychology as a profession involved much of the inner world and self of the candidate, so that they entered the field in a vulnerable position. They had to be prepared to expose themselves in order to learn and develop professionally. Their personal need to understand themselves and others was interwoven with the goal of sharing that knowledge. The suggestion that they may fail included a threat to their 'self' as well as to their professional development.

> P6 (L 26-33): It's a lot about putting yourself out there. Other professions you also have to present yourself, but I think there is something about psychology specifically, there's a tension about what you have to show, you have to be able to be reflective, to be conscious of yourself, but also show that you're strong. It's like this ongoing how much should I show, how much should I not show. Also in therapy, does she think I could be a good therapist, or, there's something about that dual relationship. I don't know if I'm expressing it well.

The concept of a calling came to my mind when reading through the transcripts. Research on the concept of calling has undergone a shift from a religious definition to incorporate secular ideas which focus on personal meaning and fulfillment (Steger et al., 2010). A calling is defined as a meaningful job that the individual uses to help others, or in a more general sense, contributes to the greater good (Hall and Chandler, 2005). There is a transcendent quality in a calling. In this context, the individual perceives the use and development of self as part of a worldly endeavour, and not just an individualistic goal (Wrzesniewski et al., 1997). This imbues one's work with value beyond individual success.

> P1 (L 62-67, 2nd interview): I don't think it's by chance, I don't think people choose professions by chance especially not when they come up against their own difficulties. Our clients often bring us to places where our own pain resides; to the things we like less about ourselves. I don't know if it's a calling. I don't really believe in pure altruism, when we do things only for others. First, we do it so it will be good for ourselves.

Although the category of a calling had presented itself, I came to realize that it was not a comprehensive way of understanding what had attracted the participants to the field of clinical psychology. The need to understand the complexities of relationships, of living and experiencing; and the need to share that knowledge superseded a more transcendent view of their work as a calling. The notion of a 'calling' has an obligatory connotation, of being summoned to a particular task. Rather, the participants were involved in a dialogue with their experiences, and wished to extend the dialogue with others who might benefit.

This appeared to be an important difference to me, and it was related to my hypothesis about connecting the choice of profession to the expectations and anticipation of supervision. My initial sense, that choosing clinical psychology was a form of a calling, could have meant that the expectation of supervision would be to strengthen the direction and the resolve of the supervisee. A calling has strong connotations about a role one plays in the universe, regardless if it is a religious role or a secular one.

My decision to define the category as the need to understand, and to see the participants as individuals in dialogue with themselves about the meaning of their experience suggested that the expectation of supervision would be in the direction of questioning and exploration, and not a quest for immutable truths.

Choosing work which involves self and other from the perspective of their inner worlds led the trainees to the direction of psychology, which is both a helping profession and has philosophical undertones regarding the nature of man, relationships and society. The desire and belief in one's ability to enter that inner world requires the courage to confront personal limitations. The inner world is not a concrete visible entity. It is obscure, sometimes dark, and requires experienced guides to help one navigate. These guides are the supervisors, who meet with the trainees once a week for a number of years to assist them in their understanding of their clients' lives, and to help the supervisee to connect with her own experiencing in the process.

3.1.2 Category 2: Coping with the training process

3.1.2.1 Managing anxiety and developing trust

It takes years of training and supervision to feel knowledgeable and competent as a psychodynamic therapist. The trainee receiving supervision struggles with her own ability to see, to know, and to understand. This process can lead to dependency and frustration, and to feelings of shame.

> "A major source of difficulty for the supervisees… is that the learning of new skills requires acknowledgement of their lack and such an acknowledgement arouses shame" (Berman, 2000).

The relationship with the supervisor had a central position in allaying the supervisee's doubts about her ability to perform as a therapist. The supervisor's attitude could heighten or mitigate the anxiety of the supervisee, through her response to the supervisee's work, her interest in the supervisee's self, and her use of her own professional self.

L: What was so meaningful in the supervision with B?

> P2 (L 210-217): I was able to feel, through him, that the things I said as a therapist are suitable, that I am empathic towards my clients, I could feel that he respected my work… It wasn't from the place of judging me; it was from a place of helping me to grow, and to think together. I got feedback that I was okay. I could also say, this client, I have no idea what to do with her, all I feel is depression, depression, I don't know what I am doing, how to help.

In the initial stages of training, the supervisees had to cope with their dependency needs. They were working as therapists in a particular paradigm, and were responsible for a number of clients whom they met

with every week. There is one supervisory hour for several hours of therapy, and the case that is brought for supervision is important not only to receive feedback and to better understand the process, but also because of the supervisee's need to feel that the work she is doing is somewhat helpful, validating her abilities to work as a therapist. If the relationship with the supervisor was experienced as being basically supportive, there was a sense of gratitude.

> P10 (L 89-93): He was important to me in a more practical sense. He helped me to understand what was going on, and how to handle a lot of clients. He helped me to understand the process I was going through... I also felt that he valued my work, and trusted me.

The ability to consult with the supervisor outside of the regular framework was not always possible, and the feeling of not enough supervision and support was particularly prevalent in the beginning stages.

> P1 (L 24-31, 1st interview): My first supervision in the clinic, as a supervisee in clinical psychology, I remember, mainly the setting. That was a supervisory experience that I felt less 'holding'. There was a feeling that the supervision would end after 50 minutes exactly on the minute, but if the supervisor needed a cup of coffee she would go before we started, but using the time of the supervision. I felt that I really needed the supervision, was waiting for the supervision, not always, but there were times I was really in need, and that was hard for me.

A lack of sensitivity to the dependency needs of the supervisee led to feelings of insufficient support, and to fear of bringing difficulties to the supervision.

P7 (L 101): With every supervisor there is tension. Regarding how I present myself.

L: Regarding how much you reveal?

P7 (L 103-111): How much I reveal regarding my failures, my lack of confidence, I said something I'm not sure of, to include it in my verbatim, to fix it up... or how much I present myself as someone who knows, who is clear about what is happening… this is a kind of test for the supervisor, how will she respond... there are some supervisors who will say it's okay, it doesn't say anything negative about you, there is a feeling of release from tension. A different supervisor will give me the feeling that I didn't perform well, that I'm not clear about what I'm doing, a feeling of being belittled, and then I begin to feel myself closing up. I don't bring myself fully to the supervision.

Feelings about supervision and the profession were intermingled. If the supervisees felt they were doing good work, they usually felt good about the supervision as well. If they felt positively about the supervision they were getting, they felt more confident about their ability to be therapists. During the earlier years of supervision this was a critical issue, as the ability to analyze and understand what is happening in the therapy was in the beginning stages. If the supervisor validated the supervisee's insights and expanded them, anxiety was mitigated and there was a sense of being in the right place. The relationship with the supervisor provided a frame for the supervisee's subjective experiencing.

P5 (L 161-163): I can say many things about J. She knows how to accept feedback, and you can speak to her about everything. You can really speak to her about everything.

L: You also had the courage to give her feedback.

P5 (L 161-170): Yes. I think it's because we had a good connection. I felt that we had a good relationship and that she was willing to listen to my reactions. And also because of my personal development, that it is important for me to say what I think… in all these situations, the dialogue happened in supervision.

Some of the supervisees had doubts regarding their choice of profession. The lack of structure in the psychodynamic method, the constant allusion to subjective experiencing without allowing for objective measures of progress in the process, and the insights of the supervisor which appeared to be based on a belief system that the supervisee had not yet internalized were frustrating to the supervisee. This raised their level of anxiety, and led to serious questions about this new language or 'dogma' that they were supposed to accept without proof. Sometimes, the supervision did not help to ameliorate the anxiety, in spite of the supportive attitude of the supervisor.

P8 (L 51-60): It's hard for me to differentiate between the supervision and my feelings about the profession. I'll try. The interpersonal relationship was pleasant. We communicated well. She believed in me and valued my work my thoughts, she gave me confidence, and I felt that I could bring my mistakes. There was a good feeling. Professionally, I think I felt the same frustration all along. I felt I was learning a profession without learning the profession. The style of supervision - we would review what I wrote about, she would elaborate on her insights, here this is happening, that is happening. All the time I was seeking something else. I didn't know exactly what.

L: Something was missing?

P8 (L 62-64): Yes. Something in the structure wasn't enough. How long the therapy was supposed to be, if it was helping… in supervision it was - this is what is happening, stay with it, for me it wasn't enough.

The ability of the supervisor to use her skills in order to help the supervisee find 'meaning and structure' in the beginning stages of being a therapist, was an important quality. 'Finding' and 'creating', as opposed to 'imposing', allowed for a different process and a different type of supervision.

P6 (L 158-160; 171-175): My first supervisor, she wasn't totally intersubjective but she was very focused on looking at what happens intersubjectively in the session between me and the patient… There was something about her that was very sharp. It was the first time I was working with kids, I didn't know what I was doing and it felt like she was able to take the session and give it meaning and structure. Not in a way that made you feel she was pushing, but making it into something it felt like it could be.

In the early stages of training, the supervisees' high level of anxiety influenced the decision making process-which of the many cases to bring to supervision. The decision hinged upon whether to bring a case one felt was going well, or to bring the cases in which one felt stuck - a 'King Solomon dilemma'. The intensity of the process sometimes left the supervisee with a feeling that it was a life or death decision.

P1 (L 42-44, 1st interview): I had very complicated therapy cases, and it was difficult for me to decide what to bring to supervision. It was like a King Solomon dilemma, who to bring, who to leave out. I felt that I had to choose.

As the training progressed, the supervisees developed a modicum of confidence, and they were able to present themselves and their work in a

different way. The supervisees began to develop a professional tone, one that was surprising sometimes to themselves, yet reflected the fact that something was happening in their professional growth and development. Some degree of identification and internalization had occurred in the process of supervision.

> P1 (L. 125-138, 1st interview): My second supervisor, it was a very meaningful supervision. She was young, worked with a lot of depth, we worked with the verbatim, we talked about my feelings that were aroused in the therapy sessions, and the patient's experience. It was during the period that I was beginning to direct my thinking about the case towards the licensing exam... I brought the case that I was thinking of bringing to the exam. I felt like I was starting to bring more of my experiencing in the therapy. My lack of confidence, that was more in the beginning, at this stage I started to feel that I had to keep my lack of confidence to myself, or to share it with my friends.

Negative evaluations were experienced as betrayal if they were given at the end of supervision, with no possibility of changing the situation. The participants were upset by a negative evaluation. However, they did not accept the negative evaluation as 'the whole truth', rather, they sifted through it, extracting the points they felt were relevant, and accepted them.

> P10 (L 236-238; 250; 261-264; 268; 317-318): You can't do anything with it and also there was an attempt on her part to put all the responsibility on me, and not to question if perhaps something in our relationship wasn't working… We had one feedback session and then after about a month she gave me the written feedback, and then I had had a chance to recover from the shock and I asked why didn't you say something sooner. She said I did, but you weren't listening… it was

very cruel... It took me a long time to recover... There are supervisors who come to support and strengthen, and supervisors who come to criticize and destroy.

When the negative evaluation was given in the middle of the year, it created the impetus to work harder.

> P4 (L 52-62): One of my supervisors saw the difficulties and still was empathic and contained my experiences... The second supervision was traumatic for me because my supervisor told me that she thought I was not suited to becoming a clinical psychologist... I continued in spite of her warning. It was a year of much tension... At the end of the year she told me that I had matured and she didn't think I had to leave the program.

Negative feedback, given in the middle of the year gave the trainee a chance to digest the information, and to integrate the criticism in order to develop professionally. However, negative feedback, given at the end of the year, when there were no discussions during the course of the year to indicate difficulties, was experienced as betrayal, thereby raising the level of anxiety, and weakening the supervisee's trust.

Managing anxiety was a critical task in the professional development of the trainees. The role of the supervisor in regulating anxiety was enormous. There was no one else to fulfill that role. If anxiety was not sufficiently regulated in the supervision, then trust did not develop. The supervisee held 'her cards close to her chest' in order to protect herself. Lack of trust affected professional development by influencing the supervisee to bring her 'successes' and not her areas of conflict, a process which reduced rich opportunities for learning.

The course of training in psychodynamic supervision is self-reflective in a number of ways, working with the 'self' of the supervisee. The self is not only a personal construct in the training process, but undergoes close scrutiny in order to become 'worthy' of becoming a professional self. This is a confusing process for the supervisee and demands coping abilities which include the ability to work in a profession which is process-oriented and supported by a philosophy of 'not-knowing'.

3.1.2.2 Not knowing - the experience

> "Most of what I remember… is my own appalling ignorance. A partial view of the world was handed to me… and the rest I had to pretend to know. It isn't what we know but what we don't know that does us in. Blushing and flushing, shuffling and stuttering - these are surface expressions of a deeper pain. The shame of ignorance is killing. 'I nearly died'… they mean that the revealing of their ignorance feels like a stoppage of the heart" (Shields, 2006).

The process of psychodynamic supervision requires that the supervisee accepts herself as a 'becoming' therapist. Not being certain of how transference, countertransference, projective identification, and enactment are present in the sessions with clients can lead to excessive self-criticism.

> P6 (L 128-132): Unless you have a phenomenal memory… I remember agonizing about rewriting. It was hard for me. What I remember, what I said and didn't say, and how could I have said that. I think on the one hand I wanted something very close. You know you hear from your friends, and sometimes you're not even getting into those areas.

L: That was the first year …

> P6 (134): I think in general.

L: A pervasive feeling all the way through.

P6 (L 136): Yes. And that is why I think the issues have more to do with myself.

L: Not the profession and the way it's taught?

P6 (L 138-142): How much you compare to others, how much you're worthy. How much you're not doing the right thing. How much the next person is having a much more important experience. Maybe it's me. Maybe I'm not giving enough of myself. Maybe I'm not introspective enough. Maybe I don't know how to listen in the right way.

Deferring gratification and tolerating uncertainty are difficult experiences in the training of the supervisee. Most professions progress the trainee from an initial position in which she feels not sufficiently qualified, towards experiencing herself as more competent. Psychodynamic training helps the trainee develop from a position of 'not-knowing' and uncertainty, towards experiencing herself as able to tolerate the lack of clarity, and to continue to believe in her work and in the process she and the client are undergoing.

