

LEARNING PSYCHOTHERAPY:  
HIGHLY CHARGED BECOMING THROUGH THE OTHER

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## Abstract

The purpose of this study was to identify and investigate the domains and processes that novice supervisees identified as being important for learning psychotherapy during their first psychotherapy practicum. The study also sought to examine how these domains developed over the course of the practicum. A series of 4 in-depth interviews were conducted with 5 volunteer novice psychotherapy supervisees while undertaking their first psychotherapy practicum. The interviews alternated between a) open-ended Narrative Interviews, and b) open-ended Interpersonal Process Recall Interviews based on audiotaped recordings of a recent psychotherapy session. The interviews were transcribed verbatim and analysed using the grounded theory method. The emerging hierarchical and process category structure derived from the analysis represented the understanding that was derived from the analysis. The core category was interpreted as “Highly charged becoming through the other”. This category represented how supervisees’ meaning networks and the modes of processing that they engaged in were grounded in, and emerged through reciprocal interactions with the client and supervisor. The second level categories, “Original Paradigm”, “Relationally-based Experiential Learning” and “Original Paradigm Revised”, depicted the steps involved in the learning process. Supervisees entered the practicum with an idiosyncratic and pre-established Original Paradigm or world view that included a theory of practice. Ongoing and reciprocal interactions with the supervisor and client, through Exposure, Exercising Agency, Reflexivity and Relationship, shaped its evolution. Explicit features of the Original Paradigm were clarified while implicit aspects emerged. Through interactions with the supervisor and client, the Original Paradigm was bolstered and refined. It was

also expanded. Supervisees acquired a growing appreciation of the client's agency, developed an understanding of psychotherapy as a unique form of discourse, and worked at integrating the personal and professional self. The implications of viewing learning psychotherapy as a form of experiential learning dependent on interpersonal interactions with the supervisor and client are outlined, in addition to directions for future research in this area.

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## Preface

Clinical supervision is a core requirement of every accredited programme in clinical psychology in North America. It is not surprising, therefore, that in recent years supervision research re-emerged as an important area of study. Existing models of therapist development distinguish the beginning stage or phase of supervised training as a unique and important time in the professional development of psychotherapists (e.g., Hess, 1987; Hogan, 1964; Loganbill, Hardy & Delworth, 1982; Owen & Lindley, 2010; Rønnestad & Skovholt, 2013; Stoltenberg, McNeil & Delworth, 1998).

The experience of working with clients in the first psychotherapy practicum is described in the literature as a particularly compelling and important component in professional preparation (Baker, Daniels, & Greeley, 1990; Bischoff, Barton, Thober & Hawley, 2002; Fitzpatrick, Kovalak & Weaver, 2010). Yet despite these assertions, research undertaken with the intent of enhancing the conceptualization and practice of psychotherapy supervision early in supervisees' preparation has tended to overlook how supervisees learn.

Thus, despite being identified as psychology's "critical teaching method" (Holloway, 1992), or "cornerstone" in the preparation of psychotherapists (Falender & Shafranske, 2004), there has been relatively little in the literature that treats supervision as an educational undertaking with specific learning domains and processes associated with the acquisition of new, or modified existing knowledge, skills, values, or preferences (Cabaniss, Arbuckle & Moga, 2014; Watkins & Scaturo, 2013; Worthington, 2006). The contribution that the supervisee makes as an active participant in his or her learning tends to be overlooked. This gap in the literature becomes increasingly glaring

in light of the expressed view that although supervisee development is characterized by some form of experiential learning (e.g., Binder & Henry, 2010; Carroll, 2009; Farber, 2012; Howard, Inman & Altman, 2006; Ladany, Friedlander & Nelson, 2005, Milne & Reiser, 2012), there is very little information on the precise constituent processes of experiential learning as it pertains to supervisees' development (Folkes-Skinner, Elliott, & Wheeler, 2010; Hill & Knox 2013; Milne, 2014; Rønnestad & Skovholt, 2013).

The current study was undertaken to redress this "learning gap". My interest in this area dates back to my Master's thesis where I conducted two open-ended interviews with each of seven graduate students (with varying degrees of experience) while they were enrolled in an 8-month psychotherapy practicum. During these interviews, supervisees were asked to identify and describe significant practicum experiences. Several key conceptualizations emerged from the grounded theory analysis of their descriptions. I developed a process understanding that outlined the types of overt and covert activities that interns engaged in while learning - activities that included experimentation, monitoring and assessment of their own actions and their clients' responses, reflection, supervisory discussions and re-evaluation. These activities were understood in terms of two main categories. The first *idiosyncratic meaning networks* category identified supervisees' network of beliefs associated with psychotherapy and highlighted the importance they placed on their own beliefs throughout the duration of the practicum. The second main category, *the interactional nature of learning psychotherapy*, referred to the role played by supervisors in supervisee learning within the context of the supervisory relationship.

The results of this earlier study pointed to the importance of the conceptualization “*meaning network*” as a way of describing how each intern’s own viewpoint on psychotherapy influenced the way they engaged in the learning process. I wondered, however, to what extent supervisees’ meaning networks contributed (or failed to contribute) to their interactions with clients during psychotherapy sessions. Additionally, I wondered if the relationship between principles, beliefs, intentions and actions in psychotherapy sessions conducted by supervisees changed over the course of the practicum. The analysis also highlighted the interactional nature of the events and processes that supervisees deemed to be significant for their learning. Indeed, each intern who had participated in this research clearly stated, without exception, that “experience”, that is, engaging in psychotherapy with clients and participating in supervision, was an essential aspect of this particular learning process. I wanted to investigate further the interactional nature of learning by investigating what supervisees meant by the term “experience”.

The purpose of the present study was to extend this earlier research by conducting a series of open-ended and in-depth qualitative interviews exclusively with supervisees enrolled in their first supervised psychotherapy practicum. Interviews included both open-ended narrative interviews, as well as an examination of supervisees’ moment-to-moment interactions with their clients via interpersonal process interviews (Kagan, 1984). The study had three objectives: a) to continue to delineate aspects of the practicum that supervisees themselves identified as important, b) to investigate the processes through which supervisees’ perceptions and actions associated with psychotherapy developed during this undertaking, and c) to extend the

examination of the interactional nature of learning by focusing on supervisees' interactions with their clients and supervisors.

I had assumed in my Master's thesis that the supervisees themselves were in the best position to describe their experience of learning psychotherapy. I found that the open-ended approach to interviewing and the grounded theory method of qualitative analysis I used yielded a useful way of conceptualizing supervisees' experience in a manner that systematically relied on their own descriptions. I decided, therefore, to continue with this methodology and apply this approach to the current study.

## **Introduction: Highly Charged Becoming Through the Other**

While there is a dearth of studies on the supervision and training of novice supervisees that adopt a specific learning perspective, factors relevant to what supervisees actually learn and how they learn can be found embedded in the research literature on supervision and training, particularly in studies that rely on supervisees' qualitative descriptions of their experiences as data.<sup>1</sup> Strong arguments have been made for the use of in-depth, first-hand accounts of supervisees' experiences during supervision as a means of accessing rich, descriptive information on supervisees' personal perspective and personal meanings of the endeavour (e.g., Angus & Kagan, 2007; Hill & Knox, 2013, Stoltenberg & Rønnestad, 1992; Watkins, 2014).

A review of research examining supervisees' perspectives on the often covert processes associated with the beginning stages of training and supervision, as well as research that investigates interactional processes by looking at the impact that the client has on learning, have highlighted several relevant areas of interest. Emotional self-management, for example, has been identified as one such crucial area. Research relying on first-hand accounts of training and supervisory experiences has consistently found that novice supervisees face intense emotional reactions as they prepare for and begin to work with clients. It is an undertaking distinguished by pervasive anxiety (James & Allen, 2004; Melton, Nofzinger-Collins, Wynne & Susman, 2005; Skovholt & Rønnestad, 1992; Williams, Judge, Hill & Hoffman, 1997; Worthen & McNeill, 1996), wherein supervisees feel vulnerable (De Stefano, D'Iuso, Blake, Fitzpatrick, Drapeau &

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<sup>1</sup> For the purposes of this study, training refers to skills training courses and workshops that use analogue situations (e.g., role playing, volunteer clients). In contrast, supervision refers to students practicing psychotherapy with real clients under the guidance of a qualified supervisor.

Chamodraka, 2007) experience self-doubt regarding their competency or efficacy (Burgess, Rhodes & Wilson, 2013; De Stefano et al., 2007; Howard, Inman & Altman, 2006; Lee, Eppler, Kendal, Latty, 2001; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Turner, Gibson, Bennetts, & Hunt, 2008; Williams et al., 1997; Worthen & McNeill, 1996), engage in self criticism (DeStefano et al., 2007, Melton et al., 2005, Hill, Sullivan, Knox & Schlosser 2007), guilt for not living up to their expectations (Truell, 2001) and shame over the exposure of perceived flaws that present a threat to their sense of identity or reduces their standing in the eyes of another (Ladany, Klinger, & Kulp, 2011). At the same time, supervisees feel proud and happy when they perceived themselves acting effectively and/or helping the client (James & Allen, 2004; Melton et al., 2005; Turner et al., 2008).

Investigations into the ways in which this emotional impact is ameliorated have typically focused on supervisor behaviours that help supervisees manage the emotional impact of the practicum. These include normalizing supervisees' emotional reactions (De Stefano, Atkins, Noble & Heath 2012; Folkes-Skinner et al., 2010; Hill et al., 2007; Skovholt & Rønnestad, 1992; Ladany et al., 1997, 2005; Worthen & McNeill, 1996), validating their efforts, (De Stefano et al., 2007) and encouraging self-exploration (Ladany, O'Brien, Hill, Melincoff, Knox, Peteresen, 1997; Ladany et al, 1997, 2005; Truell, 2001). However, an examination of the ways in which supervisees themselves manage emotions has been minimal. There are only two analogue studies<sup>2</sup> found in this area that examined trainees' in-session efforts at affect regulation. Williams et al., (1997) found that focusing on the client, using self-awareness, and suppressing

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<sup>2</sup> Participants enrolled in an introductory graduate course that included role playing and interacting with "volunteer" undergraduate clients.

negative feelings were used, whereas Hill et al., (2007) found that trainees engaged in positive self-talk and practiced mindfulness to manage their anxiety.