P8 (L 142-149): I don't know exactly how to pinpoint it, there was belief in me, and no one tried to make me feel small in a personal way. But there was a general feeling that everything was always so complicated, and it takes years to understand. From year to year I felt that I knew less. Professionally everything seemed more complex and complicated. In other professions like social work or medicine, in the beginning they know very little but they do a lot, and begin to feel that they know.

I was curious about how the supervisees understood their ability to move through this phase of training which lacked sharp clarity, and in my

experience, demanded much receptivity and a certain level of emotional resiliency.

> P7 (L 265-273): Supervision can help. Here is someone who knows what she is doing, who survived, sometimes just to see the supervisor sitting there calms you down. And with certain supervisors, when they give you their personal theory, that has a strong impact. When they tell you about how they do therapy, what is relevant for them, what they are good at, what they can accept and not accept, and what they think. I felt this strongly in supervision with R. You feel you are hearing something real, and this is calming as well.

The ability of the supervisor to use herself as a model, and to be somewhat transparent, appeared to have a beneficial effect in mitigating the experience of not-knowing. The supervisee is on an epistemological journey. The question regarding how we can know what there is to know is at the center of the training process. Knowing is a quest on many levels, including objectively knowing the psychodynamic literature; subjectively knowing - the ability to observe and analyze one's experiences in the therapy hour, and abstract them verbally in supervision; and tacit knowing, allowing oneself to be connected to one's intuition and knowledge which has not yet been symbolized in language, yet is a powerful force in connecting with ourselves and others.

L: Is it good to leave some room for the 'not-knowing' part?

> P5 (L 307-308): Yes. That suits me. It is difficult to live with the 'not-knowing' part, but still.

L: You are ready to live with it. It doesn't threaten you.

> P5 (L 310): It threatens me, but I am working on it threatening me less.

L: It is impossible for it not to be threatening but you are trying to contain it, to live with it.

> P5 (L 313-316): I am a spiritual person. I have been meditating for several years, I feel that it helps me with the anxiety that 'not-knowing' arouses. To make the container larger. The part of not knowing always exists. If my internal space is larger, then that part is less threatening.

Psychodynamic theory is a depth approach to human experiencing, which requires analysis of relationships in the past, the symbolic use of language, knowledge of defense structures, and, in supervision, the ability to describe the relationship with the client in the therapy session using psychodynamic concepts and theory. It takes a long time to integrate all these factors.

> P4 (P 214-217): That's one of the problems in the psychodynamic approach. Years of uncertainty. I can tolerate the uncertainty when I am sitting with a client and I don't have answers. But in the training process, I had to deal with the feeling of helplessness and uncertainty too many times.

Learning the theory in an integrative manner demanded exposing oneself as one of the 'players' in the triangular relationship which included the client, the therapist, and the supervisor. This exposure implied the willingness to connect to one's experiencing, and to share the uncertainty of one's knowledge with the supervisor.

> P2 (L 443-451): For me to go into clinical psychology was hard. I am very empathic towards people and I have good listening skills, interpersonal skills. But all these processes, unconscious processes, dreams, to be in these unclear, blurry processes, those are the uncomfortable places for me. To be in these places was to confront

them, to see if I could tolerate the lack of clarity, if I said the right words or not… At one point during my specialization I did ask myself if this was what I was expected to do, and if I don't speak in this fluid language, then perhaps I was not in the right place.

Often this would lead to therapy. Several of the participants had been in therapy before deciding to become psychologists, and others began therapy, during the course of their training. The experience of therapy appeared to enrich the process of supervision, and sometimes was crucial in dealing with the issues of 'knowing'.

P4 (L 152): The fact that I was in therapy myself influenced my work.

L: It was like a triangle? You, the supervisor, your therapist?

P4 (L 154-157): No. I had finished my therapy by then. But I had internalized much of the process. It was as if the psychodynamic language was inside me. It just needed help in finding its voice, its way of expression. It happened later, when I had good supervisors.

The experience of being a client in therapy allowed the supervisee to experience her own uncertainties, and sometimes to have them validated by the therapist. Psychodynamic therapy enables the creation of a transitional space where the client and the therapist 'play' with unclear concepts, partial understanding, and the relationship between the client and the therapist. The supervisee who had experienced psychodynamic therapy as a client was more open to the psychodynamic paradigm and concepts as a therapist and as a supervisee.

Some of the participants found the psychodynamic approach too abstract and lacking sufficient structure. The experience of working with

uncertainty, with not-knowing, was overwhelming and weakened the possibility of believing in the process, of eliciting or discovering meaning.

L: Did you bring these thoughts to supervision, leave it to yourself.

> P8 (L 72-78): I think in my second supervision I did bring it more. It had a place. In the first supervision it came up a bit, but it made me feel like I might lose the supervision because my first supervisor didn't understand what I was looking for. I decided to accept what she had to give me, instead of arguing with her all the time and getting stuck.

One supervisee decided not to work as a clinical psychologist for a while.

> P9 (L 12-19; 30-32): I really liked the staff, (at the training institute), but I didn't feel that I could grow and develop there… It was not an easy decision… Perhaps it is a mistake, perhaps in 5 years I will say that it was a bad decision, but now, I have to find my professional identity... I would have liked to remember the therapy cases that had brought satisfaction; that I felt had developed in a positive way, but it wasn't like that, it was full gas in neutral.

For some participants the psychodynamic method was not satisfactory. These participants had a different approach to epistemology. For them 'knowing' entailed an objective truth which was based on observable results. This led them to question the truth of the psychodynamic paradigm with its' analytical, hypothetical process. 'Full gas in neutral' is an apt description of a therapy process which was not accepted by the supervisee. Uncertainty and hypothetical thinking were not acceptable.

Sitting in a room, across from a client with a problem moves most of us into a desire for action. We feel we have to do something. Yet the field of psychodynamic psychotherapy does not support 'doing' through direct

problem solving. Instead, there are conversations giving the client the feeling that he is being heard and understood, and the therapist is accompanying him.

> P5 (l 113-116; 124-125; 227-228): The first few months were not simple. I had to cope with 'not-knowing'. I was involved with my position here, who am I, what am I bringing with me... When I was accepted here, I was very surprised. I was very happy. But I also came with the feeling that I 'don't know'... J created an experiential space which allowed me to know more.

Psychodynamic therapy has a sense of digging for deeper layers. The layers are sometimes clear, but most of the time they are fraught with indistinct markings which require acute attention in order to understand their place in the history of the individual.

> P1 (L 302-312, 2nd interview): It's a paradox, no matter how much you learn there will always be parts you don't know. I think you have to protect that part - not knowing... In diagnostics, I remember I used to bring the raw materials and show them to the supervisor as if it were Chinese, and the supervisor used to look at the materials and say here we have to check if there is sexual trauma, the critical thinking is very damaged. Wow, how did she know everything? She knew - period. From one point of view I thought, wow, and then from the other side, I thought, I don't want to know so quickly. There is a whole child here, I don't want to come and say, I know him.

In order to adapt to this slow painstaking process, perhaps the supervisee has to accept the implicit assumption that there is a sense of vagueness and uncertainty in existence. Perhaps, this is part of the reason the trainee was attracted to psychology, to clinical psychology, which is very complex. This

may strengthen the trainee's inner belief that life is, and always will be, confusing and complicated, and what counts is our ability to 'be with', with positive intentions, integrity, and motivation to elicit and create meaning. If meaning is discovered or created, perhaps understanding and wisdom are not far behind.

Checking out this assumption with one supervisee, she added her interpretation to the concept of 'not knowing':

> P3 (L 342-347): I need to say two things. It's very important to be connected to your experience and to not know, but it has to have another foot, of really encouraging the person to know, to read. If he doesn't have this leg, unknowing is unsupportable… You need both legs, knowing and unknowing.

She appears to be commenting on the definition of knowledge as both emotional and intellectual. The emotional and intuitive knowledge are required to bring together the subjective experiencing of the client and the supervisee and the relationship between them. This part will remain in the not knowing realm, and perhaps, each time we will know a little more. But, the rich literature on psychodynamic therapy is the other 'leg'- having the theory and the concepts 'inside of oneself' makes not knowing less 'unsupportable'.

3.1.3 Category 3: Searching for the ideal supervisor

During the course of the interviews, I asked the participants to reflect on how their expectations of what would happen in supervision influenced their experiences. Their anticipation suggested looking forward to a supervisor who would be attuned to their needs.

> P1 (L 468-490, 2nd interview): If you would say to me, what would be your wish, I would answer, someone who not only helps me to understand the client, but also helps me understand myself in the therapy room. It has to be a very safe place, she doesn't only strengthen, but is willing to say, this is a place where we should stop and examine what happened. Let's examine what you were experiencing… It happened a little but not like I wished for in my fantasy… and that leaves me personally with the experience of feeling alone... as if I am not perceived in my totality… I have spoken to many friends and colleagues about the expectations of supervision, *I think it's important to know that the fantasy won't come true, but it is something I am searching for.*

L: I'm wondering if you ever shared this fantasy with a supervisor.

> P1 (L 507-510): Not like this... I notice that in supervision I want to show that I did a good job; I want my supervisor to value my work. As time goes on and the supervisor knows me in a more integrated fashion, it becomes possible to bring my less successful interventions.

The fantasy suggests that the supervisee wants to be seen as a subject who is as important as the client; rather than experiencing herself as an instrumental object who is being used to help or to heal the client. The notion of the supervisor 'seeing' the supervisee resonates with the concept of mirroring (Winnicott, 1989), promulgated as a basic and necessary part

of the relationship between a mother and child. Adapting this concept, Winnicott (p. 117) describes psychotherapy as a process. The therapist gives the client back what the latter has brought, reflecting 'what is there to be seen'. In supervision, this perhaps alludes to the supervisee experiencing herself being seen in her 'totality', an experience which encompasses both her abilities and her limitations.

As a source of knowledge the ideal supervisor was expected to weave psychodynamic theories into the supervisory sessions. In this way, the supervisee could learn to connect the theories with the practice of psychodynamic therapy. Sometimes this happened:

> P10 (L 123-128): Our meetings included theoretical discussions. I felt that she knew me and valued my work. She gave me a feeling that I could rely on myself, and could sit more comfortably on the chair of the therapist, could be more confident about my interventions. She also directed me to thinking about the licensing exam, regarding my case, and how to manage the presentation.

At other times, there was a feeling of insufficient connection between the procedural and theoretical learning in supervision. The emphasis in supervision appeared to be on procedural learning, clinical learning based on the acquisition and integration of skills. Some supervisors used parts of different theories in their supervision, but most were focused on the process of psychotherapy, as it manifested itself in the therapeutic session.

> P3 (L 384-390, 1st interview): I think during the specialization process which takes four years, the demands are amorphous… but often not knowing the basics of various theories. You have to remember that much of what you know is not declarative; it sits inside of you, at

different levels. And to admit to yourself that you don't really know. You don't have to express your knowledge during those four years.

For some, the supervisor who was knowledgeable and authoritative was most imperative for their professional development. They were less interested in a relationship, and were looking for a supervisor who could teach by modeling. Idealization involves the experience of internalizing aspects of the supervisor.

> P4 (L 112-113; 133-135): It's hard for me to accept a supervisor who doesn't know enough or is helpless. It's hard for me to bear those feelings in myself... I noticed that if I can idealize the supervisor, I grow and develop.

Another way of being seen is by being 'recognized', and recognizing the other (Benjamin, 1988). This involves the tension between two individuals in an asymmetrical relationship, when the lack of recognition can lead to suggestions of a hierarchy which cannot be addressed and, therefore, to some degree, prevents the supervisee from expressing himself fully.

> P3 (L 301-318, 1st interview): Also there was something distant about him, in keeping with the tradition... There are big gaps between my knowledge and his. Sometimes this restrained me... He could look at verbatim and say - this is where this happened, and I think, oh, why did I not notice that? And he said things about me that are very true. This was part of a situation that sometimes 'stayed my hand'. From one point of view the supervision was exciting, but on the other hand...

L: How will you ever make it to this Olympus? He's a genius and other thoughts like this.

P3 (L 325-327, 1st interview): There are moments like this, but when we discussed whole sessions, it was very good. I started to slowly understand, and my therapeutic skills improved.

Relying on the supervisor's knowledge and authority was reassuring for the supervisee. At the same time, the classical model of one expert and one neophyte also challenged the supervisee's beliefs in her own skills. This challenge was accepted as a normative process of learning and developing.

All of the trainees seemed to want a form of integrative experience which would highlight their abilities but also would challenge them to think and develop. Supervision which had an accepting tone, but did not analyze the depths of the supervisee's and the client's interaction from the perspective of the supervisee's emotional state, was experienced as leaving the supervisee alone. The supervisee could understand the process herself to a certain level; what she couldn't do is understand the complexity of her interaction with the client. Many of the supervisees appeared to have high levels of self-criticism.

P6 (L 47-51; 62-64): There's something about this process that you don't realize, that you're the main tool, the way you are, the way you think, the way you feel, your ability to express yourself, there's a lot of things you have to do to become a good therapist; sometimes it feels like it's never going to happen… I think there is some kind of gap between what I had in my mind when I started, and what happened.

On the spectrum between support and challenge, it appears that most supervisees experienced more support than challenge. Exploring this direction, I asked the supervisees if they felt that they had not been

challenged enough, or had been treated in an overprotective manner by their supervisors.

> P6 (L198-200; 205): At times, I felt like I was getting a lot out of it, at times I felt like I needed something more… not that I wanted to be in supervision with someone that I was afraid of... I don't know how I would react.

Another supervisee was more direct about the need for the supervisor to challenge the supervisee's work.

L: Do you think that's lacking, that there are not enough confrontations?

> P3 (L 120-121; 130-132; 139-141, 2nd interview): I think it should be very true, very authentic work, which is part of it hard, it should be hard… I don't call it confrontation. It should be authentic, genuine; there should be moments of crisis, because it's a growth process. There is too much softness, that leaves the supervisee small, childish… And the undemanding attitude of the supervisor keeps him uncertain of what he does, lacking confidence and competence.

A question that arose as I was analyzing this particular subject was: how much did the supervisee experience her own agency in the process of supervision? The supervision was of a classical nature, and this required that the supervisee accept her position as the 'not-knowing' participant. However, 'not-knowing' is relative. The supervisee had some knowledge and assumptions regarding the therapeutic session. Also, knowing less than the supervisor does not determine 'not risking'. Risking appeared to be a dangerous action for clinical psychologists in psychodynamic supervision, as it involved exposing one's difficulties, and perhaps threatening their evaluation. The supervisees appeared to struggle not only with wishing to

be more challenged; they themselves were not able to challenge the supervisor.

L: What do you think determines this?

> P4 (L 405-407): The openness of the supervisee, his personality, way of being. A supervisee who is very introverted does not leave the supervisor much room. There is a feeling that things are being hidden.

Receiving supervision in the intersubjective mode did not appear to be influenced by idealization. Acceptance was assumed by the style of the open dialogue, the supervisee being challenged, and also challenging the supervisor. There was a sense of agency in the supervisee's voice, the voice of owning his experience. It was an interactive experience that did not attempt to oppose the asymmetrical quality of the relationship, and attributed much of the supervisee's development to the supervisor's role.

> P7 (L 58-60): With R, I liked the supervision very much. One aspect was that it was very egalitarian; I didn't feel any distance. She brought her own questions and thoughts.

L: It was more of a relational approach? More mutuality?

> P7 (L 62-65): Yes. There was mutuality. On the one hand, there was a lot of knowledge, a lot, on the other hand it was solution oriented - what was possible and what wasn't. The limitations… And that it wasn't possible to save everyone.

The supervisees who had experienced both classical psychodynamic supervision and relational supervision were able to see the advantages and limitations of both approaches. The classical psychodynamic mode focused

more on microscopic depth, while the intersubjective approach allowed more room for the context.

> P7 (L 66-68): We analyzed much of the process in small steps. It was very meaningful. We viewed the process from all angles. All the tiniest steps…It was about the patient's experience, the therapist's experience and what was happening between both. It was microscopic, looking at the details… This was advantageous. On the other hand, if we look at the forest…

L; You wanted to see the forest as well.

> P7 (L 70): Yes. Where are we going? What will happen, backwards and forwards, both?

It appears that the needs of the supervisees were different during the first two years of training than the supervision they required during the last two years of their specialization.

> P1 (L 82-88, 2nd interview): If I look backwards at the whole process, I think the supervision was different at different stages of my professional development. In the beginning, it was practical details, holding, or to learn to see myself in the room; the next stage was to learn about processes, transference, countertransference, the inner world of the client, the focus was on where is the client emotionally in relation to me, where am I emotionally, it was constantly changing.

The last two years of supervision seemed to be qualitatively different. The supervisee was beginning to think ahead to the licensing exam, and assuming the professional identity of a clinical psychologist. Her ability to exhibit some risk-taking behavior, by working more transparently, intensified her presence in the supervision, and included a show of faith in the supervisor who was meant to help her deepen her understanding.

L: You're saying the supervisee has an active role in the whole process and you tried to work as openly, as transparently as possible.

> P3 (L 196-198, 2nd interview): I think, but I don't know... I can sense that I bring my own vulnerabilities and I put it out there. It's a very risky situation. It's a very delicate position to be in. I'm not sure it was always in my best interest.

Some of the tension in psychodynamic supervision appeared to emerge from the structure of classical psychodynamic supervision, which attributes authority to the supervisor and places the supervisee in a position of 'not-knowing' for a long time. Identifying with the role of the 'not-knower' for too long can have a paralyzing effect on the supervisee, and can diminish her belief in the knowledge that she has accrued. This can manifest in the interaction with the supervisor by not being able to 'take a stand'. The resources that the supervisee has shored up are not tested but remain in the inner world of the supervisee, waiting for the ideal supervisor to summon their presence. The ideal supervisor has to be a basically accepting figure.

> P7 (L 139-145): For me, I learned more from the supervisors who were accepting. I am very sensitive to criticism. And if it's that way with me, I imagine it is that way with others. The rigid supervisor, who has a lot of knowledge, and gives you the feeling that you can learn a lot from him, in the process you don't learn from him. I had a supervisor who was very knowledgeable, he met with many famous therapists, there was something threatening in his supervision. He could be very critical in his quiet tone, very cruel.

The ideal supervisor did not appear, but some of the interactions with the supervisors in the room had ideal components. In supervision, supervisees

experienced periods of insight, moments of feeling understood, being seen by the supervisor as a person with talent, and being supported by the supervisor in a moment of doubt. As the supervisees completed their training and immersed themselves in the psychodynamic literature, they were often surprised by how much they did know.

L: The supervision is never just supervision?

> P4 (L 192-193): It sometimes has elements of a play, like in therapy you become this role and it takes time to throw it off and become more authentic.

L: If your supervision had been more intersubjective, do you think it would have helped you to connect with your own abilities earlier?

> P4 (258-260): That's a good question. I really need idealization and authority in order to learn. I don't know if it would have suited me from the beginning. But at some stage it would have helped.

L: Now that you yourself are on the path to becoming a supervisor, you don't use the classical style.

> P4 (L 274): No, it's not my style.

Faced with the task of accessing a corpus of psychodynamic literature and learning the skills of a therapist, the supervisees seemed to be seeking someone who could lead, direct and inspire them. This would be the ideal supervisor who could: a) act as a source of knowledge intellectually; b) be a model for idealization; c) provide support and compassion; d) challenge and confront the supervisee in order to further understand the dynamics of the relationship of psychotherapy; and e) facilitate moments of deep insight.

3.1.4 Category 4: Working with the supervisor in the relationship - a process of empowerment?

During the last stage of training, supervisees appeared to experience a perceptual shift about their expectations of supervision and their sense of themselves as clinical psychologists. In the context of their training, they had accrued experience, presented some of their work to their colleagues in departmental seminars, and had begun to prepare themselves for the licensing exam. Their preparation involved appraising what they knew, and considering what was still lacking in their skills and in their knowledge of theory.

> P1 (L 179-187, 1st interview): There is some form of fantasy... After that there is an adaptation to reality. The place where you can touch on the process of what is happening between us. One of the most meaningful sessions between us was when we were able to open and relate to what happened between her and me, from the perspective of my not knowing how she perceived me.

The perceptual shift seemed to be a movement from expectations of a relationship in which the supervisor would be the active force and the supervisee would be the disciple, to an acceptance of the supervisory relationship as a relationship between two people with different degrees of mutuality and responsibility. The concept of idealization appeared to lose some of its power, and the supervisee, developing a sense of efficacy, was increasingly drawn to the relational aspects of supervision.

> P3 (L 337-344, 1st interview): I think the distancing is inherent in the psychodynamic system, that is, you can do a lot of good work together and yet at a certain level in the hierarchy between the supervisor and

the supervisee, the therapist and client, there is no room for this hierarchy. Sometimes, in certain moments with clients, I become more inter relational sensing that if I am too distant it will be experienced as criticism, or elitism. From this perspective it does not empower the client or help him to grow; in supervision it works this way as well.

Empowerment was not a verbalized concept. Sometimes it emerged from the changing relationship between the supervisor and the supervisee. The focus on the licensing exam placed the supervisee in a position of having 'to know'. The supervisees began to present themselves differently, as therapists who were competent or becoming more competent. They presented their thinking processes and their understanding of their sessions with the client, rather than bringing questions, or the text of the sessions. Hearing themselves talk in a different manner or with a different voice undoubtedly influenced their perception of themselves. Supervisory sessions had the sense of the supervisee 'thinking out loud' or the supervisor and the supervisee thinking together.

> P1 (L 245-248, 1st interview): It was more like mutually thinking about what happened in the session. During this process I thought about my perceptions and slowly began to think that I know more than I thought I did.

This development can be explained through the concept of symbolic interaction (Pascale, 2011). The shared meanings in the interaction between the supervisor and the supervisee in the beginning of supervision were based on the responsibility of the supervisor to fulfill the needs of the supervisee, to contain, support, teach, and to challenge.

P1 (L 347-352, 2nd interview): Yes. I think that is what you learn. That is what you bring to supervision. For example, feelings of rejection that you have towards a client. What to do when a client challenges the boundaries with me, with what's going on in the room; what happens to me, what happens to him, how I deal with his aggression, with my aggression. Those are the things I sought in supervision.

As the supervisee's skills and knowledge increased, and the goal of supervision became empowering the supervisee in her preparation for the licensing exam, there was a shift in the shared meaning and goals of supervision. The supervisee became more active in thinking, reflecting, writing and analyzing, and the supervisor assumed a more passive role - listening, commenting, and interpreting. Some supervisees became more aware of the supervisor as a person.

P7 (L 276-279; 283-285): Most supervisors don't share their personal beliefs. It's very personal. It is about their professional self - related to the work. But when it does happen, it has much value. It feels real. You meet the person and not just the supervisor… And in opposition to the fear that it is very self-revealing and diminishes the stature of the supervisor. For me, it is of high value. I value it very much.

The ideal supervisor is a role projected onto the supervisor by the supervisee. It takes time until the supervisee can 'destroy' the internal ideal object and see the supervisor as an external object in the real world (Winnicott, 1989), and as a subject in her own personal and professional world (Benjamin, 1988). This means that the supervisee moves to a position of perceiving the supervisor as a separate subject with her specific strengths and limitations.

P4 (L 193-195; 206-208): The last few months before the exam I was in supervision which was very analytical but the supervisor could not help me put the case together. … I think a supervisor has to know her limits. She tried so hard; she was motivated and conscripted, always willing to talk, to answer questions.

There is a sadness accompanying this process, as it means that the ideal supervisor does not exist, and the supervisee will probably not be an ideal therapist as well. Klein (Segal 1964) called this mode of experiencing the depressive position, denoting the sense of mourning that accompanies the acceptance of self and other as imperfect beings. Yet, it is a necessary step in development and in the acceptance of an external reality. Accepting the limitations of the supervisor and of herself, the supervisee might also feel somewhat liberated and empowered.

P4 (L 287-289; 292): Yes. I did change in the process. I require less idealization. It is hard for me to move from the place of 'I don't know'. Perhaps it is something in my personality. I am supposed to be the 'mother' but still feel I am the child… It is there constantly.

Sometimes, recognizing that the supervisor had a private life prevented the supervisee from bringing her personal experiences to the supervision. The supervisors, some of them older women in a training institute, could appear vulnerable outside the supervisory room. And, if the supervisee did reveal personal information, she could meet the supervisor in the kitchen, in the coffee room, and at staff meetings, perhaps leading to feelings of discomfort for both.

P6 (L 365-372; 375; 378-382): I'm surprised to see how many things are connected to it, how it reflects on the process of becoming a

therapist… and how complicated it is. … So many things involved… about you, about your relationship with the supervisor, and the supervisor, so many components you can choose to talk about in one meeting, and the supervisor is someone you see in staff meetings, in the kitchen… It's not as sterile as when you meet a patient… You don't always know what is going on. People have gone through difficult situations. You know. You see them and you're part of them and then you're something else. *And how you see yourself each time in a different supervision.* Before I was more at the beginning and now I'm more at the end.

The supervisees ended their training program with different experiences. Some began the training with a strong need for idealization. As they gained knowledge and confidence, they moved in a direction of relational supervision, both in receiving supervision after their licensing exam, and becoming supervisors themselves. Others adhered to the classical mode, believing that the depth of this approach continued to be necessary for their development.

P3 (L 482-502; 509-510, 1st interview): In classical supervision, there is a clear hierarchy. You come with verbatim… When the supervision is more egalitarian, it is easier, to round out the corners… I am interested in psychoanalysis… So I would bring verbatim… it's not so terrible. For some people it is, not for me. It's remaining with the client a little longer, giving him respect. If you come to the session without the verbatim, it's as if you are including a third voice into the dyad... You take away the ability of the supervisor to supervise you. It is like bringing highlights instead of the pace of the hour, the way it was.

For some, both modes of supervision, the classical and the relational, were complimentary and important both in receiving supervision and later, in

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giving it. The need to believe that there is someone who 'knows' continues to accompany many of the supervisees, even after the licensing exam. However, the supervisee in the relational mode 'knows' as well.

> P4 (L 252; 258-259; 267-269; 292-293): Does it have to be one or the other?... I really need idealization and authority in order to learn... flexibility is possible. But also authority is important in order to give the supervisee a feeling of containment... I see myself with supervision for many years to come. It is hard for me to hold the cases alone.

For some, their supervisors' support was almost redundant as they had sensed from the beginning of their training that the psychodynamic mode was not suitable for them. Once they passed their licensing exam, they sought other avenues as psychologists to work in a meaningful way. It was the conclusion of supervision in the training program and becoming licensed that was empowering, not the supervision itself. Some of the supervisees, however, valued the supervision as therapeutic, in spite of the fact that they themselves would probably not work as psychodynamic therapists.

> P9 (L 201-205; 209-212; 215): The supervision with S was therapeutic for me in a personal way... it was a form of modeling... if something doesn't suit me I can respond in a tough way, and S managed to calm these defenses, she didn't confront me, she was able to see my sensitive reaction, and she taught me to lower the intensity... It was therapeutic supervision.

When they had reached the last stage of their training most of the supervisees claimed that the experiences they had had in supervision were not of an intense nature. There had not been exciting moments of deep

insight, and most of them had not had very difficult encounters with their supervisors. In a general way, it was a 'good enough' (Winnicott, 1989) experience, one that left the supervisee with sufficient space to forge her own identity.

> P1 (L 135-143, 2nd interview): Some trainees have said to me, this supervisor really helped me professionally, or gave me a lot. I don't feel that way. I learned from all my supervisors. In the middle of a therapeutic session I can think about what my supervisor would do, or how she would respond… particularly in relation to my responses, I don't yet know if it is all right to respond in a particular way... In the beginning of my training, I would respond in a certain way and then think anxiously, what will my supervisor say about this? It was as if she was in the room with me. Now this doesn't happen. That situation, it could also paralyze you.

Those who had experienced negative evaluations with their supervisors felt that there had been a breach of trust, and their experience of betrayal influenced their perception of supervision and of their own development. A negative evaluation brought into question whether they had chosen the right profession and whether they could be good psychologists.

> P10 (L 300-301; 304-307): I had to remind myself that there had been other supervisors who had seen other qualities in me and in my work… And more than that, in my work, the feedback is very positive. My work is respected, and they want more of my time if I can give it. So I said to myself, perhaps it is coincidental; something didn't connect with my supervisor.

It appears that the need to be contained, supported, and taught, had been 'good enough' during the earlier years of training, and a valued self had

been internalized sufficiently to 'survive' the negative evaluation. The supervisee had sufficient emotional resilience to cope with the negative evaluation and, afterwards, to try to understand the interactions that had led to the evaluation.