The role that supervisees' reflective practices (e.g., self-reflection, self-awareness) play in learning has also been identified as important (Ensink, 2013; Elliott, Watson, Goldman & Greenberg, 2004; Hill & Lent, 2006; Ladany, Friedlander & Nelson, 2005; Ronnestad & Skovholt, 2013; Watkins & Scaturo, 2013). Although there is a lack of agreement on the key elements that comprise "reflective practice" (Kaslow, 2006), there is preliminary evidence that points to its potential importance in novice supervisees' learning experiences, either as an outcome of training or as an activity necessary for the process of learning itself.<sup>3</sup>

Two qualitative studies examining reflective skill development as training outcome have focused on the impact keeping learning journals had on the improvement of trainees' reflective capabilities (Wright, 2005; Hill, Sullivan, Knox & Schlosser, 2007). More relevant to the question of the process of learning are three studies that specifically looked at the role that reflection-as-an-activity plays in learning per se. Skovholt and Rønnestad's (1992) qualitative analysis of interview responses from a cross-sectional cohort of 100 therapists of different levels of experience, including 20 novice supervisees, found that continual, intentional reflection of significant experiences associated with practicing psychotherapy undertaken alone and with others was a prerequisite for optimal learning and therapist development across all experience levels, including novices. Novice supervisees also identified self-reflection as a necessary and significant learning activity during interviews with Stahl, Hill, Jacobs, Kleinman &

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<sup>3</sup> For the purposes of this review, reflection will refer to self-reflections, or as broadly defined by Hatcher et al, (2007) "...the ability to examine and consider one's own motives, attitudes and behaviors and one's effect on others." pg. 60.

Isenberg (2009) and in their learning journals qualitatively analyzed by Turner, Gibson, Bennetts, & Hunt (2008).

The integration of personal and professional identity and the development of a philosophy of counselling have also been identified as important aspects of learning during the first psychotherapy practicum (Howard et al., 2006; Skovholt & Rønnestad, 1992); however, only one study was found that focused specifically on how this process unfolds. In their qualitative analysis of MA level practicum students' learning journals, Fitzpatrick, Kovalak & Weaver's (2010) found five influential supervisee-centered contributing factors: the supervisees' personal and professional philosophies, their aspirations, their reactions to readings, practice, and reflection.

Research relying on the supervisees' perspective has also identified the client as an important source of learning. Several studies have reported how therapists of all levels of experience, including novices, identify experiences with clients in psychotherapy as a *primary* source of learning (Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 1992) and the "main driver" (Folkes-Skinner et al., 2010) for novice supervisees' development as a psychotherapists. However, there has been very little research that addresses specifically the nature of supervisee/client interactions and how they impact learning. Based on interviews with graduate students following their first pre-doctoral practicum, Stahl et al. (2009), found that supervisees learned not only broad principles about psychotherapy from clients, but also the use of micro-level interventions, higher level helping skills, insights about themselves and about clients, and the importance of the therapeutic relationship. Turner, Gibson, Bennetts & Hunt's (2008) qualitative analysis of the learning journals of two novice supervisees further

highlighted the client's impact on supervisees' personal development, most notably in helping them recognize the importance of genuineness, self-awareness and how personal concerns can impact the therapy.

Burgess, Rhodes and Wilson's (2013) research with doctoral students undergoing their first or second psychotherapy practicum was the only study that has explicitly sought to investigate supervisees' in-session processes. These researchers used Kagan's Interpersonal Process Recall (IPR) method, (Kagan, 1975, 1984) to assist supervisee recall of one of their recorded psychotherapy sessions. They found that supervisees became distressed when faced with unexpected or challenging interactions with the client and that they could only respond with rudimentary in-session reflections during those moments. The authors highlighted the need to develop these limited skills into more sophisticated reflective capacities.

Concurrent with the growing recognition of the need to examine supervisees' learning experiences, a number of methodological considerations have also been identified. Strong arguments have been made for relying on in-depth qualitative methods to access supervisees' first-hand accounts of learning psychotherapy. As supervisees' are "the site of learning" so to speak, they have the most advantageous access to subjective, covert and nuanced learning experiences deemed important to professional development but not necessarily accessible or evident through pre-conceived, quantitative enquiries (Hill & Knox, 2009; Rober, Elliott, Buysse et. al., 2008; Worthen & McNeill, 1996). Focusing on supervisees' descriptive accounts of their experiences also enables researchers to identify potentially significant topics and processes that lie beyond what those responsible for training have considered to be

important (Pascual-Leone et al., 2012, 2013; De Stefano et al., 2012). It also enhances the understanding of complex, often covert factors associated with learning (De Stefano et al., 2012; Milne 2014), thereby enabling the development of more inclusive and enriched models and theories (Hill & Knox, 2013; Holloway & Carroll, 1996; Howard et al., 2006; Rønnestad & Orlinsky, 2005).

Those seeking to study supervisees' learning processes based on first-hand accounts have identified a number of design weaknesses in the existing qualitative literature. First, the need for research that taps into supervisee's "lived" experiences rather than retrospective recollections has been recognized (e.g., Carlsson, Norberg, Sandell & Schubert, 2011; Hill, Stahl & Roffman, 2007). Second, the continued lack of longitudinal studies and the co-existing need to repeatedly access supervisees' ongoing, first hand perspectives have been pointed out frequently (e.g., Bischoff, Barber, Thober & Hawley., 2002; Furr & Carroll, 2003; Hess, Knox, Schultz, Hill, Sloan, Brant, Kellye & Hoffman, 2008; Hill & Knox, 2013; Ronnestad & Skovolt, 2013; Watkins, 2014). Third, the source of data also requires consideration. For example, the existing studies that address supervisees' lived experience rely predominantly on course-required learning journals that are subject to evaluation which may interfere with their willingness to disclose (Howard et al., 2006). As a way of potentially reducing evaluation concerns, carefully planned face-to-face interviews have been recommended (De Stefano et al., 2007; Folkes-Skinner et al., 2010). Face-to-face interviews also have the added advantage of providing supervisees with the opportunity to clarify and elaborate the meaning of their descriptions (Johnston & Milne, 2012).

The existing literature also suggests that working with real clients in a practicum setting, as opposed to volunteer clients in an analogue situation, is a qualitatively different experience (Folkes-Skinner et al., 2010); yet, the majority of studies have depended on analogue role-play counseling situations. Thus, research involving supervisees' who are working with "real" clients is needed (Burgess et al., 2013). Finally, it has also been noted that the examination of more immediate in-session experience is necessary for a fuller understanding of the learning process. To this end, the use of supervisees' recorded psychotherapy sessions (as well as recorded supervision sessions) to enhance supervisee recall of potentially complex and nuanced interactions has been recommended (Burgess et al., 2013; Melton et al. 2005).

In addition to the need for first-hand, immediate accounts of supervisees' interactions with their supervisors, a topic that remains largely overlooked in the literature is supervisees' first-hand reflections on their in-session experiences working with clients. This holds true for research on supervisees at any level of experience, and most relevantly for this study, also holds true for research on novice supervisees. For example, although eight studies (i.e., De Stefano et. al., 2007; Fitzpatrick et. al, 2010; Folkes-Skinner et al., 2010; Howard et al., 2006; Hill et al., 2007; James & Allen 2004; Pascual-Leone et al., 2013) collected data from trainees and novice supervisees on more than one occasion as a means to investigate change over the duration of training, five of eight relied on the qualitative analysis of course-assigned journals (Fitzpatrick et al., 2010; Hill et al., 2007; Howard et al., 2006; Pascual-Leone et al., 2013). Only three studies (i.e., De Stefano et. al., 2007; Folkes-Skinner et. al., 2010; James and Allan, 2004) employed repeated face to face interviews. In-depth

investigations that specifically focus on supervisees' in-session interactions with the client are similarly sparse. Burgess et al. (2013) was the only study found that used recorded psychotherapy sessions to assist recall of the supervisees' in-session experiences with clients.

The limited number of supervisees that have been interviewed while participating in a non-analogue practicum is another drawback of the existing literature. For example, the three studies (Burgess et al, 2013; Nel, 2006; Worthen & McNeill, 1996) that employed a single (i.e., non-repeated) interview design to examine supervisees' non-analogue training experiences relied on 10, 6, and 8 participants, respectively. Of these, only an unidentified portion of Burgess's participants were novices. Furthermore, a minimal number of supervisees have been interviewed more than once. For example, the two studies that conducted repeated face-to-face interviews (i.e., Folkes-Skinner et al., 2010; James & Allan, 2004) each depended on the responses of only a single participant.

In short, longitudinal research that relies on supervisees' perspectives to investigate learning domains and processes associated with the first psychotherapy practicum as well as the nature and impact client-supervisee and supervisor-supervisee interactions on the process of learning is still in its infancy.

## **The Present Study**

The present study was undertaken to address novice supervisees' first-hand, lived experiences of learning psychotherapy while practicing with real clients under supervision. Since the supervisees' themselves were in the best position to describe their experience, this study employed a qualitative approach to data collection and analysis. In order to identify and examine supervisee-identified processes and change, five novice supervisees, enrolled in their first supervised psychotherapy practicum, were interviewed on four occasions over the course of the practicum. The interviews alternated between open ended Narrative interviews and open-ended Interpersonal Process Recall interviews (IPR) of a recently recorded psychotherapy session with a client. The interviews were audio recorded and transcribed and analyzed using a qualitative methodological approach. The intent was to examine supervisees' descriptions of their moment-to-moment, in-session experiences with the client in conjunction with the learning domains and/or processes associated with the client and supervisor that they identified as being important during the narrative interviews. Specifically, this qualitative enquiry sought to address the following three research questions: 1) What are the processes involved in learning to practice psychotherapy during the novice supervisees' first supervised psychotherapy practicum? 2) How do the network of supervisees' beliefs function and/or change during this undertaking? and, 3) How might the interactional nature of learning in this context, including interactions with the supervisor and the client, be conceptualized?

## **Method**

### **Epistemological commitments**

The current study was conducted within the framework of a grounded theory approach to qualitative research (Glaser & Strauss, 1967) known as methodical hermeneutics (Rennie, 2000). This method of qualitative inquiry focuses on elucidating ways of knowing and understanding the human realm (Polkinghorne, 1983). My orientation to this enquiry reflects a number of epistemological commitments that fall under the general rubric of human science. An overview of these commitments follows.