Becoming a clinical psychologist appeared to be a developmental process which was affected by supervision, time and maturation (Worthen and McNeill, 1996). Each supervisee entered the field with her own expectations and needs, beginning with the choice of the profession. The process of training brought each supervisee face to face with her own projections, her personal search for the ideal supervisor. Supervision helped to clarify her self-awareness, her ability to receive both positive and negative feedback, and to integrate the knowledge into her practice. She also had to cope with her own perceptions regarding her abilities and limitations, and her beliefs regarding her personal suitability towards being a psychodynamic clinical psychologist.

The ideal supervisor played a role in this developmental process by failing to materialize. The sense of lack and sadness which accompanied this process led the supervisee to a relationship with the supervisor in the room. The supervisor was sometimes an ideal object, sometimes a frustrating object, and sometimes a threatening object during the years of training (Segal, 1964). Towards the end of the training, as the licensing exam came closer, most of the supervisees were able to separate from their internal supervisory objects and become more active, assertive, reflective and therapeutic.

For some supervisees, supervision was an empowering process. For others, it was an important part of the training process, the most important part. Those who experienced supervision as empowering felt that they had a unique relationship with the supervisor. They believed that they were 'seen' and 'recognized', and that in supervision they were given a transitional space in which to process their experiences as psychodynamic therapists, and to begin to use their professional voice and understanding.

> P5 (L 199-202): I think the supervision with J helped me to grow and develop very much, gave me confidence, empowered me, facilitated my discovering who I am as a therapist, and I continue to search for it.

Some of the supervisees had at least one supervisor whom they felt had validated their professional identity and this appeared to balance the slow process of learning psychodynamic therapy. One supervisee described receiving both 'holding' and 'recognition' as she finished her training and began to prepare herself for the exam.

> P1 (L 238-242, 1st interview): A very special connection was formed. If I think about what I received in supervision, I think it was less psychodynamic supervision. I felt supported and confident. She had less to offer in theory. That was on the table, but I felt more confident. It was more of thinking out loud together.

The supervisory relationship appeared to have a strong effect on the supervisee's professional identity. It was a positive effect if the supervisor believed in the supervisee's abilities and managed to transmit this feeling to the supervisee. One of the supervisees, who struggled with the identity of a clinical psychologist and decided not to work in the field, spoke

tearfully of her relationship with her supervisor. She said the relationship with her supervisor was authentic - sometimes there was anger, but the relationship developed because of the supervisor's basic humanity and the supervisee's tenacity. The supervisee passed the licensing exam with distinction.

> P9 (272-276): She was sensitive to my needs as a person and not just as a therapist. But her mandate was to help me find my focus professionally, as a clinical psychologist. Before the licensing exam, I received so much from her, her availability; she supervises with an open heart, it's amazing.

Some finished their training with a feeling that they were not in the right place, had somehow erred in their choice of direction. Their supervisors felt that they could succeed in their work, but an internal sense of not being able to adapt to the psychodynamic method led them to choose different roles and methods in their work as psychologists after their licensing exam.

> P8 (L 107-113): I wasn't given the feeling that I can't speak because I am a trainee. My supervisor listened. It was possible to speak. But I felt that my supervisor did not have a solution for my professional neediness. She wasn't opposed to my ideas. She suggested that I try to work in my own way, but she herself could not give me something different.

Supervision has limitations. The needs and abilities of the supervisee do not always merge with the demands of the psychodynamic approach. Psychology is a broad field and different routes are available. Nonetheless, meaningful supervision can empower the supervisee as a person and not just as a psychologist. This appeared to be a worthwhile goal.

3.1.5 Category 5: Professional identity - continuing the process of becoming a clinical psychologist

> "Looking back on my mental elaboration of all that occurred in Karen's analysis, I feel that I knew, without knowing, many things that I could conceptualize today" (McDougall, 1986: p. 36).

It appears that epistemology is a latent sub-text in psychodynamic supervision that doesn't surface as a subject which can be discussed in order to generate shared meanings between the supervisor and the supervisee. The participants who employed additional supervisors before their licensing exam 'learned' in the context of analyzing the process of how they worked in one case study. In some ways this enhanced their understanding, and in other ways it was somewhat similar to cramming before the final exam. It is hard to evaluate how much of this 'knowledge' was internalized. Since all of the participants had high levels of self-awareness and self-criticism, the examination process may not have answered the deep questions they had about their abilities. It would only be later, after years of working in the profession, that they could possibly look back, reflect, and understand their personal development.

All of the participants chose to continue with supervision after they had passed the licensing exam. Some chose supervision in more evidence-based streams of psychology. A level of understanding and articulateness had been reached but the pervasive feeling was that there was still much to be learned. Perceiving oneself as a competent psychologist was a process which continued to develop and required the interaction with a supervisor. The external recognition was very important to them, but even more

difficult was the struggle integrating the various types of knowledge required in order to allow themselves inner validation.

> P7 (L 240-243): After experiencing this 'salad' situation for several years, it's a long process, you begin to develop yourself, and to answer the questions, what am I doing in therapy, and what is happening here? What do I want to achieve and what can I do?

The learning and training in psychodynamic supervision was based on both declarative and procedural knowledge. In supervision, the emphasis appeared to be on procedural knowledge, and the space created by 'not enough' theory was sometimes a point of weakness in owning their new identity.

> P6 (L 247-249; 257-260): I think there's something about practice without theory that is not enough. Hard core theory. You know. Read this. Think about this…: I feel like it's not connected enough for me. I think I can say something general about some theories, but I don't remember it enough. If I think about what I'm saying and what I'm thinking, I can maybe trace it back to the person.

All the participants invested time in learning theory independently in preparation for the licensing exam, and were more confident about their ability to work as clinical psychologists. They had moved from dependence on the supervisor to a more self-reliant position. This movement was accompanied by endeavoring to learn the psychodynamic language on their own, and reaching a good level of understanding.The participants wanted to deepen their knowledge after the exam, and they found different solutions.

L: After the licensing exam, did you continue to learn and request supervision? Or do you think that you remain with the knowledge you learned for the exam for several years?

> P3 (L 401-410, 1st interview): Most of us stagnate for a while. There is even an aversion to learning professional material. You almost hate the material because of the huge effort that was made. For two months after the exam I did not read anything psychological, but I really enjoyed that time. Now I read all the time, I read one literature book and then one psychological book. It creates a certain order... I also go to conferences.

The need to continue to develop and learn accompanied the participants. The exam was a rite of passage which allowed them into the inner sanctum of recognized professionals, but there was an awareness that this was a temporary resting place, and that the process of trying to 'know' would continue for many years to come. Some of the supervisees acknowledged feeling differently about themselves as psychologists.

> P1 (L 47-48; 174-184, 2nd interview): If I compare the way I felt a year ago, things are clearer to me. I have gained confidence in the things I do… wanting to sound professional, it arouses anxiety… It's like an organizing symbol. It's like using medical terms so that both people know what you are talking about. In the beginning of my training, my supervisors didn't use these concepts very much, like projective identification. Only later. Many of these concepts you have to learn by yourself. Through reading, there are seminars, but even now when I use these definitions, I am very careful, I feel I have to watch myself. I'm not very confident using the language. It also depends what. There are some terms I am more comfortable with.

Another question that arose was whether supervision after the licensing exam was qualitatively different from supervision before the exam and how this influenced the professional identity of the participants.

L: Do you still receive supervision?

> P3 (L 438-441; 450-452): Yes, with the same supervisor. We just continued. When I completed my licensing exam she asked me if I wanted to continue. I said yes. Just the fact that we meet, and think together, and I'm able to take things from the meeting… and it also depends on the supervisee, on her ability to verbalize her experience, it's not always easy, especially when you see people in different settings.

Supervision after the licensing exam appeared to have a more collegial, relational quality, reinforcing the participants' experience of belonging to the same professional group. The participants' new status appeared to influence them sufficiently in their relationships with their supervisors, to project an image of a professional who 'knows' and has come to consult, rather than a supervisee who is threatened by possible criticism or riddled with self doubt.

> P1 (L 102-114, 2nd interview): It's like when you become an adult and are no longer living at home, you can come to consult with your parents. I'm thinking about this, or how to understand this, or this and that happened to me. It's not the same holding that I needed in the beginning, or the need to share all that I am coping with. I have the confidence to accept what I want, part of the things I don't accept, to ask questions. In the beginning, the supervisor knows and I know less… now both of us know, you have more experience than me, so you probably know more than I do, and I would like to think together with

you. Let's look at it from your perspective, from mine, from both…
that's the more relational approach.

3.1.6 Category 6: A shift in self-perception

After the licensing exam, the inner process of validation as a psychologist appeared to be in the beginning stages. The process was accompanied by reflection, how this undertaking had begun, where they placed themselves on the continuum of development, and what needed to happen in order to solidify their professional identity. Supervision was the key factor for all the participants.

> P8 (L 302-304; 136-141): Now I am immersed in the process of finding my path. I see that there are other paths. Psychology is a broader subject; being a clinical psychologist, even though it is far from my training… it was so good to find what I was looking for now, I also feel that there is something in the supervision itself, not just in the approach, that is empowering. I feel that he trusts me, and believes in me and in my ability to learn and work well.

Participants who elected to choose a different path in clinical psychology were empowered by supervisors who recognized their abilities and their frustration with the psychodynamic model, and were able to share different skills. The sense that the participants had chosen the right profession but perhaps the wrong specialization was an experience that was liberating and a healing process for their perception of themselves. Working in a different setting with new supervisors created an opportunity for them to see themselves and their past experiences in a meaningful way.

> P10 (L 369-372): Here (in this new job), I am at the beginning and am trying to prove to myself that I am capable of good meaningful work. I

sometimes think that it is all right to have gone through this experience, it was meaningful. I learned something.

Others, looking back at their expectations, could view with some equanimity their part in the process. They could see quite clearly what their expectations and needs were during the training process. One participant who anticipated that supervision was specifically for 'learning', in the prosaic sense of the word, reflected on her experience of supervision within that definition. She had described her supervisors according to the amount of knowledge and authority they had brought to the supervision.

> P4 (L 102-107; 238): I felt a lot of impotence in the supervision… It was also very difficult but I felt the same determination that I had in my practicum. It appears that I prefer supervisors who are tough and demanding to supervisors who are impotent and nice… I could also learn from a rigid supervisor.

This participant, beginning to supervise herself, oddly did not follow the paradigm of 'teach' rather than treat. It appeared that she had changed her conception about the focus of supervision. She allowed herself not to be distant, and not to create a situation which fosters idealization. Experiencing herself in a different role in the present cast some doubt on her interpretation of the past. Instead of focusing on teaching, the participant exhibited a humanistic approach which included showing concern towards her supervisees.

> P4 (L 80-86): Now, when I supervise practicum students, I can see how they are overwhelmed, confused. I am sometimes afraid that perhaps she is not suited to becoming a clinical psychologist. But it is clear to me that if I don't believe in her… that I have to be empathic and

sensitive and normalize the confusion in order to allow something to come out, or not come out.

Some participants were not yet comfortable with their new identity. The years of supervision had not modified their self-perception sufficiently to become a member of the group that 'knows'. Perhaps, this was due to the fact that they were still getting used to their new title or something that was meant to happen in supervision did not develop. For some, the relationship of supervision did not sufficiently address the conflicts these supervisees were experiencing regarding their ability to know and to become competent professionals.

> P6 (42-44; 54-56): What makes it complicated is that you understand that it's you. If you don't succeed in what you're trying to do, it isn't just if you have these skills or don't have these skills, it's about your personality… you never get there. You're not even sure what the there is. You're not sure you've experienced it. I guess I have this personality issue, this fantasy of finding the perfect supervisor, and getting the experience of what this is.

For this participant, the large questions remained regarding her suitability for the profession. She had been licensed by the proper authorities, but her inner voice had not yet given the required consent. The participant described how she perceived that this had happened.

> P6 (L 318-321; 342-345): I think, maybe it was comfortable, too comfortable. I'm not a person that's easy. It's very difficult for me to confront; even if I wasn't satisfied, hard for me to express my dissatisfaction… I think what I'm trying to say is that I have a part in what was co-created in the supervision, not just what I was given. I was lucky in the sense that on the whole I had a good experience.

For some, there was a natural acceptance of their new status, and sometimes an articulation of anger towards the long process of training. One participant reflected that there were gaps in her knowledge, in spite of a training process that was excessively critical and demanding. She was critical of the process for training, 'judging' and 'testing' clinical psychologists, suggesting that it was the supervisee's self and not her abilities as a psychodynamic therapist that were being evaluated.

> P2 (L 277-279; 537-541): If you can give your supervisees the feeling that they are people who came to learn, they came to work, to develop themselves professionally, not through the feeling that they are being tested, but that it is okay… In our profession you have to have the right personality to become a therapist, it's as if you have to get a grade on whether you have the right personality. I don't want to get a grade on my personality – enough.

At this level of professional development, self-perception of the supervisees appeared to be on a continuum beginning with cautious acceptance of their professional status and continuing with increasing confidence towards the challenging goals that lay ahead; believing in their abilities and continuing their professional development. The differences in internal validation and self-perception among the participants undoubtedly emerged from personal issues, yet it is possible that the supervision program had a large impact. Perhaps this indicates that there are limitations in supervision, in the relationship which is meant to foster agency and growth.

> P1 (L 197-207, 2nd interview): Recently, I was at a lecture given by a very experienced psychologist. She was asked many questions about

theory and she said, enough. I can talk theory in a coma… at my age you have to put all the theories on the side and to talk relationships - what is happening in the room without giving it names and definitions. In the beginning I said 'wow', and then I thought she can say and do what she wants because of her advanced age. Not just what she wants, I am not a trainee any more, I can also do what I 'want', but she has the confidence and the knowledge, and it's strongly internalized inside if she needs it. It isn't as if she is working intuitively.

Participants who had experienced supervision in the relational mode appeared to be on a path that was less conflictual and less dualistic. Having experienced mutuality in their training process, their perception of themselves as becoming competent was enhanced by supervisors with an intersubjective approach. It appears that the experience of 'not knowing' had been 'normalized', as a concept that applied to both the supervisor and the supervisee at different points in the supervision. One participant, recognizing his needs, reflected that working in the profession had aroused many questions regarding his 'self', and he felt excited by the options in the future. His self-perception was perhaps more accepting. This raises the question of whether the relational mode of supervision touches more directly on the self-perception of the supervisee from the beginning stages of training and, therefore, sidesteps the dualistic concepts of the classical approach regarding who 'knows' and who doesn't 'know'.

P5 (L 266; 270-272; 281-284; 320-323): I need mutuality. I also need space… They gave me a transitional space, in which I could learn at my pace, the way I wanted to learn… J allowed it, she understood that I need it to be creative… Individual supervision provides intimacy, a chance to know myself better… It provides the opportunity to delve

into the depths, which allows for some level of self-exposure… I feel lucky to be working in a profession that arouses all these questions, where will I go and what will I do? The options excite me - I think I received a large gift.

3.1.7 Category 7: Self-transcendence - becoming a supervisor

"…sometimes I am so impressed by all that we need to know in comparison with what we do know that I think it best to define a psychologist, not as one who knows the answers, but rather as one who struggles with the questions" (Maslow, 1976: p. 46).

The concept of self-transcendence stems from Maslow's theory regarding human development based on the satisfaction of needs. He calls it a motivational theory, suggesting that we are motivated by 'deficit' needs, physiological, safety, belonging and esteem, until we reach a level he named 'self-actualization'. This level appears to include noetic experiences, illuminating moments (James, 1994), and 'being' needs, the needs of the self to merge with and contribute to others.

The level of self-transcendence is the highest level and is focused on the self from an altruistic point of view. The concept has mystical and spiritual connotations; however, for the purposes of my research, I used it in a professional format. Self-transcendence in my study connotes shifting the focus from the self to others. The participants in the study had not reached the stage of self-transcendence, but some showed signs of aspiring to this level. There was much concern for their younger trainees, and less involvement with their own self, and the need to prove their professional superiority. One of the participants, speaking about her belief system, brought up the notion of transcendence.

P3 (L 94-98, 2nd interview): I think personally that there is something transcendent which has little to do with psychology's disciplines today. I think I as a person, as a therapist, have to find my path. Am I a good therapist until I find my path? Knowing myself better, and I don't know if only psychoanalysis can do that, there is another layer.

The participant was 'struggling with the questions' alluding once more to the 'self' of the psychologist, and not her ability to use the skills she had accrued during her training. It appears that the tension created between 'self' as a private person, and 'self' as a clinical psychologist, continues to be part of the psychologist's experience, regardless of her level of professional development. The nature of the work is inherently confusing, and plays on one's perceptions like a gestalt configuration; the psychologist seeing herself in the background, then the foreground, sometimes it is about the client, sometimes it is about herself as a therapist, sometimes it is about herself as the supervisee, sometimes it is about her 'self'.

Some of the participants began to supervise trainees. The experience of supervising gave the participants a more holistic perspective of supervision. This appeared to contribute to their understanding of the process they had completed, allowed them to identify with the conflicts of their previous supervisors, and permitted them to try to implement the different interactions that they felt were important in supervision.

P4 (L 86-88; 247-251): And there is tension because you're not sure that the person sitting in front of you is suitable… As a supervisor myself, I am often intersubjective. I share with them my awareness of how difficult it must be for them. I know that this interferes with their

idealization of me, but it does establish a certain level of comfort; that you're not perfect, and not all goals can be achieved.

The participants exhibited humanistic traits in their practice of becoming supervisors. They were close to their own experiencing as supervisees and remembered the anxiety and confusion. They directed their attention to the supervisee's experiencing without hurrying to judge or determine if the supervisee was an appropriate candidate.

Some of the participants struggled with different conflicts as supervisors. A participant explained the dilemma of giving feedback that might be construed as criticism:

P1 (L 362-377, 2nd interview): I understand the need of the supervisor to protect the supervisee, you want to help someone grow, not to stop them from developing, and that means that you don't always say to the end what you really think… It is possible to say almost everything, but it is a matter of how. I know that I don't like to be in conflicts or not to be okay with people. That is my dilemma. I like to be on the side of the good people who say the right things but find it hard to say what is not right. There are some people who know how to do it well; in a way that helps you to grow, and doesn't hurt you.

It appeared that the participants were trying to be attuned to their supervisee's needs. They were in a position of 'giving back', a form of self-transcendence. The participants were trying to exemplify, by their reflections and actions, the recommendations they had made for better supervision.

P2 (L 550-562): I'll give you an example. One of my practicum students sends me her verbatim in e-mail. I read it, and then I have the

verbatim in my head during supervision. Once, she sent me her verbatim and I sent her a response saying that I enjoyed reading her session with client A. She wrote me back, thank you so much for telling me this. I thought she knew that I appreciated her responses to the client. And that her responses are very precise. I thought she knew this. Suddenly, her response, thank you so much for telling me. I thought, we have to encourage our supervisees more, to encourage them so that they know they are doing good work. Another practicum student was very quiet for a long time. I said to her, you seem very tense; she said I feel that I have to be adequate here, and perform well. I said no, here you can be not together, and not performing well, I expect you to make mistakes, we all do, why shouldn't you?

Regarding their epistemological quest, most of the participants appeared to be modifying their search for the ideal therapeutic response, both from their supervisors and from themselves.

P1 (L 232; 279-280; 303-305, 2nd interview): Perhaps there are some things which don't have a clear meaning… you have a certificate which says that you know. You are a specialist. You have a lot of knowledge in a particular field... you feel you should always know more. I think it's a paradox, no matter how much you learn there will always be parts you don't know.

3.2 The diagram - a summary

The diagram is an adaptation of the pyramid designed by Abraham Maslow (1970) to illustrate his understanding of human motivation and how this affects the development of personality.

In Maslow's pyramid, the needs on the four bottom levels are considered "d" needs - deficiency needs in that they must be satisfied in order for the higher level needs to appear. Maslow viewed human behavior as goal-oriented. Once certain needs are met, others rise up to challenge us. The deficiency needs are active only to the level of self-actualization. At that level, and above, in self-transcendence, the needs can only be satisfied by the individual himself, "b" needs - being needs.

My adaptation is an attempt to present graphically the experience of the participants in supervision in a psychodynamic training program for clinical psychologists. The base of the pyramid is the need to understand. I explain in the results section, that most of the participants were drawn to the field of clinical psychology through their need to understand themselves and to help others understand themselves. This is the base of the pyramid because this is the need that will have to be contained, addressed, and referred to, throughout the training process. To deepen their understanding, the supervisees have to cope with the challenges of the upper levels (Category 1).

The needs in the different levels of the pyramid were only partially satisfied. In the category called 'not knowing', the experience, I commented:

> "Deferring gratification and tolerating uncertainty are difficult experiences in the training of the supervisee. Most professions progress the trainee from an initial position in which she feels not sufficiently qualified towards experiencing herself as more competent. Psychodynamic training helps the trainee develop from a position of

'not-knowing' and uncertainty towards experiencing herself as able to tolerate the lack of clarity and to continue to believe in her work and in the process she and the client are undergoing."

The needs of the supervisees were cumulative, accompanying the participants throughout the training process, sometimes being contained and addressed and partially satisfied by the supervisor and sometimes not. Supervision was a main factor in facilitating this process during their years as a trainee. Often, the main thrust of supervision was to help the supervisee contain the experience of not having her needs met.

At the beginning of the training program, the supervisees had to cope with the need to manage anxiety and to trust their supervisors. Overwhelmed, sometimes confused, they depended on their supervisors to 'normalize' their anxiety. When the supervisor helped to lower the level of anxiety, trust was established, and understanding was enhanced. Sometimes the interaction with the supervisor raised the level of the supervisee's anxiety, so that trust was weakened, anxiety was exacerbated, and the supervisee's level of understanding became impaired (Category 2).

As the supervisee was able to manage her anxiety at a reasonable level and began to trust her supervisor, the supervisee had to cope with her limited theoretical and procedural knowledge. She was dependent on the supervisor's knowledge, to create 'meaning and structure' out of therapeutic sessions with a client. If the supervisor helped to contain the experience of 'not-knowing', then the level of anxiety went down, trust was increased, and understanding was deepened. Conversely, the inability of the supervisor to help the supervisee cope with not-knowing raised the

level of anxiety and weakened the supervisee's trust and her understanding (Category 2).

The four levels at the base of the triangle reflect the dependency needs of the supervisee: (1) to understand and to help others understand; (2) to manage anxiety and develop trust; (3) to contain the experience of 'not-knowing'; and (4) to learn procedural skills - how to be a therapist. The order of the needs in the pyramid followed the supervisee's professional development. These were crucial and interdependent needs that could be addressed only in supervision (Category 2).

The ideal supervisor (on the left side of the diagram) is a fantasy figure, the projection of the supervisee from the beginning of the training until the level of autodidacticism. At this level, the supervisee began to experience herself as able to partially satisfy her own needs, intellectually, by reading and understanding theories and, then, by becoming more active in supervision, and more focused on the gaps in her professional development (Category 3).

From the level of autodidacticism until the level of self-transcendence, the supervisee's relationship was mainly with the supervisor in the room (on the right side of the diagram), who is an external object and a subject in her own right. The relationship with the supervisor at this level is one of collegiality and mutuality. The supervisee's needs at this level are partially satisfied by her own agency, studying, conferences, reading, and partially enhanced by her relationship with her supervisor (Category 4).

The heavy line marking the left side of the triangle depicts classical supervision; a dualistic relationship which invokes the fantasy of the ideal supervisor, encourages idealization and also fosters fear of rejection. The dotted line on the right side of the triangle suggests the intersubjective style of supervision which is relational. The line appears as a permeable membrane between the supervisee and the supervisor, and allows for more agency on the part of the supervisee.

It appears that the supervisees are accompanied by both the ideal supervisor and the supervisor in the room throughout their years as a trainee and, perhaps, even in each supervisory session, depending on their needs and skills and their emotional framework in the supervisory hour, the here and now.

According to my research, most supervisees searched for the ideal supervisor during the early stages of training, and were more compatible with the supervisor in the room once they reached the level of autodidacticism. The higher levels, the need to develop a professional identity (Category 5), a shift in self-perception (Category 6), and self-transcendence (Category 7) were characterized by an increasing collegial, intersubjective relationship with the supervisor.

Self transcendence – becoming a supervisor

A shift in self-perception

Licensing exam – the need to develop a professional identity

The need to be able to learn independently-autodidacticism

The need to be able to learn procedural skills – how to be a therapist

The need to contain the experience of 'not' knowing

The need to manage anxiety and develop trust

The need to understand and to help others understand

The Supervisor in the Room
Relational psychodynamic supervision
- fosters dialogue and mutuality
- sometimes supervisor does not know
- sometimes the supervisee 'knows'
- works transparently
- empowers supervisee
- a colleague

The Ideal Supervisor
Classical psychodynamic supervision
- a source of knowledge intellectually
- a model for idealization
- offers support and compassion
- challenges and confronts
- facilitates moments of deep insight

Dualistic – supervisory relationship – projection, idealization, interpretation and internalization

Intersubjective, relational, focus on relationship between supervisor and supervisee as a method for understanding

Figure 1: The trainees' path of professional development

Chapter 4: Discussion

"She said no one had more than one perspective, not even in his so-called hard sciences. We're always, in everything we do in this world, she said, limited by subjectivity. But our perspective can have an enormous wingspan, if we give it the freedom to unfurl" (King, 2014: writing about Margaret Mead).

My study was an exploration of psychodynamic supervision through the subjective experiences of the trainees in clinical psychology. My findings relate specifically to this professional group. It is a retrospective study, as the participants had passed their licensing exam and were interviewed up to three years after they had concluded their training. It is also a reflective study, as the clinical psychologists were looking back at an intense period in their lives and reflecting on their experiences. My own experiences and perceptions undoubtedly influenced this research study, as I am a clinical psychologist and supervisor. I attempted to be transparent in my analysis of the data, expecting some of the responses while being surprised by others. This process helped me to understand the multi-faceted structure of psychodynamic supervision. I was curious about supervisees' experiences and wondered if there were common or shared elements in the supervision process, an approach which is promoted by a-theoretical meta models (Hogan, 1964; Stoltenberg and Delworth, 1987; Hawkins and Shohet, 2007). I was interested in the factors that make supervision meaningful, and in the perceived limitations. I enjoyed the interviewing phase of the study as I found myself listening in a familiar way to the participants expressing themselves, and trying to help them refine their ideas and focus on their feelings.

Some of my preconceptions when I began my research included a belief in the diversity of individual experiences and a tendency towards relational - intersubjective relationships as a vehicle for growth and development. This led me towards choosing constructivist grounded theory for my research paradigm. Constructivist grounded theory does not assume a one dimensional external reality, and views data as co-constructed by the researcher and the participants (Charmaz, 2014). Constructionism infers a relativistic ontological position, viewing the world through multiple individual realities affected by context. Meaning emerges as a co-construction between the researcher and the participant (Mills et al., 2006).

Analyzing the data by using principles from constructivist grounded theory was a slow laborious process as I read the transcripts and the memos repeatedly and coded the data first into open codes and, subsequently, into focused codes, using abductive reasoning. My memos contributed to my construction of the categories. This process helped me to sense the quality of the participants' experiencing and the meaning they attributed to it. I believe that I immersed myself in the data sufficiently to become theoretically sensitive. Constructivist grounded theory is a qualitative method which investigates individuals having experiences in a common domain. It focuses on the unique experience of each individual, subsequently using the data to seek the unifying elements. The highest abstract level, the core category, is meant to explain most of the variation, the diversity in the participants' experiencing. That is, in spite of the

different experiences of each individual, there is a shared meaning which is common to all the participants.

There were several ways in which the issue of validity was addressed. Five out of the ten participants had worked in different institutions during the period of their specialization. This eliminated the possibility that their experiences were situation specific. All the participants who matched the criteria for the study were interested in being interviewed. As I mentioned in the methodology section, this is an interesting phenomena. The participants were motivated to describe and understand the process of training that they had recently successfully completed, regardless of whether their experiences were positive. Two of the 10 participants had chosen not to work as clinical psychologists when I interviewed them. As analysis and understanding are a large part of psychodynamic therapy, all of the participants viewed my study as an opportunity to understand and analyze their personal experiences of the training process.

'Thick description' and many quotes were used throughout the results section in order to give voice to the participants. In qualitative research 'thick description' or 'auditability' allows the reader to follow the logic and progression of the events. Validity can be judged if the reader can follow the logic of the progression (Brink 1993). The results of my findings follow this format (see diagram of triangle and accompanying explanation). As constructivist grounded theory aims at interpretative understanding, I believe my study enriches the comprehension of the supervisees' experiences in their relationships with their supervisors.