First, there is a real world; however, human knowledge of that world is relative to frames of reference situated in a social, cultural and historical context. In other words, that which constitutes knowledge, and the methods used to acquire that knowledge, is embedded in the investigator's point of view (e.g., Dilthey in Rickman, 1976; Elliott, Fischer & Rennie, 1999). Subscribing to terms such as certainty, objectivity, prediction and control are replaced in favour of a quest for a deeper and broadened understanding of human existence which can aid decision making. In short, the pursuit of knowledge is understood to be in the service of practical reasoning rather than the pursuit of absolute truth (Polkinghorne, 1988). Second, the research is based on the assumption that to be human is to construct experience. The lived experience of a person's daily life is understood to be meaningful and related, not a buzzing, undefined flux (Husserl, 1962). Third, human beings are active agents who act according to intentions, expectations and rules (Harré & Secord, 1972) and who can initiate, direct and monitor their own actions, and make judgments about them (Ricoeur, 1966; Taylor, 1966). Fourth, central to this viewpoint is the understanding that human action is mediated by

meaning (Harré & Secord, 1972). Consequently, the goal of human science researchers is to attempt to understand what respondents' psychological and social worlds mean to them, and to discern the organizing principles and processes that contribute to the construction of those meanings.

This method of qualitative inquiry follows operates under several assumptions with corresponding procedures: 1) the attempt to discern the organizing principles and processes of human experience is accomplished by studying individuals' lived experience in the real world. Here, the focus is first and foremost on understanding individual persons rather than interchangeable subjects, although some approaches to qualitative research (e.g., Rennie, 2000) hold that it is possible to develop understandings applicable to aggregates of individuals; 2) highly complex aspects of human experience are studied in a holistic manner, that is, in a way that embraces the richness, ambivalence and contradictions of that experience; 3) meaning construction is not assumed to be an exclusively conscious and rational process because it is possible that people are necessarily aware of all that contributes to their actions (Taylor, 1989); 4) this view does not presuppose linear causality, but accepts the possibility that people may behave unpredictably or chaotically (Stiles, 1993); 5) a qualitative approach also assumes that the meaning of experience is not directly accessible to the inquirer. The best source of meaning construction comes from people's natural language accounts of their experience with the phenomenon of research interest. Reliance on the respondent's natural language is key to human science undertaking because it reflects and provides access to the way in which individuals order their experience. Consequently, efforts are made to check attempts to force the phenomenon under study

into preconceived interpretive schemes (Kockelman, 1975) and to try to understand the experience within the “language game” of the actor (Winch, 1958).

**An Overview of the Grounded Theory Method of Inquiry.** The present study used the grounded theory method conceptualized as methodical hermeneutics by Rennie (2000). Glaser and Strauss (1967) originally devised the method as a means of supporting an inductive, data-based approach to theorizing psychological phenomenon. Since its inception in 1967, the grounded theory method has undergone several changes.<sup>4</sup> For the sake of clarification, the procedures used in this investigation are more closely aligned to Glaser’s formulation as initially described by Rennie, Phillips and Quartaro (1988) and subsequently elaborated by Rennie (1998, 2000, 2005) and Rennie and Fergus (2006). As such, the following methodological description and critique focus on this branch of grounded theory.

Glaser and Straus (1967) originally devised a set of procedures to analyze the meaning of texts of various sorts such as interview protocols, clinical records or bibliographic material. The objective was to develop theory that was grounded in the text, that is, in understanding the meaning of individual representations, then conceptualizing commonalities among these particulars. The authors recognized that understanding would be relative to the perspective of the researcher and that different researchers may formulate alternative conceptualizations of the data. This “perspectivism” was accepted provided that the formulations were grounded in the data. Since Glaser and Strauss stressed the importance of the raw qualitative data or ‘text’ as

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<sup>4</sup> See Corbin (1998), Glaser (1992), Rennie (1998) and Strauss & Corbin (1994) for a more thorough explication of the split between Glaser, Straus and Corbin.

opposed to preconceived hypotheses in theory development, they advised the researcher to delay the review of the literature until after the analysis was complete.

In this approach, data collection and analysis proceed concurrently. The primary researcher is usually both the interviewer and the analyst, thus allowing him or her to form a sense of the interviewee's account as a whole before it is even transcribed (Rennie, 2000). Initially, data sources (i.e., the interviewees) may be selected on the basis of relative similarity. The transcribed text from each source is then compared in order to identify the commonalities among particulars.

The grounded theory method typically involves working with text such as transcribed interviews. The text is broken into segments. The choice of unit, or text segment to be analyzed, is somewhat arbitrary. For example, Glaser (1978) recommended that interview material be analyzed line by line. Rennie, Phillips and Quartaro (1988) recommended that transcripts be broken up into meaning units, that is, segments of text (e.g., single lines, sentences, complete thoughts) which are seen to express a central meaning (cf Giorgi, 1970).

In the initial stages of the analysis, category generation tends to be descriptive and iterative, that is, the conceptualization of categories is kept close to the literal language used by the respondents (Rennie, 2005). Furthermore, unlike content analysis in which each unit is assigned to only one category, grounded analysis uses "open coding". This entails assigning each meaning unit to as many categories as the researcher thinks applicable, thereby acknowledging that multiple subtle meanings may be encompassed within a single statement.

However, categorization is not limited only to descriptive qualities. The analysis proceeds through several stages of increased abstraction. Higher order categories subsume the properties of the descriptive categories (i.e., shared meanings that appear to thematically unite them or define relationships among them). Higher order categories are more abstract in nature. They may or may not directly refer to in the participants' descriptions; however, their conceptualization needs to be grounded in the data, so that they are derived from the particulars and supported by the data rather than be imposed upon the data (Rennie et. al., 1988). Abstract categories that are not linked to this structure are dropped. As categorization proceeds, the researcher may engage in "theoretical sampling" whereby new sources of data are selected as comparison groups to help define the conditions and limitations of the emerging theory.

Glaser and Straus (1967) recommended several procedures to help keep the analysis grounded. For example, the constant comparative method requires that the analyst continually compare the meaning of a given segment of text (and subsequent categories) to the meaning of other units to support the interpretation of commonalities and differences. This procedure helps to refine category descriptions, identify relations between categories, as well as assist with the development of higher order categories. Additionally, researchers are advised to record the ideas and responses they have to the data throughout all stages of the analysis in a research log. This process, referred to as "theoretical memoing", serves several functions: 1) It helps the research identify and record expectations, hunches, hypotheses, questions, etc., as they appear to identify tacit, guiding assumptions which in turn increases the possibility that they be set aside, thereby reducing their influence on the analysis; 2) it make those biases of which

they are aware explicit when writing up the returns of the analysis; 3) it assists the researcher to consider themes and patterns within the data when engaging in higher order categorization. In short, theoretical memoing preserves ideas, insights, and speculations that may be premature and provides a record of the development of the theory (Rennie et. al., 1988).

Categorizing continues in a hierarchical manner with the categories at one level of the structure serving as the properties of the category or categories of the next level of analysis. As the analysis proceeds, categories often become saturated. Additional protocols reveal no new categories, properties or relations among them. Saturation often occurs after the analysis of 3 to 10 protocols (Glaser & Strauss, 1967; Hurst, 1999; Levitt, 2002; Piantanida, Tananis & Grubs 2004; Rennie et. al., 1988; Tweed & Salter, 2000; Watson & Rennie, 1994). In the final stages of analysis, attention is turned to determining the most central or core category. The core category is typically the most abstract, representing an overarching theme that colligates all the other previous conceptualizations. Completing the analysis does not mean that further conceptualization is not possible. Rather, it means that the analyst believes that the model is sufficiently useful to share with his or her community of enquirers.

Rennie (2000) has argued that when the grounded theory method is viewed as a hermeneutic endeavor, (i.e., as an attempt to understand via the interpretation of text), the tension between the reality of an individual's perceived experience and the relativism of the researcher's understanding derived from descriptions of that experience is made explicit. Methodological procedures, such as the hierarchical approach to coding and categorization, the constant comparative method, and

theoretical memoing, serve to accommodate both reality and relativism.<sup>5</sup> The extent to which researchers systematically identify and reflect on their own perspective helps to make a given standpoint taken during the analysis more explicit. Moreover, category development is grounded in the text. The robustness of categories depends on their relevance to previous categories and new segments; otherwise, they are discarded. In this manner, the remaining categories are supported by evidence derived from the text itself. In sum, Rennie (2000) has argued that the grounded theory method provides a systematic means of searching for understanding that can generate genuine and useful knowledge of the human realm, the anticipation being that the ensuing theory would be both a convincing and valuable conceptualization of the experiences being studied.

### **Participants**

Five graduate students enrolled in an 8-month, 20 hours per week psychotherapy practicum at a university counselling centre volunteered to participate in this research. Each was interviewed four times, for a total of 20 interviews. The supervisees ranged in age from 23 to 45 years. All were novices who had not practiced psychotherapy prior to this practicum. They had never seen a “real” client nor had they worked under supervision. Supervisees had varied professional backgrounds and experiences. Anna had worked as a supervisor in a business setting. Jeanette had worked as a psychometrist on a research project for two years. Lynne had worked in an outdoor education facility for youth and adults at risk. Victor had worked as a hospital aid in a psychiatric hospital. Marci had no previous professional experience. None of the

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<sup>5</sup> Rennie initially referred to grounded theory method as a way of ‘reconciling’ realism and relativism. He later changed the term ‘reconcile’ to ‘accommodate’ because he believed it conveyed a more holistic rather than dichotomous relationship between realism and relativity. (Rennie & Fergus, 2006)

participants had participated in a previous introductory counselling skills training course, although two (i.e., Jeanette and Lynne) were enrolled in a concurrent counseling skills development course at their respective universities. Demographic information is presented in Table 1.

**Table 1.** Participants' Demographic Information

Demographics				
Code	Age	Education Level	Previous Professional Experience	Ethnicity
Anna	45	Masters	Business supervisor	North European Immigrant
Lynne	29	Masters	Outdoor education	West European
Jeanette	28	Masters	Psychometrist	West European
Victor	27	Masters	Hospital Aid	East European
Marci	23	Masters	None	West European

Code – Participant's assigned name

Ethnic – Ethnic Background

**The Practicum Setting.** Supervisees involved in this psychotherapy practicum conducted intake interviews and individual psychotherapy sessions under the supervision of a registered and experienced psychotherapist. Each supervisee was assigned a primary supervisor with whom he/she had a minimum of one hour of individual psychotherapy supervision a week. The supervisees were also assigned to an intake team comprised of three supervisees and their respective primary supervisors. The team met for approximately 2 hours per week to review information gained from intake interviews. No single theoretical orientation dominated the

counselling centre. The orientations of the participants' supervisors ranged from client centred, systems theory, eclectic, to cognitive-behavioural. Supervisees also attended regularly scheduled colloquia presented by supervisors at the centre.

The proposal of the study, which had already been approved by the York University Research Ethics Board, was submitted to the Director of the Counselling Centre who reviewed it with the Centre's staff. The proposed study was discussed and approved without changes. Recruitment occurred during the supervisees' initial orientation session. I presented the intent and format of the study to the incoming supervisees and left contact information with them. Within 3 days, six supervisees contacted me and expressed their interest in participating. After reviewing the research protocol with each, five agreed to participate. The sixth supervisee declined, citing time constraints. I reviewed the written consent forms with each participant (See Appendix A). Participants signed two copies; one for their keeping, the other was retained for my records. A time and date was scheduled for the initial interview.

**The Interviewer.** The study was undertaken with the understanding that the researcher's prior experience and knowledge of psychotherapy would have an impact on the enquiry (Stiles, 1993) and that the inquiry would most likely be different if it was conducted by someone else. As such, there are a few factors that may have inadvertently impacted the quality of the interaction.

First, I had participated in a similar practicum at this counselling centre approximately 5 years prior to the current study. I therefore was familiar with the format of the internship. However, I had not met any of the participating supervisees previously; I did know one of the training supervisors.

Second, I believed that my position as a graduate student (as opposed to a supervising therapist psychologist) may have been beneficial to the interview process. Although some self-consciousness is most likely always present in any interview, I believed that position as a graduate student may have alleviated the power differential somewhat, leaving the interns somewhat freer to discuss a wide range of their experiences.

Third, my own training as a clinical psychology doctoral student has provided me with both knowledge and experience of interviewing people individually. I have had extensive training in developing a good therapeutic relationship and a safe and accepting environment. Additionally, my person-centred/experiential training presumes the necessity of understanding the phenomenological world of the individual, to strive to understand the meaning and relevance of an individual's experience from their own perspective. I had received extensive training in interviewing based on Toukmanian's Levels of Perceptual Processing orientation (1996) - an approach with the specific aim of helping to reach an understanding of the idiosyncratic meaning of clients' statements. I believe that my training in this orientation helped to facilitate the interview process in a way that was in keeping with the purpose of this study, and qualitative research generally.

Fourth, I had conducted qualitative, grounded theory research on learning psychotherapy to meet the requirements for my Master's degree. The two core categories yielded through that analysis, (i.e., *idiosyncratic meaning networks* and *interactional nature of learning psychotherapy*) sharpened my desire to delve further into this area. I wanted to explore the development and possible impact of the

supervisee's beliefs, intentions and emotions over the course of the practicum. I also wanted to have a closer look at the interactional nature of learning. I believed that access to the supervisees' experience of interacting with clients would further my enquiry into these questions.

## **Procedure**

**Ethical Considerations.** Information regarding the research was provided before interviews began to both clients and supervisees. Clients were informed that their sessions were being reviewed by a third party. Consent forms were completed explained verbally and completed by both supervisees and clients prior to each interview. The voluntary nature of the study was emphasized. Participants were assured that their participation was completely voluntary and that they could withdraw from the study at any time. Participants' anonymity was of the utmost consideration. All identifying information was removed from the interview transcripts (*see Transcription*). Code names were assigned to the supervisees. Supervisor and client's names were removed and identified only as "supervisor" or "client". Following each interview, supervisees were asked if there were any parts of the transcript they would wish to withhold from transcription. Audio-tapes were destroyed following the completion of the research.

**Interviews.** Each participant was interviewed on four separate occasions over the course of the practicum. There were no cancellations. Each arrived promptly for the interviews. All interviews were audiotaped. The meetings alternated between two types of interviews: a) *Narrative Interviews (NI)*, which were open-ended interviews during which supervisees were asked to describe whatever they thought was significant in their

practicum learning experience, and b) *Interpersonal Process Recall Interviews* (IPR) were adapted from Kagan's (1984) Interpersonal Process Recall technique. In this approach, audiotaped recordings of a recent (within 24 hours) psychotherapy session were used to assist supervisees' recall of in-session experiences while working with clients. IPR interviews were included to facilitate participants' recall of their moment by moment lived inner experiences. They assist recall of the nuances and complexities of momentary processes and events that may be less readily available in unassisted retrospective descriptions. The purpose for conducting the two types of interviews was to have access to a richer and more comprehensive overview of supervisees' perspectives on their learning and to situate their experience of working with clients within the larger context of themes and processes that they deemed important.

The sequence and timing of the interviews were as follows<sup>6</sup>:

Interview #1(NI) - Narrative Interview, 3 weeks into the practicum in the first semester

Interview #2(IPR) - Interpersonal Process Recall Interview, 3 to 4 weeks following the first NI

Interview #3(NI) - Narrative Interview, 4 weeks into the second semester

Interview #4 (IPR) - Interpersonal Process Recall Interview, approximately 4 weeks before the end of the practicum

*Narrative Interviews (NI): (Interviews #1 and #3).* At the beginning of the first Narrative Interview demographic questions were asked so as to "situate the sample" (Elliott, Fischer, & Rennie, 1999, pg. 221). I also took the opportunity to review the study's procedures and answer any questions. This preamble occurred during the initial

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<sup>6</sup> The number symbol (#) refers to the interview's position in the entire sequence (i.e., 1 through 4). The letters (i.e., NI or IPR) refer to the type of interview (i.e., narrative interview or interpersonal process recall interview)

meeting, otherwise, the two Narrative Interviews consisted of an open-ended inquiry in which supervisees were asked to describe their practicum experience, including (but not limited to) significant issues and/or changes that were emerging for them at that point in training. They were also asked what they perceived to be helping or hindering their learning. Since the objective of these interviews was to maintain fidelity to the phenomenon of learning psychotherapy as it was experienced, supervisees were offered few guidelines. I kept the objective of trying to understand the experience of “learning psychotherapy” firmly in mind; I had no prepared questions and no hypothesis to test. I was prepared to take what was offered to me. The interviews lasted between 60 and 90 minutes, wherein interns were requested to elaborate and clarify the information that they offered.

This, and all subsequent interviews, ended with an invitation for supervisees to provide feedback on both the interview process itself, as well as on what they found to be helpful or not. Supervisees were asked if they were satisfied with the quality and extent of their descriptions. They were invited to provide any additional material that they thought might contribute to a satisfactory description. They were also asked if they were comfortable with the information that they had disclosed, and if they had any reservations about any part of it being used in the study.

*Interpersonal Process Recall Interview (IPR). (Interviews #2 and #4)* Prior to the IPR interview, I requested that the supervisees choose one of their audiotaped psychotherapy sessions with a client. With the exception of the initial or termination session, there were no restrictions on the psychotherapy session they were asked to select. For example, they were not required to use the same client for both IPR

interviews. The taped session was brought to the interview with the signed informed consent of the client. I met with the supervisee within 24 hours of the selected session to review it. The interview began with an orienting preamble discussing the objective of obtaining an account of the supervisee's in-session experience, including their thoughts, feelings, intentions and actions. I emphasized that the exploration of their experience was the primary objective. Supervisees were assured that the interview was not meant as an evaluation of their performance, and that experiences of confusion were just as valuable as the times where they experienced more confidence.

IPRs lasted between one and a half to 2 hours. The chosen audiotaped therapy session was divided into equal thirds. A 30-minute time limit per session third was set in order to curb participant fatigue. When this time had elapsed, I forwarded the tape to the next third and continued the free recall interview. Supervisees controlled the segments of the tape they wished to review. They were simply advised to stop the tape at a point where they wanted to describe their experience. I kept track of the location on the tape the supervisee had selected by noting its position on the tape counter.

Once supervisees selected a segment, they were asked to recall their in-the-moment experiences during the segment as it occurred. Although their descriptions typically began with in-the-moment experiences, they often included post-session reflections. In order to ensure that both the supervisee and I were aware of these differences, I repeatedly reminded supervisees to differentiate between retrospective reflections and in-the-moment descriptions. Requests for elaboration and clarification followed supervisees' spontaneous descriptions. These bids for clarification were guided by questions concerning specific thoughts, expectations, feelings and/or

intentions that supervisees had experienced, as well as their perceptions of the client during the selected segment.

**Transcription.** I transcribed all 5 initial Narrative Interviews myself and hired a professional transcriber to transcribe the remaining 15 interviews. The transcriber was trained in the standards of psychotherapy transcription and preserved all pauses, intonations and emotional expressions (e.g., sighs, laughter). All incomprehensible expressions were noted. All identifying details were omitted from the text and coded names were inserted to represent the supervisees. Identifying information for supervisors and clients were removed. After receiving each completed transcription and tape, I read each transcript with the corresponding tape playing and corrected any errors or incomprehensible words, wherever possible. A total of 20 interviews were transcribed, yielding 1046 pages of double-spaced text.

**Stages of Analysis: A Synopsis:** In keeping with the description of the grounded theory method presented above, analysis proceeded through several increasingly abstract stages. *Theoretical memoing* in the form of a research log was kept throughout as a means of identifying assumptions, questions and hypotheses and to assist with ongoing conceptual development. Additionally, a senior research supervisor audited each level of analysis.

A total of 1023 meaning units (i.e., single lines, sentences, and complete thoughts) understood to express a central meaning were demarcated and categorized descriptively, in many cases using the literal language of each participant. The initial inductive level of analysis started using these meaning units as the primary data source

for category generation. Continual efforts were made to ensure that higher-order, increasingly abstract categories remained grounded in the data of the text.

The set of four interview transcripts of each participant was initially analyzed individually. During this phase, the category "*Original Paradigm*" was conceptualized to represent each supervisee's initial idiosyncratic network of beliefs about psychotherapy. At this point, a summary of the initial meaning network was presented in person to each participant as a way to check this understanding. All supervisees endorsed the initial summary without any substantive alterations.

The analysis subsequently followed the evolution of each supervisee's baseline Original Paradigm across the four interviews. Events that supervisees identified as having a significant impact on their unfolding belief system (e.g., challenges) were noted and categorized on an individual (i.e., supervisee-by-supervisee) basis.