I used the categories of truth value, consistency and applicability as forms of validation for my study (Noble and Smith, 2015). Truth value was addressed in my transparent discussion of my own perceptions and biases. Consistency refers to my decision-making processes, and making them available to the reader. This was described and explained in every category. Applicability will become more evident as the results generate more research (Sousa 2014).

My study is reflexive, in that it is subjective in its focus. It examines how my experiences and preconceptions, as well as my interviewing style, affected the research. Reflexivity can impact on the qualitative researcher. I tried to develop reciprocity with the interviewees, hoping that the interviewees experienced the interview as 'being with' rather than being 'questioned on' (Pillow, 2003). I used dialogue in many parts of the interview in order to refine my understanding of the interviewees' experiences, and to reveal some of my preconceptions so that the interviewees were having a 'conversation' as well as responding to a query. There was a deliberate 'normalizing' attempt on my part to reduce the tension of being interviewed and to encourage open dialogue. This process mitigated my authority in the interview, helped to amplify the voice of the interviewees, and encouraged elaboration of their experiences. I used reflexivity as a measure of validity in my research by becoming aware of how my personal thoughts and values influenced the research (Pillow, 2003).

Psychodynamic supervision is a unique relationship. It emphasizes the epistemological position of the neophyte through her experience of 'not

knowing'. Managing the anxiety that this position creates is sometimes an overwhelming task, as there are clients receiving therapy from the supervisee who does not know yet, or does not know enough (Falender and Shafransky, 2010). Knowing, in the psychodynamic paradigm, requires a parallel development of both the personal and the professional self (Lomax et al, 2005; Frolund and Nielsen, 2009). This is the central dilemma of psychodynamic supervision - the 'teach or treat' dilemma, which has been addressed in the literature (Rock, 2000; Farley-O'Dea, 2003; Ganzer and Ornstein, 2004) but has not received much attention from the perspective of the supervisee.

My study included 10 clinical psychologists who learned their profession through an intensive four year internship, during which time they practiced as psychodynamic therapists. Their relationships with their supervisors provided both the anchor and the momentum for this process. In my study, the supervisees regarded their supervisors at different times as tutors, advisors, 'elders of the tribe', and sometimes even, as older friends, sharing their wisdom. This is resonant with the discrimination model which suggests that the supervisor attune herself to the supervisee's needs as either teacher, consultant or counselor (Bernard and Goodyear, 2009). As one supervisee stated: "the supervisor is someone who will give you an evaluation, but also someone who you will share many personal issues with". There were instances in the supervisory relationships when the supervisors and supervisees met as 'real' people. Another supervisee declared: "I felt this strongly in supervision with R. She can say, someone is in therapy for years, and nothing happens, she can say this without

embarrassment. You feel you are hearing something real, and this is calming as well." The real relationship (Greeson, 1971; Gelso, 2002; Frank, 2005) has been a subject in psychotherapy since the 1970's and recently has been part of an ongoing debate in supervision (Watkins, 2011). In my study, real relationships existed, but the proportion of 'real' was contingent on the participants involved.

Some supervisors encouraged an 'inclusionary relatedness' (Hess, 1987) with their supervisees, while others remained within the bounds of a formal relationship. In a thoughtful article analyzing the interaction between the supervisor and the therapist, Hess (1987) applied Martin Buber's concept of the 'gaze' to illustrate how the non-verbal and verbal communications facilitate intimacy and connection. Hess determined that the small conversational interactions, which reflect the supervisor's interpretation of the supervisee's difficulties, using metaphor and humour, can reduce the stress of supervision, and give the supervisee a feeling of acceptance and connection.

My findings indicated that there are two core categories, and the tension between them explains much of the variation. One core category is the anticipation of meeting the ideal supervisor (category 3) and the second category is developing a relationship with the supervisor in the room (category 4).

I was immersed in understanding each participant's experience through the process of analyzing and coding each interview, yet I found it very difficult to elicit the common strands in the participants' experiencing. The

organizing categories started to take shape when I allowed myself to analyze the material not just as a researcher, but as a psychodynamic therapist and supervisor. I began to see the place of unconscious needs, which were powerful in shaping the supervisory relationships. In my study, the supervisees sought to understand and to help their clients and also to understand themselves in relation to the client. Additionally, there were 'shadow motives' emerging from unconscious needs which seek satisfaction through being a member of the helping professions, and include 'the lust for power, meeting our own needs through others, the need to be liked, and the wish to heal' (Hawkins and Shohet, 2012: p. 28). The supervisees had a sense that something was amiss in their role as therapists and anticipated that the supervisor would help to identify their difficulties and their responses. The supervisors appeared to be client-centered and supervisee-centered, however, their focus was on the countertransference issues and parallel processes (Searles, 1955; Hora, 1957), and not on the supervisee's struggles with conflicts that originated from her own personal history. These issues were usually untouched, protecting the integrity of the supervisory relationship. Sometimes this left the supervisee with a feeling of being 'alone' or not being seen in her 'totality'.

The initial challenges in supervision were emotional and not intellectual. Although the declared goal of the supervisee was to understand (Category 1), understanding was made possible by managing anxiety, developing trust, and living with the experience of 'not-knowing' (Category 2). This may be similar to Hogan's (1964) developmental model, describing the

supervisee as being dependent and insecure at stage 1, struggling to connect the theory to her client's problems. It appeared that these needs were partially met in supervision, as the supervisee's anxieties were contained sufficiently in order to learn and develop professionally. The diverse professional and personal needs of the supervisees during the early stages of supervision created a longing for an ideal supervisor (Category 3). The ideal supervisor could create the stronghold, the protected relationship where the novice could bring her developing skills and her painful blunders. In addition, the ideal supervisor could notice the subtleties which were blocking the supervisee from responding to her client in a more professional manner. The search for the ideal supervisor suggests a rejection of the supervisor in the room who is not 'ideal'. The supervisor may be 'good enough', but the supervisee had hoped for more.

The fantasy of an ideal figure is developed in the literature on object-relations. Winnicott (1989), in his article, The Use of an Object and Relating through Identifications, described the place of the unconscious in our ability to relate to others. He claimed that the interpretation of the analyst can only be heard when the client places the analyst outside his subjective experiencing, his inner world, and is able to relate to the analyst as an external object. This can only happen when a requisite amount of trust has been established. If trust is not sufficient then the client may retreat to his inner world to ideal figures. Hearing the analyst's interpretation is an indication of the reality principle and is accompanied by a sense of sadness. This means the relationship has reached a stage of 'whole objects'; the therapist is imperfect and so is the client (Segal, 1964). In supervision, when

this secure attachment is formed, it allows the supervisee to release the fantasy of the ideal supervisor by becoming an imperfect subject/therapist herself, and relating to the supervisor in the room as an imperfect supervisor.

Benjamin (1988), defining the intersubjective view of differentiation, suggested that in ego psychology the other is internalized by the self, a form of ingestion. However, Benjamin stated:

> "The ability to soothe oneself is not generated by internalizing the other's function; it is a capacity of the self which the other's response helps to activate" (Benjamin, 1988: p. 44).

Applying Benjamin's hypothesis to the supervisees' ability to manage their anxiety from an intersubjective viewpoint, the supervisee discovers her sense of agency (subjectivity), and recognizes the supervisor as a subject as well. Releasing the concept of the ideal supervisor is difficult if the supervisee feels alone with her fears and insecurities. By being 'with' the supervisee, the supervisor's response can help to activate the capacity of the supervisee's self to regulate her own anxiety.

I spent much time trying to understand how the supervisees found a way to contain and regulate their anxiety, as I learned from the participants that this was a major challenge in the training process. The role of anxiety in supervision has been discussed extensively in the literature (Hess, 1987; Lomax et al., 2005; Hawkins and Shohet 2007; Frolund and Nielsen, 2009).

In a study on positive supervisory events, McNeill and Worthen (1996) concluded that the ability of the supervisor to help the supervisee

normalize her conflicts was through personal self-disclosure, acceptance and empathy. The self-disclosure provided a type of modeling which suggests that the supervisee's experience was not unusual, and the supervisor believed in her capacity to understand the experience and work with it.

The supervisor's support and acceptance helped the supervisee to regulate her anxiety, and become a subject in her own development (Category 4). However, as I wrote in the summary of my diagram, the supervisee continued a relationship with both the ideal supervisor and the real supervisor, depending on the supervisory session and the supervisee's emotional state. I concluded that searching for the ideal supervisor in a supervisory session results from a session of 'lack' - a feeling that something that should have developed was left untouched. This can be connected to Sarnat's (2012) concept that transferences, anxieties and resistances are not always processed in the supervisory session.

The supervisee's agency usually developed and became stronger during the period of preparation for the licensing exam, when the supervisee began to read and understand theories (autodidacticism). Psychodynamic theories are complex and require group learning in order to integrate the material. A supervisor, who had a specific orientation and could guide the supervisee in her reading, was appreciated. This relates to Bernard and Goodyear's (2009) concept of 'teacher'. However, in my study this rarely happened. The supervisor assumed that the supervisee was learning psychodynamic theories in the clinical seminar, and used the supervisory sessions to work

on the procedural skills. When the supervisee began to write her case study for the licensing exam, she had to negotiate the professional literature on her own. Often, an additional supervisor, employed privately outside of the training institution, also provided a different relationship. A feeling of 'subjectivity' and independence began to develop.

Becoming a licensed clinical psychologist was an important turning point in the supervisee's experience (Category 5). The external validation, however, preceded the internal acceptance. It took many years to reach professional licensing and often a sense of personal deficiency remained. This may be related to the fact that, perhaps, insufficient attention was addressed to certain aspects of the supervisee's personal and professional self, and were therefore not processed during the training (Lerner, 2008). In the results section, I suggested that, perhaps, this is part of the human condition, the sense that vagueness and uncertainty are implicit in our experiencing. However, perhaps, there is also a sub-text in psychodynamic supervision which strengthens this experience. One supervisee, who decided not to work in the psychodynamic paradigm after her licensing exam explained her position as follows:

> "There was belief in me, and no one tried to make me feel small in a personal way. But there was a general feeling that everything was always so complicated and it takes years to understand. From year to year, I felt that I knew less. Professionally, everything seemed more complex and complicated."

All the participants in the study continued to struggle with their self-perception as clinical psychologists. There was an implicit acceptance that it

is indeed a very complex field and they were still far from the culmination of their knowledge (Category 6). Some of the supervisees experienced a shift in self-perception when they began to supervise practicum students. Objectively, they were in a position of 'knowing', and they struggled with imparting their knowledge in a way that was authentic, and yet didn't quite reveal all that they heard and thought. One participant claimed that supervision was artistry; the supervisor having to decide how much to reveal and what to address at a later point. It appears that psychodynamic supervision, like psychodynamic therapy, relies on a decision-making process based on a balance between what is hidden and what is revealed-in both directions between the supervisor and the supervisee. Carroll (2007) used the term 'critical reflection' to clarify the importance of the connection between open communication (revealing) and an appropriate professional response.

The shift in self-perception appeared to develop very slowly after the licensing exam and probably would continue to shift for many years to come. The path of self-development in supervision was delineated by Carroll (2007) by asking hard questions about the future: "What if you could sit at the feet of the emerging future rather than the feet of the frozen past?"(p. 37). Living in the post-modern era, co-constructing our reality, and viewing truth as relative and intersubjective adds complexity to the already existing complexities of psychodynamic supervision, and the role and self-perception of the supervisors and supervisees.

4.1 Relationship with the supervisor

In my study, I found that the supervisees who felt that the supervision was meaningful were those who developed relationships with their supervisors, which is in agreement with the findings of Hess (1987), McNeill and Worthen (1996) and Beinart (2002). The supervisory relationships were diverse. Supervisees received supervision from at least two and sometimes three supervisors on an individual basis during the course of their training. Each supervisory relationship was different. I used the term 'supervisee agency' to connote the active engagement of the supervisee in the process. A corollary to this statement is that this depended also on the supervisor and the co-construction of the supervisory relationship. The supervisor's style, whether it was classical or intersubjective, warm or aloof, was less important than the supervisee's perception of the supervisor as involved or committed to the supervision and to the supervisee. This appeared to be the most necessary and basic part of supervision. The act of being present each week on time and being ready to pay close attention to the material and perceptions of the supervisee were experienced as a type of 'concern' (Winnicott, 1989), which implied that the supervisor was serious about her work, and believed in the seriousness and worthiness of the supervisee's work .

The supervisor's perceived degree of involvement with the supervisee was a critical factor. Phillips, (1989), writing about interpretation based on Winnicott's (1989) theory, claimed that it was not the accuracy of the interpretation which affected the client, rather the therapist's identification

with the client which allowed the therapist to understand the client's experiencing. This illustrates the notion of concern as a necessary basis for the therapist to formulate an integrated statement about the client's state of mind. The interpretation, beyond giving meaning or organizing the experience emotionally, facilitates the client's movement towards integration and growth. It is important for the therapist to 'not know' the answers as this is perceived by the client as magical thinking (ideal therapist), and prevents the client from struggling with his own understanding, which both Winnicott (1989) and Phillips (1989) suggested is of the utmost importance.

A parallel situation exists in supervision-regarding what is revealed and what is hidden. The supervisory interpretation (Lomax et al., 2005) is meant to further the understanding of the supervisee by giving meaning to the therapeutic interaction with the client. This interpretation sometimes gave the supervisee the sense that the supervisor was brilliant and she could never reach that level of integration. Conversely, if the supervisee sensed a lack of concern, she felt that the supervisor did not understand the nuances of her work and her interactions. In the intersubjective mode, the open dialogue and reflective discourse allowed the supervisee to reflect on her own interactions and responses with the client and, consequently, arrive at her own insights and limitations, in the presence of the supervisor.

In my study, classical supervision cast the supervisor as the figure who 'knows', and decreased the possibility of dialogue or challenge. Sometimes this fostered a form of an acquiescent 'false self' (Winnicott, 1989), as the

supervisee found it difficult to express both her ideas and her feelings. This sometimes led to a supervisory process which was not growth fostering as too much was hidden (from the supervisee's awareness, and in the interaction with the supervisor). The supervisor could attempt to 'identify' (Phillips,1989) with the supervisee, only if she became aware of what the supervisee was truly experiencing (true professional self).