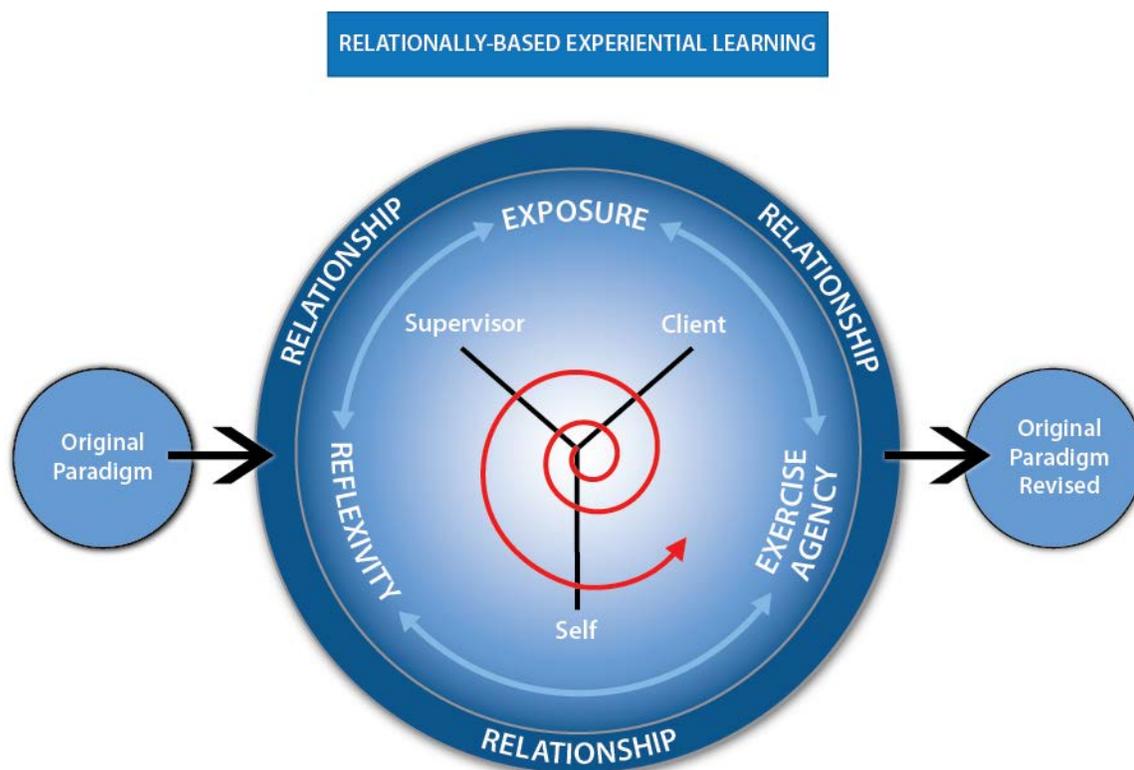
In the second stage of analysis constant comparisons were made between the 5 supervisees' sets of interviews with the aim of identifying commonalities and differences in the ways supervisees engaged in the practicum and their evolving relationship with their supervisors and clients. This stage of the analysis resulted in the development of higher order process categories depicting the reciprocal and reiterative learning processes entitled Exposure, Exercising Agency, Reflexivity and Relationship.

On a more abstract level, the development and evolution of each supervisee's Original Paradigm was subsequently conceptualized as a form of interpersonal, experiential learning. Hence, Exposure, Exercising Agency, Reflexivity and Relationship were incorporated under category Relationally-based Experiential Learning. Finally,

the core category, *Highly charged becoming through the other*, was developed to subsume all categories generated in the previous levels of analysis.

## Results

The overall relationship of higher order categories that emerged out of the qualitative analysis of supervisee accounts is presented in Figure 1. The core category, *Highly charged becoming through the other*, subsumed all other categories. It represented how novice supervisees' meaning networks and the modes of processing



**Figure 1.1** Learning Psychotherapy: Highly charged becoming through the other they engaged in were grounded in, and emerged through reciprocal interactions with the client and supervisor taking place in a highly- charged context of great personal consequence. The three second level categories, “Original Paradigm”, “Relationally-based Experiential Learning” and “Original Paradigm Revised”, depict steps in the

**Table 2.** Hierarchical Process Category Structure

**Highly Charged Becoming Through the Other  
Hierarchical Process Category Structure<sup>7</sup>**

**Original Paradigm**

- Unique theory of causation.
- Grounded in previous personal/professional experience.
- Interwoven with a sense of identity.
- Imbued with an ethic.

**Relationally-based Experiential Learning**

## Exposure

- Meeting supervisor's paradigm.
- Face to face with clients.
- Challenging encounters with the Self.

## Exercising agency.

- Negotiating supervision.
- Directing client-therapist exchange.
- Overriding the "expert".

## Reflexive quest for meaning.

- Contexts for reflexivity.
- Self-referential mode of meaning making.
- Transformative Dialogues.

## Quality of the relationship (supervisory and therapeutic).

- Complexity of Participant's roles
- Reciprocal Positive Mutuality.
- Reciprocal Negativity and Disengagement

**Original Paradigm Revised**

- Original Paradigm prevails.

- Original Paradigm refined.

- Uniqueness of the psychotherapeutic discourse/exchange.

- Original Paradigm expanded

- Interactional nature of psychotherapy.

- Supervisor conduit to new learning.

- Integrating the personal with the professional.

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<sup>7</sup> Appendix B shows an expanded version of this table that includes category properties and number of participant endorsements.

learning process that move from left to right. The category “Original Paradigm” was conceptualized to represent each supervisee’s initial idiosyncratic network of beliefs about psychotherapy. “Relationally-based Experiential Learning” depicts the reiterative and interdependent learning processes and domains that emerged through deeply significant and relationally based interactions with the supervisor and clients. It incorporates both the inter- and intra-personal dimensions entailed in experiential learning. “Original Paradigm Revised” outlines the development and evolution of the Original Paradigm as a result of these interactions with the supervisor and client, representing the way it was bolstered, refined and expanded. Table 2 outlines the hierarchal category structure. Appendix B presents an expanded version of the category structure, including properties and number of endorsements. The elements and properties subsumed under each of these levels are addressed in the corresponding Results sections.

### **The Original Paradigm**

All supervisees participating in this study spontaneously described how they entered the practicum with pre-established conceptions of what would be appropriate and useful in the psychotherapeutic context. Thus, although they were admittedly novices who had had never received formal psychotherapy supervision and never had an individual entrusted into their care as a psychotherapy client, they entered the practicum firmly seated within the sphere of their own unique worldview or paradigm. In the present analysis, this pre-established perspective was identified as the Original Paradigm.

Specifically, the analysis suggested that supervisees' Original Paradigms were not based solely on theoretical knowledge of psychotherapy. Rather, they were manifestations of a "world view" which was grounded in past experience and served as a template from which a set of personally relevant presuppositions and expectations emerged. Several characteristics of the interviews supported this understanding. For example, each supervisee presented a unique theory of causation that encompassed idiosyncratic assumptions about human nature, views on the genesis of psychological disorder and the requirements for change. Moreover, all supervisees stated that previous personal experience had contributed to their preconceptions about therapy. Supervisees' descriptions also suggested that their orientations did not represent an objective, dispassionate point of view. Rather, they appeared to be interwoven with their sense of identity and Self, and infused with a sense of morality. Thus, not only did individual supervisees' unique way of construing the practicum experience "make sense" to that individual, it also appeared to be the most appropriate understanding and, depending on the circumstances, the most ethical or moral one for her/him. The following section provides a more detailed account of each of the above-mentioned features associated with the Original Paradigm category.

**Unique theory of causation.** Supervisees entered the practicum with a unique theory of causation that became evident through an examination of the choice of concepts, language and inferential logic they used to characterize the many aspects of the practicum experience. Moreover, as the following excerpts illustrate, each supervisee's characteristic language and logic was distinguishable from the very first interview. For example, the following excerpt reflects how Anna's view of

psychotherapy revolved around the central theme of helping clients to gain a sense of control.

My general philosophy of people is that they have within them the ability to identify what their issues are, then ultimately in working with a counselor to come to some options or solutions for them that work. This is a way for people to feel they have some control over their life... I think that the basic goal of counseling is to empower the client to take control of their life and to feel that they can make choices so that when they leave counseling sessions or terminate, they won't start to revert back to this feeling of having no sense of control. (Anna #1 NI)

In contrast, Marci approached psychotherapy as a process of solving problems in a straightforward, rational/deductive manner.

I thought psychotherapy was sitting down and helping a client solve a problem directly. I thought it was like, okay, now that's your problem. What are we going to do about it? Here's what I think you should do. What do you think you should do? (Marci #1 NI)

Lynne, in turn, believed that people's lives were determined by unconscious or habitual patterns of relating. She believed that talking about these patterns would do little to change them; rather the real possibility for change lay in moments of self-awareness during therapeutic interactions.

I'm definitely much more inclined toward Gestalt. The place where I feel like therapy can really happen is right now, to what is happening in the transaction....My mindset is that self-awareness is a very potent change mechanism. You can solve a problem as it arises or you can bypass the whole thinking and do the behavioural type of therapy, but the same issues will occur with a different face in your life if you don't deal with the underground issue. This needs self-knowledge, to deepen awareness of oneself. Somehow you have to shake up their reality (Lynne #1 NI)

Victor was very much interested in psychoanalytic psychology, particularly from a Jungian perspective. He identified concepts such as the unconscious, the shadow, transference and countertransference as significant aspects of his view of human nature

and human functioning. Additionally, he believed it was important to be aware of the perceived power and mystique of psychology when considering the role of therapist.

I'm particularly interested in Jung, Jungian analysis and his ideas. I've always had a desire to pursue Jungian analysis training. My Jungian and Freudian psychoanalytic background has always put me in sort of an uneasy state because I think some people would prefer to not address what I consider universal truths of human nature - the existence of the unconscious, the work of defense mechanisms, early childhood experiences in the family, transference and countertransference issues and how your own repressed issues that might get in the way. (Victor #1 NI)

In contrast, Jeanette described her starting orientation primarily in cognitive-behavioural, goal-oriented terms, stating that her aim was to help guide her clients so that they could attain their goals, particularly goals related to social interactions.

My responsibility is to help the patient attain their goals, to get from A to B. As a therapist I've got to help them get there. I think that's something that ah, a good therapist can be able to do, to focus and just sort of guide a person. I try and frame feelings for the client, guiding them towards whatever answer or goal it is that they've come into therapy to work on. I think a lot of clients' behaviours and emotions and confusions are influenced and strongly biased by how they process thoughts and how they perceive social cues, or, misread them. (Jeanette #1 NI)

**Grounded in previous personal and professional experience.** In addition to readily identifying their pre-established orientation to psychotherapy at the outset of the practicum, all 5 supervisees stated that their personal approach to psychotherapy was firmly grounded in previous personal and professional experience. Four supervisees referred specifically to childhood experiences that they believed were relevant in the formation of their particular point of view. Anna, for example, referred to her family history while discussing her goal of helping clients gain a sense of control.

Most families have a dysfunction of some kind and some of them have huge dysfunctions that include everybody. I would say that was my family. Somehow, ever since I was a very small child, I believed I had to save everybody. I was the fixer, the

caretaker and as a result I became very good at observing people. The dysfunctions and abuses that happened in my family were something that was very scary and I thought that if I just get out of the way and stand back, I can figure out when it is coming and who it is coming from. And I found after a while that I could read signs of what is happening, what I need to do to get out of the way, protect myself or protect one of my brothers or sisters. I think that is probably where the whole thing started. (Anna #1NI)

Victor identified his childhood fascination with shamans as a precursor to his interest in Jung.

One of the most important functions of psychologists is to function in society as a professional, professional meaning like having a certain quality about them that makes them official in society as a person to go to, to work on their issues, their sicknesses, be they mental, emotional or whatever. In previous societies, those same functions were performed by other persons, be they priests, clergy, shamans, usually religious. There's almost a religious veneration, you know, towards psychology in general which may have been one of the reasons that attracted me. I've always been drawn to the mystique that there's a secret knowledge somehow that really reminds me of the medicine man, the shaman, or the wise man like Jung's collective archetype of the wise old man. (Victor #1 NI)

Furthermore, each supervisee also referred to the influence previous formal and informal educational experiences had on their current orientation. For example, Jeanette credited her mother with introducing her to books that emphasized the responsibility, choice and potential people have in shaping their lives. She stated how these ideas remained important themes in her subsequent educational pursuits and her current approach to therapy. Marci, in turn, described the strong impact her undergraduate education had on the views with which she entered the practicum.

I came from (university) and knew nothing about psychotherapy. Actually psychotherapy was denigrated there. It was called behavioural science and so we should look at the science. My professors went on and on about how if psychology is going to go anywhere it has to be scientific. Cognitive behavioural was favoured because it was testable. And these are people that I really respected. (Marci #1 NI)

Four supervisees stated that previous employment experiences also had a hand in shaping their current approach. Jeanette had two years' experience as an intake psychometrist where, as she stated, "I have done structured interviews like the SCID to death". She believed that many of the skills she learned conducting assessments would be valuable in psychotherapy. Prior to returning to graduate school Anna had worked in the business world, primarily in supervising and training. Her previous experience as a supervisor bolstered her confidence in the value of empowering people. As she stated, "I have used this approach often and I have found that it works not only because I believe it works, but because it is a way for people to have a feeling that they have some control over their life." (1st NI).

Victor, who had worked part time as a hospital aid in a psychiatric setting, stressed how his experience of talking with patients helped him see them as human beings who were not that much different than himself. As he stated, "I am not afraid of their sickness. As a fellow human being, I can share feelings with them...try to understand it and also try and help them get out of it." He highly valued this sense of shared humanity. At the same time, he was especially suspect of "professionalism", i.e. adopting a role that assumed that psychotherapists were necessarily better or different from their patients.

Lynne had worked at an outdoor recreation centre and had previous exposure to a range of populations prior to her formal training in counseling, "I've worked with clients from kids off the street to drug abusers to senior citizens to single mothers and I take them on wilderness recreational adventures and a lot of informal therapy happens

there.” In the following excerpt, she described the powerful impact working with people outside an institutional context had on her.

I've seen that people can get involved in systems and institutions that are there to help them, but don't treat them as individuals. Don't believe in their strengths. The whole classification of illness, I find it very distressing. I find that given the opportunity, people will rise to an occasion. I've personally seen this more than a hundred times. No matter how they present or what they look like, there are parts of them that you don't see right away and you don't know. There's a lot more there than possibly meets the eye. So that's been very formative to me. (Lynne #1 NI)

Finally, three of the five supervisees reported that they themselves had participated in psychotherapy as clients. As the following excerpts indicate, this experience had a profound influence on their current perspective on psychotherapy.

I've never done a practicum or any clinical work before, but I've done personal work in the Gestalt tradition, so I was very personally influenced by the changes that I made going to a Gestalt group. My experience as a client has been tremendously helpful. (Lynne #1 NI)

I think, you know what really helped the way I am are the role models that I've had as therapists myself. Going through therapy myself has really been useful. (Victor #1 NI)

I've had two personal experiences with therapists. One was a psychiatrist who had two years training in a GP setting and she was atrocious. I consider it an example of how not to do therapy. The second one I had was a marital therapist. I think it was useful just watching my own marital therapist work with me. So that past experience was valuable. It was absolutely perfect to have been in the client's seat. (Jeanette 1ST NI)

**Interwoven with a sense of identity.** The understanding that supervisees' pre-established core principles had emerged from a personally relevant world view was also supported by the associations that supervisees drew between their original perspective and aspects of their identity. For example, each supervisee described how his or her pre-established orientation was associated with his or her sense of "genuine" or "natural" self. In other words, their starting paradigm not only encompassed beliefs or

ideas, it was also experienced as an aspect or reflection of "who they were". These types of references tended to be made when supervisees tried to practice, or were asked to practice, an approach to psychotherapy which represented a significant departure from the Original Paradigm, as is illustrated in the following two excerpts.

For the first few weeks I tried all those things that I was supposed to do, but there were a number of different things that I hadn't done before and I found it very tension filling. I didn't feel I was the kind of person I usually am in helping relationships. I realized, if you use Roger's approach of genuineness, I couldn't do them. The thing that put me over the edge was that I couldn't be that stilted person. It wasn't who I was. And I didn't feel like I was being fair to my clients. (Anna #3 NI)

I don't think I should change the way I am. Like some people I don't think are cut out for certain kinds of therapy and....if it seems fake and false, we're just killing the whole genuineness of client centered therapy. I mean it's one of the major things. If you're not genuine, if it seems fake, then what's the point? (Marci #3 NI)

These excerpts reflect that supervisees felt most natural or genuine when acting in a manner which was congruent with their starting personal paradigm. They believed they were engaging in actions that were consistent with how they saw themselves. Actions that took them too far from their original world view left them feeling artificial, unnatural, suggesting that pre-established core principles were also interwoven with their sense of identity.

**Imbued with an ethic.** Supervisees also reported that their starting paradigms were imbued with an ethic. In other words, their starting orientations were deemed to be appropriate, and in some cases, the most ethical approach to psychotherapy. The following two excerpts illustrate the ethical considerations supervisees were faced with when they were asked to practice something that went against their world view. In the first, Anna gives a passionate counterargument to her supervisor's recommendation that the therapist take a neutral position.

Before I came into this work I personally believed that counselling was not a neutral activity. I think it's nonsense because counsellors are human beings coming from a particular class, culture, social structure, personal family structure. My supervisor believes you have to be very careful and neutral as much as you can, that there must be this observance of neutrality. But in my experience at work or in a helping relationship I don't think that women react that well to neutrality. I have heard women say, and I feel this myself that neutrality is like you are being dismissed, that you are invisible. Here is one human being who is entrusting her soul to you and to have the counsellor be completely neutral would, I think, deny those experiences. (Anna #1NI)

Victor in turn made his ethical struggle quite clear while describing his apprehension and dismay at what he perceived as a false and potentially dangerous professionalism being advocated at the practicum center.

Yesterday a real problem came up. One of Jung's main tenets is to, is to confront the shadow and to realize that we are all human and we all have dark sides. The point is to allow its expression, to accept those aspects of ourselves and to try and become individuated. I came into a real, what I consider a moral dilemma yesterday when we (supervisor and other supervisees) were talking about ethics. The tone in the discussion on the ethics, or the standards for practice was very much analogous to the Ten Commandments. Thou shalt not do this or you'll be condemned to hell or lose your job as good psychologist. But we are, by our human nature, unethical. We don't always know what the right reasons are. To pretend that we are not just by virtue of just being a psychologist I think is dangerous. I'm in a struggle. I'm in conflict because I'm a little bit fearful as to what type of psychotherapists they are going to bring out if they don't confront those issues. (Victor #1NI)

Clearly, supervisees typically felt that acting in accordance with their starting paradigm was the appropriate and ethical thing to do. Sufficiently incongruent demands made, for example, by supervisors, could be perceived as inappropriate, anti-ethical and even "dangerous".

In short, the preceding examples indicate that, despite their lack of experience as psychotherapists, novice supervisees entered the practicum with a set of conceptualizations and principles associated with psychotherapy which were

understood to have emerged from their pre-established world views and experiences in professional settings. These orientations had a number of common features: they were particular to the individual, grounded in previous personal experience, interwoven with sense of self and imbued with an ethic. Thus, novice supervisees' Original Paradigms were not merely products of theoretical conjecture. They were manifestations of each supervisee's world view which were consequential, historically relevant, and understandable extensions of their lives to date.

### **Relationally-Based Experiential Learning: A Reiterative Process**

*It's dramatically different than the classroom because you're dealing with real people. It's just so real. I mean, here are lived experiences!" (Jeanette #3 NI)*

*I'm really getting what I hoped for – the hands on experience. Just doing it! Not reading about it or listening to other people that do it, but just doing it myself. I feel like I'm actually learning something and not just in an abstract way, but really learning it. (Lynne #1 NI)*

*The opportunity to practice it makes it more real and understandable, not just in an intellectual way. You have to have experiences with people so you can see how these ideas fit." (Victor #3 NI)*

*This experience is invaluable. I'm learning so much about people, about myself. I'm learning a hell of a lot more than I would be if I just reading about it in a book. You have to do it (Marci #3 NI)*

*This isn't like a course you take for credit. This is real life." (Anna 1st NI)*

All participants in this study insisted that learning psychotherapy required experience. They purposely contrasted this type of learning with what they typically encountered at university. As the present analysis proceeded through numerous stages, from the attempt to understand each individual's descriptions, through to the consolidation of themes and discernment of apparent processes increasingly, abstract levels of analysis coalesced around the question, "What did the supervisees' insistence that learning psychotherapy required experience mean in the context of the first