During the early period of training, the supervisee was in need of much feedback and support. There are some general guidelines regarding what the supervisee needs to learn and understand; a kind of 'emergency pouch' which helps her to organize her thoughts and sometimes even influences her responses (Stoltenberg, 1997). Stoltenberg, describing his developmental model, the IDM, suggested an introduction to theories and techniques, at the early stages of training, Level 1. Most of the needs of the supervisees in my study were met at this level.

I was interested in the effect of time and maturation. My study suggested that becoming a clinical psychologist was a mutative experience for the supervisee, similar to the mutative experience of the client in therapy (Parsons, 2014).This involved a process of letting go of some beliefs and perceptions (about oneself and others) and allowing oneself to be 'shaped' or 'transformed' by the relationship with the supervisor (and the client). Supervisees in my study experienced this mutative process happening very slowly, which was both disturbing and exciting. It was accompanied by high level anxiety, required sufficient trust in the supervisor, and emotional resiliency. This transformative process was based on supervision, time and

maturation. Explaining how a mutative interpretation from the analyst can lead to a mutative experience in the patient, Parsons (2014) suggested that it is the analyst's experience that leads to the interpretation which has the potential of creating a mutative experience in the patient. Parsons claimed that intrapsychic growth and development is characterized by an internal struggle between progressive and retrogressive forces. The analyst has an insight which brings together his cognitive and emotional understanding, and conveys this insight to the patient through an interpretation, which can trigger a mutative experience. Psychodynamic supervision is not therapy, but contains therapeutic elements, for intrapsychic change does occur in the course of becoming a psychodynamic therapist. Frolund and Nielsen (2009) creatively suggested that in supervision, the supervisee is developing a 'double identity', as a therapist and a supervisee.

> "The field of tension between therapy and supervision constitutes a central developmental potential, as the supervisee - therapist oscillates between on the one hand the clinical drive that belongs to the therapy and demands a certain degree of firmness and unambiguousness (which does not exclude reflection, doubt, hesitation, etc.), and on the other hand nearly a 'deconstruction' of the therapist role and the clinical drive which the supervision offers. In other words, an oscillation between construction and deconstruction of the therapist" (Frolund and Nielsen, 2009: p. 101).

4.2 The path of development

My study began with a question regarding the choice of profession and my first category in response to the answers received was 'the need to understand and to help others understand'. This was not an altruistic statement in that it positions self-understanding first, and this is followed by an implicit belief; if I understand myself, I will be able to help others understand themselves. Implicit in this statement is the awareness that the self of the supervisee will be examined in the course of the training. Additionally, there is an assumption that the self and others are connected and that parallel developments will ensue as a result of the training process (Hess, 1987; Page and Wosket, 1994; Hawkins and Shohet, 2007).

The training process was experienced as difficult and conflictual. A high level of anxiety was generated throughout the training process, and the focus of the anxiety was on the relationship with the client and with the supervisor. Many of the needs of the supervisees, appeared similar to concepts from humanistic psychology: needs for safety, belonging, and self-esteem. However, in contrast to Maslow's hierarchy (1970) and Roger's (1977) unconditional positive regard and empathy, the supervisees seemed to need acceptance as a base, but it was not sufficient. Their professional self-esteem emanated from being challenged, dealing with difficult questions and struggling with the answers.

The terms mutative experience and transformation have a dramatic connotation yet, in my study, the participants did not experience their training in a dramatic way. There had been expectations of deep insights, I -

Thou encounters, and liminal moments which would be experienced with the supervisor as the transformation took place. They anticipated an ideal supervisor who could help them transform themselves. When they reflected on their experiences, there was a sense of disappointment. They had been successful in reaching their goal in becoming licensed psychologists, but some expectation had not been met, and this left a residual sense of lack, or sadness.

In my study, the tension created between the expectation of finding the ideal supervisor and coping with the supervisor in their relationship was the central challenge of supervision. There were moments when they felt that their uniqueness, their abilities and their limitations were recognized, and that the supervisor believed in their potential to become 'good' therapists. During these moments, supervisees sensed the presence of the ideal supervisor.

Two participants could not connect to the psychodynamic style; the pace, the vagueness, the abstractions, and the ability to tolerate not knowing for long periods of time. Their supervisors encouraged and believed in their work, but they could not internalize their supervisors' support. Emotionally, perhaps there was resistance, which remained untouched, as in classical supervision, this is material for therapy and not supervision. Conversely, perhaps, it was the committed supervision they received, which allowed them to complete their training program in spite of their conflicted issues. Both these participants continued to work as psychologists, but not in the psychodynamic paradigm.

The participants who experienced relational supervision in the latter part of their training, or for an extended period, felt as though the supervisor had treated them as the professional psychotherapist she perceived they would become. They described intersubjective supervision (relational supervision) as a process which happens to two people, not one. One supervisee claimed that the intersubjective approach allowed him experiential space which gave him the feeling that he too 'knows', not just the supervisor. He felt that through identification with the supervisor, he had internalized different modes of thinking and understanding, and believed that a crucial part of supervision is 'holding' rather than critiquing and judging. He felt gratitude towards his supervisor who had an egalitarian approach and had helped him to find his professional 'voice'.

Regarding the teach or treat dilemma (Rock, 2000; Farley-O'Dea and Sarnat, 2003; Ganzer and Ornstein, 2004), the participants expected a more psychodynamic response from their supervisors. The supervisees had learned psychodynamic theories and were waiting for the supervisor to connect this knowledge with therapy, and with their supervision. The supervisee expected the supervisor to 'act' in a psychodynamic style, using psychodynamic concepts. That is, they anticipated that the supervisor would discern some of their personal issues, and 'dare' to make a connection between their (personal) 'blind' spots, and how this manifested in their work with their clients. It was helpful if the supervisor was not eclectic and worked according to a specific theory as this led to deep internalization (Lerner, 2008). When the supervisor had a clear professional identity, this reduced some of the confusion that the supervisee was

experiencing. If the supervisee did not accept the supervisor's approach, this led to interesting discussions, corroborating Beinart's (2002) findings.

Five out of the ten supervisees had experienced negative interactions with one of their supervisors. Three of the supervisees were informed of the supervisor's discontent and the issues were processed, leading to good results. Two of the supervisees received negative evaluations which they were not expecting, and had to process the feelings of betrayal by themselves. It appears that negative feedback is part of every training process, but can only be part of the learning when it is revealed and processed in time to address the issues. Negative feedback, which is sensed but not communicated, remains outside of the supervisee's experiencing as a foreign object, creating confusion and not meaning.

4.3 Conclusions

"Too much sanity may be madness! But maddest of all - -to see life as it is and not as it should be." (Miguel de Cervantes, Don Quixote).

My findings contribute to a growing body of knowledge regarding the lived experiences of trainees in clinical psychology (Beinart, 2002; Worthen et al., 1996, Bailey 2007, Fleming and Steen 2012). The study focused on psychodynamic supervision, as psychodynamic training is compulsory for all trainees In Israel.

My study highlights the existential/humanistic needs of the trainees which are not addressed in the psychodynamic literature. Beyond their individual 'characterological' differences (Rock, 2000), the trainees shared the need:

- to be unconditionally accepted and regarded as a colleague;

- for feedback in a dialogue throughout their training, regardless of whether it is positive or negative;

- to be challenged and to challenge-double loop learning (Argyris 1982);

- to discuss their values and ideals, and to hear the values and ideals of their supervisors; and

- to feel that they are worthy, committed individuals who have chosen a difficult field of work and that their procedural and theoretical knowledge is consistently increasing.

As I described in the methodology section, I am trained in humanistic psychotherapy and psychodynamic psychotherapy. I expected to find that humanistic elements were missing in the experiences of the supervisees, and that this omission contributed to the supervisee's sense of being somewhat diminished in her training program and in supervision.

My study partially confirmed this expectation, as the diverse experiences of the supervisees were multifaceted. The process of training created some uncertainties but also dispelled many doubts regarding the participant's suitability towards becoming a clinical psychologist. Psychodynamic psychotherapy is a complicated field and it is very difficult to become a specialist in four years. However, if the supervisee could integrate enough knowledge, this motivated her into continuing to study and develop. If supervision was 'good enough', and the professional self-concept was developing, the supervisee could develop a passion for her work. Many of

the participants did, which fueled their professional development, and eased the ongoing experience of not knowing enough. From my perspective, becoming licensed was the first major step in becoming a clinical psychologist and not the last.

As I wrote in the results and discussion sections, there was a difference in the experiences of the supervisees who had experienced relational, intersubjective supervision. In the relational mode, there was more room for the subjective needs of the supervisee as a psychologist and as a person. This process mitigated the ongoing struggle inherent in 'becoming' a professional psychologist. The conflict emanates from acquiring a professional identity which affects the personal identity as well.

The course of training in psychodynamic supervision works with the 'personal self' of the supervisee in order to become 'worthy' of becoming a professional self. Levinson (1982) maintained that the real goal of supervision is 'to inspire hope and elucidate meaning'. Perhaps hope can only be inspired when one has a direction or a goal. In my study, the supervisee seeking the ideal supervisor, hoped that the supervisor would help her sort out her ideal version of herself (her direction, how she could become that therapist, and which parts of that ideal image were probably not possible or feasible). In supervision, when the focus was on the supervisee there was too little emphasis on the inner world that the supervisee brought to the session.

A classic dilemma in psychodynamic supervision is the 'teach or treat' problem. Does good supervision focus on the unconscious conflicts of the

supervisee, or should the supervisor focus on transmitting knowledge? Martin Rock (2000) described this dilemma as a polarization or split in the relationship between the supervisor and the supervisee. Rock claimed that the supervisee's difficulties in learning stem from unresolved 'characterological' difficulties. From this perspective, it is the role of the supervisor to help the supervisee untangle his neurotic relationship with the patient. In my study, most of the supervisees did not experience the 'treat' elements of supervision. If they were in distress, their supervisors suggested that they go to therapy as part of their training. The supervisees did not describe mutative experiences (identification and internalization) with the supervisor; rather they felt a sense of lack regarding this issue. The 'teach or treat' dilemma appeared to be a subject particular to supervisees who received classical supervision where the boundaries between professional knowledge and personal issues were reinforced (Frawley-O'Dea and Sarnat, 2001).

Focusing on the 'teach' aspects of supervision, Schon (1987) raised a fundamental question about relationships which are created in order for a person with more knowledge to effectively impart some of that knowledge to another. The difficulty in understanding and measuring what really happens in supervision can partially be attributed to the fact that some of the experiences in our lives which shape and form us both personally and professionally are 'undiscussable' and 'indescribable', that is, beyond the power of words (Schon, 1987)**.**

Using the phrases single loop learning and double loop learning, Argyris (1982) explored the difficulty of learning in supervision. Single loop learning requires locating an error in the supervisee's judgment. This is followed by an adjustment of the supervisee to the system the supervisor is advocating without exploring the beliefs and values of the supervisee. Double loop learning is a higher order of learning and entails a creative approach to the 'problem' which may focus the error on the rule bound system and empower the supervisee. Double loop learning entails critical reflection on the beliefs and values of the system and allows for change.

Schon and Argyris maintained that in order for individuals to learn, they need to feel that they have an active part in the process. The relational space between supervisor and supervisee in psychodynamic supervision may provide new insights and meanings to help supervisees working with patients suffering from various kinds of distress (Yerushalmi, 2013). Supervisors and supervisees reflect on the development of the therapeutic treatment and the transference-countertransference events. Using the terms reflection-in-action to describe the personal authentic response of the supervisee and reflection-on-action to delineate the professional conceptual position, Yerushalmi suggested that there is a need to learn to combine the two types of 'knowing' and response. This allows the personal authentic value of the supervisee's response to confront the supervisor's authority and to challenge the rules of the system. An acceptance of a personal authentic response would be considered double loop learning.

Most of the supervisees in my study received supervision in the classical mode during the earlier stages of training. Towards the end of their training, most of their relationships with their supervisors became intersubjective. Classical supervision, rarely addressed the self-perception issues of the supervisee. The failure to process these issues seemed to affect the agency of the supervisee in her relationship with her supervisors by fostering dependence and by the supervisee's avoidance of bringing difficulties to supervision. The supervisor - supervisee relationship usually remained untouched until the evaluation session at the end of the year. This was a loss, as supervisees remained self-protective when they were not aware of how they were perceived. Sometimes this led to the development of a 'false professional self' (Frawley-O'Dea and Sarnat, 2001).

In my study, the 'real' relationship in psychodynamic supervision appeared to exist and was contingent on the two people involved in the interaction. Buber's (Hess, 1987) description of 'inclusionary relatedness' clarified how innocuous meetings between people can create a bond which is meaningful for both. Metaphorically, the supervisor stepped in front of the theory and proclaimed: 'I think, feel believe,'. This allowed the supervisee to experience the supervisor as a 'real' person in external reality (Winnicott, 1989). Psychodynamic supervision which rests only on theory and interpretations of the countertransference may give both the supervisor and the supervisee a feeling of 'playing their respective roles'.

The categories which emerged, and were constructed from the data, included various aspects of the supervisees' inner experiences.

1. Becoming a psychologist, the need to understand. This category suggested that the expectation of supervision would be in the direction of questioning and exploration, and not a quest for immutable truths.

2. Coping with the training process-supervisee agency:

2a. managing anxiety and developing trust. The role of the supervisor in helping the supervisee to regulate anxiety was enormous. There was no one else to fulfill that role. If anxiety was not sufficiently regulated in the supervision, then trust did not develop. Lack of trust affected professional development by influencing the supervisee to bring her 'successes' and not her areas of conflict, a process which reduced rich opportunities for learning.

2b. 'not knowing' - the experience. Not knowing encompasses the realms of procedural and theoretical knowledge. The procedural knowledge was required to bring together the subjective experiencing of the client and the supervisee and the relationship between them. This part remained in the not knowing realm, but after most supervisory sessions, the supervisee knew a little more. When the supervisee had advanced to the level where she had learned and internalized some of the psychodynamic theories, 'not knowing' was easier to accept.

3. Searching for the ideal supervisor; and 4. Working with the supervisor in the relationship - a process of empowerment?