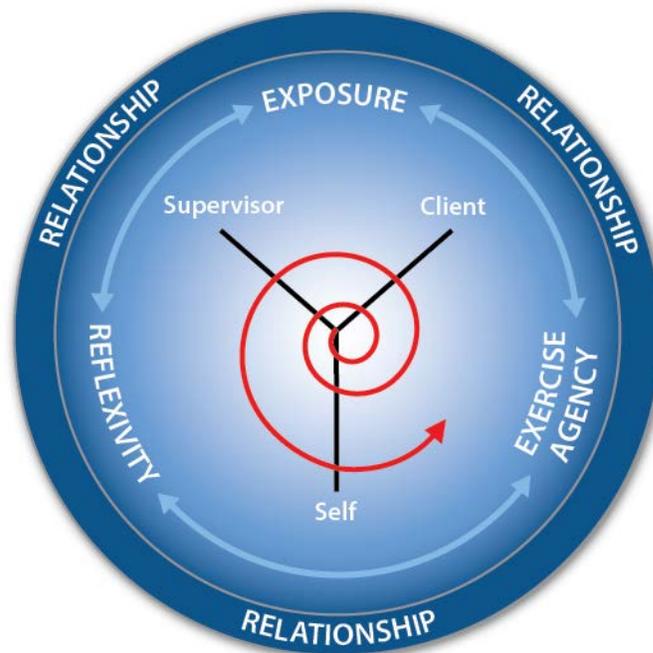
psychotherapy practicum?” In other words, why do you have to “do it”? The resulting core category “**Highly Charged Becoming Through the Other**” was conceived as a way of capturing the personal significance and complexity of experiential learning from the supervisees’ perspective. It reflected the understanding of learning psychotherapy as a type of relationally-based experiential learning involving three interwoven components, namely, a highly charged and at times challenging shift in one’s perception of self and the world that occurred through moment-to-moment dialectical transactions with another, (i.e., both client and the supervisor) in an interpersonal milieu that encouraged heightened reflexivity.

From this perspective, Relational Based Experiential Learning begins with supervisees’ pre-established Original Paradigms. Supervisees entered the practicum ensconced within the boundaries of an idiosyncratic world view that included a perception of self, assumptions regarding human nature and what was needed for change, as well as a more or less choate understanding of psychotherapy helping systems and how they might practice it. Thus, even though the supervisees were novice psychotherapists, they were not blank slates. New ideas and experiences they encountered during training were being viewed from and absorbed into a pre-existing perspective. Supervisees’ engagement in the practicum inevitably commenced from the perspective of an existing Original Paradigm.

Yet, the starting paradigm was simply not sufficient to grasp and respond to the entirety of this new situation and its unfamiliar demands. Supervisees also had to develop new ways of understanding and being. Moreover, learning to do

psychotherapy could not be acquired through their own efforts. It required close and repeated interactions with others.

The resulting category structure illustrated in Figure 2 depicts **Relationally Based Experiential Learning** as an interactional process that occurs in an



**Figure 2:** Relationally-based experiential learning

interpersonal context. It seeks to convey the complexity of a personally challenging, at times highly charged learning situation by looking at ways in which the supervisee both influenced and was influenced by the other. It is comprised of three recursive and interdependent, but not necessarily sequential processes, *Exposure*, *Exercising Agency* and the *Reflexive Quest for Meaning*. Exposure refers to encountering or coming face to face with the perspectives, actions and emotions embodied in oneself and in another.

Exercising Agency refers to the actions undertaken by the supervisee relative to this interpersonal context, and the Reflexive Quest for Meaning encapsulates the supervisee's attempts to ascribe meaning to both recognizable and unanticipated practicum experiences. These ongoing encounters, actions and reflections were understood to influence each other reciprocally in a reiterative manner. As such, repetition was necessary. Repeated exposure to the supervisor and client's contributions and to their own responses, as well as continual attempts to influence interactions with the other provided supervisees with numerous opportunities needed to clarify, compare, contrast, differentiate and refine various thematic questions as they emerged across multiple interpersonal situations.

The *Relationship* category in this structure also highlighted the important role that the supervisees' relationship with the supervisor and client played in learning.

Recurring exposure to both familiar and unfamiliar perspectives, repeated opportunities to act, ongoing assessment and evaluation in conjunction with repeated attempts to construct meaning, all took place in the context of a relationship. The supervisor and client were not only important as sources of new material and understanding. The relationship with them was equally important as it provided a climate that supervisees believed enhanced or diminished their learning.

**Exposure.** Interactions with supervisors and clients exposed supervisees to the perspectives and actions of others repeatedly. Some of what they encountered corresponded to their Original Paradigm, but much challenged them. The content of these encounters, which included among other things views on psychotherapy, alternate life experiences, expectations, preferences, emotional responses and

behaviours, represented an important source of material for learning. It functioned as the supervisee's "textbook", so to speak, made it all the more compelling because it was embodied in the person of the supervisor and the client. This section outlines the type of material supervisees were exposed to during their interactions with supervisors and clients, in addition to what they encountered in themselves in relation to interactions with the others.

***Meeting the supervisor's paradigm.*** Interactions with *supervisors exposed supervisees to new orientations to psychotherapy*, namely, orientations that had not held a central position in the supervisees' original paradigm. Supervisees' initial attitudes towards their supervisor's theoretical orientations ranged from genuine interest and valuing to lukewarm tolerance and diametric opposition. For example, Jeanette enthusiastically endorsed her supervisor's cognitive behavioural approach in which interventions were tailored to meet the characteristics and needs of specific populations. Anna described how her supervisor introduced a strategic systems approach that she felt had merit as it seemed to dovetail nicely with her emphasis on personal control. In contrast, Lynne's supervisor espoused an approach that emphasized using the client's early family history to understand current life circumstances – an orientation that she found somewhat interesting but not particularly useful. Victor stated that he was quite disappointed because his supervisor did not introduce him to a specific therapeutic orientation. Rather, he emphasized developing skills directed at building the therapeutic alliance. Victor thought this approach provided a useful starting point, but regarded it as fundamentally insufficient to address what he believed were clients' "real" underlying, unconscious issues. Marci described the most divergent appraisal. Her supervisor

introduced her to a form of experiential psychotherapy that was completely incongruent with her starting orientation. It made no sense to her and it appeared to contradict everything she thought was important and necessary for effective psychotherapy.

Additionally, all supervisees attributed great importance to the component of supervision in which supervisors provided *an alternate lens through which to view moment-to-moment interactions with clients*. Distinct from a general theoretical orientation, the supervisor's construal of specific supervisee-client interactions (typically provided while reviewing the supervisees' audio taped session) was much more immediate, specific and context based. For example, supervisees stated that supervisors drew their attention to something entirely new in the session, to an undifferentiated aspect of their perceptual field, or to specific markers that the supervisee had not seen or heard and ascribed a particular meaning to it. Moreover, exposure to the supervisor's alternative lens on these "micro moments" could bypass supervisees' perceived compatibility with their supervisor's orientation. For example, there were times when Victor could see the value of his supervisor's construal of a momentary exchange; even though he believed his supervisor's global position essentially missed the point. Whether construed as illuminating or incomprehensible, all supervisees reported that this component of supervision, that is, being exposed to an alternate way of perceiving a specific moment or interaction with the client, was both valuable and necessary for learning - a position enthusiastically exemplified by Lynne in the following excerpt.

I was just blown away by how much (supervisor) saw that I hadn't seen. Having someone else listen to my work is very powerful. I listened to the tape and I hadn't heard it. I was in a totally different direction, but when she picked up on it I could see it

right away! I could see it right away! So having her brain on my work and getting her input, it's great. It's just great! (Lynne #1 NI)

Interactions with supervisors also exposed supervisees *to recommendations for acting in new and unfamiliar ways*. Ranging in form from suggestion to admonition, supervisees repeatedly encountered a new vision of what one might do, or how one might intervene with a particular client. All supervisees identified this as an essential aspect of supervision and indeed wanted this type of supervisory input. At the same time, the supervisor's ideas could be received with varying degrees of acceptance. For example, every supervisee, regardless of the way they appraised their supervisor's orientation, reported that their supervisor had provided them with useful suggestions. There were also times when the supervisor suggested interventions that challenged supervisees' Original Paradigm, their customary way of acting, or their view of suitable therapeutic behaviour. Sometimes this involved what supervisees considered radical, unorthodox actions, or what Anna characterized as, "revolutionary interventions". On occasion, the supervisor's suggestions went beyond the pale and were considered completely unacceptable. In the following expert from her first IPR, Jeanette described how even the recollection of such unacceptable advice (in this case addressing a client's apparent sexual attraction) contributed to her increasing discomfort during the psychotherapy session itself.

I was feeling pretty uncomfortable at this point because in one of my previous supervision sessions my supervisor suggested that I ask (client) if there is something that's going on here, between him and I. But I never want to plant that thought! I never want to make that assumption that there's anything sexual going on, or have the client think that I am thinking of this. I really want to keep it to, like I'm his therapist, you know? And even if that is going on, I don't want to draw attention to it or have him think that I could be thinking this. So I'm pretty uncomfortable right now. (Jeanette, #2 IPR)

Regardless of their evaluation of the suitability of a particular suggestion, all supervisees reported that repeated exposure to new ways of acting in a specific moment in therapy, even when it was after the fact, represented a common and valuable feature of supervision.

Participating in the practicum and being supervised also meant that supervisees were exposed to *repeated supervisor evaluations* of their work. While the manner and characteristics of the evaluation varied from dyad to dyad and sometimes even within a specific supervisory dyad, and while supervisees' responses to evaluation varied depending on a number of converging factors, four of the five supervisees specifically identified the repeated exposure to their supervisor's evaluation (as distinguished from feedback) as an important feature of the learning process. Feedback was understood as more informational in nature while evaluation was construed as their being the object of valuing, assessment or judgment. Although the two were often perceived as occurring in tandem, the experience of being evaluated by the supervisor was specifically identified as an important and very salient element of the practicum. Supervisees viewed the supervisor's evaluation as particularly important because it represented an elder professional's pronouncement on areas of their professional development: 1) their progress during the practicum; 2) the extent to which they were helping the client; and 3) their personal suitability for the profession.

As exemplified in the following excerpt from Anna, supervisees perceived the supervisor's evaluation as a measure of their progress. In her words, "... "being supervised means you have to prove to somebody that you are developing skills, that you are progressing. Look at it this way. Here is this person who sees you two hours every week and whom you literally, it's like you're put in front of a filter in front

of him and he looks and says whether this is appropriate or acceptable, or right.” (Anna #1 NI)

The supervisor’s evaluations also represented an appraisal of the supervisees’ ability to help the client. Thus, it represented a judgement on the extent to which they were able to meet this acutely felt responsibility. A positive evaluation in this area was deeply satisfying, and often met with relief. Conversely, negative evaluations often evoked supervisees’ guilt at their failure to act in a manner that benefitted their client, or feelings of shame at being so inept. As illustrated by the following excerpt from Marci, supervisees also construed the supervisor’s evaluation as a pronouncement on their personal suitability for their chosen profession. In other words, it represented a more generalized, global comment on whether or not they possessed the character and capacities required for this type of work.