These two were the core categories and the tension between them explained most of the variation in the study. Most of the supervisees were searching for someone who could help them navigate the maze of both

procedural and theoretical learning. Their 'secret' hope was that this figure would be a model for inspiration and emulation. The need to idealize the supervisor was slowly weakened as the supervisee gained knowledge, experience and confirmation from the supervisor. The confirmation emerged from the changing relationship with the supervisor, as the supervisee developed a sense of her own efficacy, and heard herself presenting her material in a different voice (symbolic interactionism). There was a shift in the shared meaning and goals of supervision. The relationship became intersubjective. The supervisee became more active in thinking, reflecting, writing and analyzing, and the supervisor assumed a more passive role, listening, commenting, and interpreting. Some supervisees became more aware of the supervisor as a person.

From the perspective of object relations, the supervisee projected the role of ideal supervisor onto the supervisor. 'Destroying' the internal ideal object, seeing the supervisor as an external object in the real world (Winnicott, 1989), and as a subject in her own personal and professional world (Benjamin, 1988) was described by Klein as moving into 'the depressive position' (Segal 1964). This means that the ideal supervisor does not exist, and the supervisee will probably not be an ideal therapist as well. Klein denoted the sense of mourning that accompanies the acceptance of self and other as imperfect beings. Yet it is a necessary step in development and in the acceptance of an external reality. Accepting the limitations of the supervisor and of herself, the supervisee felt somewhat liberated and empowered.

The supervisee's regressive responses in supervision were not addressed in my study. In their landmark book, Frawley O'Dea and Sarnat (2001) wrote that the supervisee unconsciously seeks

> "ways that the supervisor may be available to participate in a relationship that differs in important ways from the supervisee's unresolved internalized object relations, and that will allow him to identify in this regard with the supervisor in his work . . . as supervisor and supervisee discuss the patient's problem, they communicate . . . about the supervisee's problem" (p117-118).

Becoming a clinical psychologist appeared to be a developmental process which was affected by supervision, time and maturation (Worthen and McNeill, 1996). Each supervisee entered the field with her own expectations and needs. The process of training brought each supervisee face to face with her own projections, her personal search for the ideal supervisor. She also had to cope with her own perceptions regarding her abilities and limitations, and her beliefs regarding her personal suitability towards being a psychodynamic clinical psychologist. Towards the end of the training, as the licensing exam came closer, most of the supervisees were able to separate from their internal supervisory objects and become more active, assertive, reflective and therapeutic in their own right.

Sometimes the supervision was an empowering process, but most times it was just an important part of the training process. Those who experienced the supervision as empowering felt that they had a unique relationship with the supervisor, that they were 'seen' and 'recognized', and that in supervision they were given a transitional space in which to process their

experiences as psychodynamic therapists, and to begin to use their professional voices and understanding. The supervisory relationship appeared to have a beneficial effect on the supervisee's professional identity if the supervisor believed in the supervisee's abilities and managed to transmit this feeling to the supervisee. Meaningful supervision strengthened the supervisee as a person and not just as a psychologist. This was a worthwhile goal.

5. Professional identity - continuing the process of becoming a clinical psychologist; 6. Shift in self-perception - is it transformative or cumulative? and 7. Professional self-transcendence - becoming a supervisor..

Since all the participants had high levels of self-awareness and self-criticism, the examination process did not answer all the deep questions they had about their abilities. It would only be later, after years of working in the profession, that they could possibly look back, reflect, and understand their personal development.

Participants who had experienced supervision in the relational mode appeared to be on a path that was less conflictual and less dualistic. Having experienced mutuality in their training process, their perception of themselves as becoming competent was enhanced by supervisors with an intersubjective approach. It appears that the experience of 'not knowing' had been 'normalized' (P4), as a concept that applied to both the supervisor and the supervisee at different points in the supervision. The relational mode of supervision touched more directly on the self-perception of the supervisee from the beginning stages of training and,

therefore, sidestepped the dualistic concepts of the classical approach regarding who 'knows' and who doesn't 'know'. The results of my study suggest that relational psychodynamic supervision is the method which empowers the supervisee by providing mutuality and open dialogue in an asymmetrical relationship.

The participants exhibited humanistic traits in their practice of becoming supervisors. They were close to their own experiencing as supervisees and remembered their anxiety and confusion. They directed their attention to the supervisee's experiencing without hurrying to judge or determine if the supervisee was an appropriate candidate. The participants were trying to be attuned to their supervisee's needs by 'giving back', a form of self-transcendence. They modified their search for the ideal therapeutic response, both from their supervisees and from themselves.

However, beyond the differences of the two modes of supervision, there is merit to examining the possibility of working with both approaches. As constructivist grounded theory has the seeds of objectivist grounded theory embedded in its root system, it might be challenging to think of classical psychodynamic supervision providing not just the historical foundation, but also the epistemological base for the relational approach. The classical psychodynamic tradition focused more on microscopic depth, while the intersubjective approach allowed more room for the context.

In relational supervision, focusing on the 'small' details and non-verbal communications in a reflective manner undoubtedly heightens the sense of a visceral experience which cannot be accessed in any other way. However,

this process, it seems to me, can only be meaningful within the parameters of the 'inclusive and broad processes' which is the focus of classical supervision through the understanding of transference, countertransference, projective identification, and interpretation (Yerushalmi 2013), and which do contain a power of their own. The 'truth' appears to exist in the space between the opposing points rather than in the determined polarity.

In the intersubjective relational mode, where the boundaries are more permeable, the supervisees were allowed more self-disclosure and temporary focus on personal issues. In this mode, less importance was attributed to the differences between the personal and professional self as both were seen as integral parts of the same person and both are necessary for professional development.

Once my final draft has been accepted, I will approach the head psychologist of the mental health centre, and the head psychologist of the student counselling center at Ben Gurion University to organize a seminar, and later a one day workshop based on my findings. As my relationship with these two directors is professional and positive, I believe that they will be supportive in helping to disseminate the results of my study. Also, I will publish my findings in professional journals. If my research produces sufficient results, I would consider writing a book on psychodynamic supervision.

4.4 Reflections

My attraction to the relational field emanates from a personal, spiritual direction, suggesting that we are here to touch each other's lives in profound ways. These encounters, moments of recognition, of illumination, usually happen in relationship with another. There are, I believe, highly developed individuals who are capable of self-development and self-transcendence on their own. Most of us require, the 'other', and live in the world with others. Our becoming and being are partially the results of the many contexts in our experiencing.

I began this program with an idea in mind. I wanted to find a subject that would illuminate one of the areas that were meaningful to me in my working life. My belief that each person is entitled to mental health care facilities, including psychotherapy for individuals who cannot afford private therapy, has kept me working in the public domain most of my working life.

The mainstay of my work is psychotherapy and supervision. I have spent most of my working life as a therapist receiving supervision, and as a therapist supervising others. When I trained as a psychodynamic clinical psychologist, I had been working as a licensed educational psychologist for many years. I experienced deep frustration in trying to accommodate my active 'doing' style to a more psychodynamic presence in the therapy room. My professional identity was changing and, this was a very difficult process for me. I was in a state of transition, where my previous knowledge was no longer sufficient.

I was fortunate to have supervisors who were sensitive to my dilemma, and supported me through my struggle. It was a profound experience and continues to shape me as a clinician and as a supervisor. I am as interested in the supervisee as I am in the client. As a supervisor, I met some trainees who had endured traumatic relationships with one of their supervisors. The power of a supervisor through his evaluation, which can halt or slow down the development of the trainee's progress, is substantial. Occasionally, I would supervise a trainee and struggle with my evaluation, being doubtful about her ability to work independently as a licensed psychologist.

My proposal was written in a reflexive style and I am pleased to have the opportunity to do reflective research. I have learned about grounded theory in preparation for this study. It is an exciting tool as it brings together many features which interest me deeply. I enjoy interviewing others, and have good listening skills. My training as a therapist has helped me to develop rapport and convey unconditional regard. However, the most interesting aspect of grounded theory for me is abductive reasoning. It is an admission that we often do not know the whole truth or the whole story, but given enough information, we can generally infer enough to present a reasonable explanation. I think that this particular skill is one we use often when listening to others, raising hypothesis and conjectures, and strengthening or nullifying them as more information appears. I intuit that many of us are scientists creating theories as we plough along.

The preparation of this thesis has afforded me an opportunity of reading and learning about psychodynamic supervision and supervision from an

academic perspective. This has somewhat ameliorated some of my sense of 'not knowing', which has spurred me on to being a student most of my adult life and, it seems, even into my formal retirement years.

When I began my research, I believed that psychodynamic supervision is experientially different from therapy. Supervision has an educational component which is prominent in the interaction. However, therapy has an educational component as well, and emotional restructuring may be the result of 'learning' about oneself. In the process of doing my research, reading the literature, and working on the results, my opinions have shifted.

I now view psychodynamic supervision as experientially similar to psychodynamic therapy. Both experiences are similar in their aspirations-inspiring hope and searching for meaning. The goals of therapy and supervision are different, but the experiential styles are very similar. A client coming to therapy often feels that there is a problem or a lack of balance in their lives. They hope that the therapist will enable them to understand levels of their experience that are not accessible to them. The 'why' questions are often prominent-as people in distress seek concrete answers. The path of psychodynamic therapy is not linear, and so the cause and effect questions become redundant early on in the process. This can be a source of frustration, as the relationship with the therapist, time and maturation, are required to begin to apprehend the deficits in our experiencing, our abilities, and our style of connecting to others.

I now believe, that the supervisee coming for supervision begins the process with many 'why' questions, even as she knows that the answers will take time to arrive. The supervisee is stressed as there are many things she should know as a result of her training, even though she is just beginning to work as a therapist. As I mentioned in my thesis, epistemology is very present in the supervision process and raises many questions - what does the supervisee know and how is this manifested in her work, what doesn't she know that she should know, and how much of what she doesn't know should be revealed or masked by either the supervisor or the supervisee..

Beyond the supervisee's personal characteristics, the relationship with her supervisors apparently determine how she will perceive herself when the training has ended and she is licensed.

This process has educational components, but it is a holistic endeavour and as such affects all parts of the supervisee's experiencing, both her personal and her professional self.

My findings, hopefully, will contribute to an experiential understanding of psychodynamic supervision in the training of clinical psychologists and my recommendations will increase current knowledge about the development of a professional identity.

Chapter 5: Implications for psychodynamic supervisory practice

There appeared to be a gap between the supervisees' expectations of supervision and the actual experience. It would be worthwhile for supervisors to keep this in mind and to 'follow this trail' through the process of supervision. If the expectations are not processed, resistance might be aroused, as supervision is not what it is supposed to be.

The supervisee's high level anxiety probably needs to be addressed in the supervision occasionally, partially in order to help regulate it, and partially to let the supervisee know that the supervisor is aware of the experience.

The supervisor's self-disclosure appears to be a useful act in normalizing confusion and identifying with the supervisee.

It could be interesting to schedule a supervisory session occasionally in order to discuss a theory, and to try to connect the theory to a specific case. This can remind the supervisor and the supervisee that supervision is for procedural and declarative learning.

A permanent setting and a sense that the supervisor is engaged and interested seem necessary for supervision to be meaningful.

There are questions regarding the attitudes and personal values of the supervisor.

> "Formal consideration of how personal values can influence and enhance the morality and ethicality of decision making is a crucial aspect of the supervisory process" (Jones, 1998).

Levinson warns of the hidden dangers of an expert supervisor 'teaching' a supervisee. The real goal of supervision encompasses existential goals of inspiring hope and elucidating meaning from the experiential process (Levenson, 1982; Jones, 1998).

There are elements of 'reality' which enter the relationship of both the therapist and client, and the supervisor and supervisee. As Freud said: "Sometimes a cigar is just a cigar". It is not just the countertransference difficulties which make psychodynamic supervision very complex. It is also the real questions that the supervisee experiences regarding the personality, knowledge, values and attitudes of the supervisor, which determine whether the supervisee wants or can learn from this person. Our personal beliefs and values are fundamental underpinnings to becoming a therapist. Our response to others emerges out of who we are in addition to what we have learned and believe.

Chapter 6: Recommendations for further research

It could be interesting to interview a group of supervisors in order to determine their experience of supervision - how do they see the supervisees, what do they think promotes growth and development, do they perceive the supervisees undergoing a process which affects both their personal and their professional selves? What are the challenges in providing supervision to a supervisee whom the supervisor feels may not be an appropriate candidate? Do the supervisors feel that they have changed or have learned from their experiences with the supervisees?

It is possible that many psychodynamic supervisors use a mix of both classical and intersubjective supervision. It could be interesting to test this hypothesis in a study.

Future research could focus on interviewing supervisory dyads in order to assess the similarities and differences in their experiencing. This could clarify the congruence or non-verbalized conflicts in the interactions. Doehrman's (1976) classic study of parallel process with supervisory dyads made a major contribution in understanding the use of enactment in supervision. Research on parallel process is extensive; however, some aspects have received little attention, for example, religious and political beliefs.

It would be worthwhile to assess whether the maturation process of practicing in the field as supervisors has generated changes in their perspectives on their training as supervisees. I envision this process being examined in two ways: (1) a comparison between newly licensed (as in this

study) and veteran (7 -10 years) clinical psychologists; and (2) in a longitudinal study with the participants of the present study in five to 10 years' time. Ronnestad and Skovholt (2013) addressed the role of maturation in the professional developments of counselors and therapists through the different stages of their lives.

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Appendix 1: Letter of consent

Dear psychologist,

My name is Lily Degen and I am a Clinical psychologist and supervisor.
 I am currently conducting a research study on the experiences of clinical psychologists as supervisees. I am writing to ask if you would be willing to participate in a discrete interview relating to your experiences as a supervisee previous to your licensing exam. There are currently few studies exploring the supervisee's experience in the training process. My study will be retrospective as I am interviewing licensed clinical psychologists who have completed their licensing exam within the last three years. I am interested in the subjective experience of each participant, as I believe that we have much to learn from each other, particularly in such a difficult profession. The information is for research purposes only and will be strictly confidential. The research will be published, but all personal data will be anonymous. The recordings will be deleted as soon as the interviews have been transcribed, and the interviews will be transcribed using pseudonyms.

I estimate that the interview will take from 60 to 90 minutes. If, at any time during the interview or afterwards, you wish to withdraw, I will respect your choice.

Thank you in advance for your willingness to participate.

I can be contacted at degen.lily@gmail.com, or by telephone 0523-747166.

Sincerely,

Lily Degen

Clinical Psychology Specialist and Supervisor

I agree to participate and to the above conditions.

Signature of participant_____