It's almost like I have to convince (supervisor) that I'm in the right field. I find that this is a very vulnerable situation because I see this as kind of like telling me if I'm cut out for this career or not. And if I blow it, I feel that maybe I made a mistake, but it's too late now. I'm in this. I have to do this. I have to do well! (Marci #3 NI)

Thus, regardless of whether the supervisor’s evoked deep satisfaction or anxiety, confidence or opposition, guilt or dread, the evaluative component of supervision was consistently deemed a significant and central feature of the practicum by all supervisees.

**Face to face with clients.** Exposure to clients in a psychotherapeutic context represented another component that made the practicum a unique learning experience for the supervisees. Unlike textbooks, clients acted. Moreover, client actions had several singular characteristics; they occurred in an immediate interpersonal environment and were witnessed *in vivo*; they lay outside the supervisee’s personal

control and might or might not have conformed to supervisees' expectations or intentions in the moment.

Supervisees spent most of their time talking about exposure to clients that challenged some aspect of their Original Paradigm. For example, while a number of clients presented with what supervisees perceived as familiar life experiences, they also encountered clients with *unaccustomed world views*, including clients with unfamiliar histories or foreign ways of organizing and making sense of the world. Among these, supervisees identified clients who came from unfamiliar cultures (Anna, Jeanette), clients with seemingly impossible family responsibilities (Victor), and clients with different sexual orientations (Lynne). They also described the shock of encountering clients with traumatic and abusive histories (Lynne, Jeanette, Marci), who struggled with substance abuse (Jeanette), as well as clients who engaged in self-harm (Victor, Anna), and clients with suicidal ideation (Anna). Anna described this as an experience of working closely with individuals, "...whose range of normal is way outside my own..."

Supervisees' repeated exposure to *unanticipated client actions* represented a frequent topic as these often posed significant and unsettling challenges for supervisees. For example, all supervisees described numerous moment-to-moment interactions where clients responded to an intervention in an unintended manner. This type of interaction took many forms. For example, clients did not elaborate when supervisees made bids for clarification or elaboration, or offered monosyllabic responses to their open ended questions. Also, queries about emotions could be met with what Lynne described as "obtuse, abstract intellectualization". Alternatively, clients may have misunderstood or appeared puzzled by the supervisees'

interpretations. The underlying commonality was that supervisees were frequently exposed to clients' failure to respond to specific interventions in the anticipated or intended manner.

Clients' seemingly contradictory or incongruent presentation represented another form of exposure to the unexpected. For example, sometimes clients disclosed information or acted in a manner that did not correspond to the way supervisees' had characterized them. This baffling type of experience is exemplified in the following IPR excerpt where Marci was both surprised and puzzled by a client's description of actions that contradicted the image she held of her client.

When she said that [she has been lying around in bed], I kind of went, "Oh god! How can I see this person as one thing, and then she goes and tells me this other thing?" It is not really congruent. It really surprised me! It just didn't jive with my perception of her and the way she presents herself. (Marci #4 IPR)

Interactions with clients were full of many other types of unexpected twists and turns including, for example, being exposed to client actions that failed to conform to the supervisees' agenda, e.g., the anticipated line of inquiry or to the expected structure of the therapeutic hour. Sometimes client derailed formulations and treatment plans by unexpectedly opening up a whole new direction or focus, or as Jeanette described, by introducing a new topic "out of the blue!" Supervisees were also exposed to "the unanticipated" in the form of *unexpected client setbacks*. This occurred in situations where clients who supervisees believed to be improving came to a session and appeared to have lost the gains they had made.

Supervisees also encountered clients who engaged in what supervisees judged as *meaningless therapeutic exchange* where, despite supervisees' best efforts, clients seemingly insisted on focusing on issues deemed relatively unimportant – perhaps even

a waste of time. Such was the case with one of Victor's clients who wanted to talk only about her boyfriend – a topic he judged as minimally useful. The perceived misalignments between the supervisee's and client's construal of the exchange could also be pleasantly surprising when, for example, clients appeared to have benefitted more favourably than supervisees had judged. For example, in her final IPR, Lynne described a moment of being quite surprised when her client attributed significant value to one of her comments from a previous session, a comment she herself had construed as relatively inconsequential.

Misalignments between the supervisee and client's construal of a meaningful therapeutic exchange were also reflected in the *level of client engagement*. Supervisees were somewhat taken aback upon encountering clients whose actions in therapy suggested that they were not whole-heartedly committed to the therapeutic process. While all supervisees reported interacting with clients who they perceived as disinterested, perhaps even apathetic, the construed lack of engagement was especially puzzling to Victor and Lynne who had themselves been clients. They started the practicum assuming that their clients would engage in psychotherapy as fully as they had, but this was not always the case. For example, despite implementing what he believed were similar strategies, Victor was quite disappointed that some clients were not as responsive as he had been as a client. While he attributed some of this to his lack of expertise, he also believed that he had been a "better client" than the unresponsive people he was currently seeing.

There were also times (albeit less frequently) when client actions contradicted supervisees' perception of their client's lack of engagement. Three supervisees were

surprised when clients indicated that they were much more involved in the process than the supervisees had assumed. Such was the case with Anna who struggled with two clients she perceived as quite disengaged and non-committal. As the excerpt below illustrates, she was astonished to discover that this was not the case.

I was having the most struggle with these two clients. They weren't moving as far as I was concerned because when I tried to have them take some risks, they didn't want to do it. They didn't speak much. They wanted me to tell them what to do. After six or seven sessions I did an interim assessment of what the counselling was doing for them. I thought with both of them that I would hear that it wasn't doing a thing for them. And I was absolutely astounded; amazed at how much they said counselling was helping them - particularly the male who became very articulate, very quick. Whereas he normally stumbles over what he needs to say, he had about six or seven things that he said the counselling was doing for him! (Anna #3NI)

Whatever the nature of the challenge, unexpected or unanticipated encounters with clients were unanimously described as highly salient and important aspects of supervisees' learning experience.

***Challenging encounters with the Self.*** Supervisees reported that interactions with the supervisor and client were invariably accompanied by a wide range of unfamiliar and/or pressing personal, covert challenges of a magnitude and frequency that clearly differentiated the practicum from previous learning situations. This exposure to aspects of themselves or, as conceptualized for the purposes of this study.

“Challenging encounters with the Self” bore upon their sense of personhood, their perceived capacity for action, and their individual self-evaluation. All supervisees identified exposure to these personal responses and reactions as another important feature of experiential learning in the practicum context.

Specifically, all supervisees reported that learning psychotherapy required frequently enduring *ambiguity and uncertainty*. For example, supervisees described

how being in a state of confusion and bewilderment was a common feature of their practicum experience – a relatively anomalous state of affairs for a group of students whose academic experience prior to the practicum was more typically marked by demonstrations of competence and success. They would heartily endorse Marci's statement when she said, "I find it very confusing. Like I feel in a state of confusion a lot of times..." (#3NI).

This state took several forms. Supervisees frequently described exchanges with both their supervisors and clients that were equivocal, indefinite and open to more than one interpretation. There were also numerous instances when supervisees were confounded in their attempts to understand the meaning of client disclosures or actions. Sometimes it was as fundamental as being in a state of *perceptual incoherence*, namely, not being able to organize and make sense of what they apprehended in the moment. Although by no means limited to the early stages of the practicum, this state often occurred during early therapy sessions. It was as if there were a crush of impressions to attend to, with relatively little available to help sort through, comprehend and form a response. Jeanette likened this in-session experience as "information overload", while Anna described it as continually dropping things while trying to juggle so many different impressions (#1NI).

Specifically, supervisees also spoke of experiencing a *reduced capacity to think in the moment*. In the following excerpt, for example, Lynne described the frequent experience of being unable to listen and think at the same time.

I couldn't listen to him and think about how to frame what I was wanting from him differently. I just wasn't quick enough, you know. I find that happens to me a lot, that if I'm really intent on listening then when they finish talking I'm kind of blank because I'm still processing what they said and I'm not one step ahead. (Lynne #1 NI)

This experience of being muddled or “perceptually sluggish” often left supervisees feeling “like a deer in headlights” (Lynne), Supervisees were left floundering, not knowing what to do, or as Jeanette described it, “groping in the dark”. At these moments, supervisees described resorting to unconsidered responses variously described as “flying by the seat of my pants (Jeanette) or relying on “gut instinct” (Anna).

Supervisees unanimously stated that learning psychotherapy was also replete (rife) with *strong emotional reactions*. For example, they talked about experiencing powerful human to human connections with clients that seemed much deeper and more profound than what they had initially expected in the therapist/client relationship. They described their respect and awe at clients’ perseverance in the face of extraordinary challenges. They also reported moments of *struggling with surging feelings of sorrow and/or empathy* similar to the one Lynne described in the following IPR excerpt.

I remember feeling very emotional at this point, almost like fighting back tears. He had just shown his love for his family and remembered such positive things and I thought what a strong man he was after all the abuse that he withstood. And I felt a lot of pain for him. I felt really sad for him and he was kind of teary too. But I couldn't let myself get teary. I really wanted to, but I couldn't. I didn't want both of us to be emotional like that, I felt like I had to stay in control of that situation. I've never gotten emotional like that in front of a client and I'm not sure if I want to or if I think it's appropriate. So I just held back and kept it together. I feel quite protective of him in a way. I can see myself getting emotional now even as I think about it. (Lynne #2 IPR)

Three supervisees were surprised by how much they were *attracted to clients*. For example, Victor viewed one of his clients like his “kid sister”. In the following excerpt, Marci described struggling with the dilemma of feeling so close to a client that she wanted to be her friend.

This person reminds me so much of myself it's almost uncanny. Like I wish she was my friend. I think she's wonderful and I can tell it's mutual. Sometimes she'll wait until I turn off the machine and then she'll start asking me personal questions and that's hard too because I want to answer them because I feel this bond with her. And when she came in last week, the first thing she said was, "You know, this really bugs me how one way this is. I get to tell you all this stuff and I don't know how you're feeling." I almost don't know how to handle it. And the weird thing is with her I feel more of an equal than I do in any other relationship, and I don't like playing therapist, even though I know that that's my role. It's a real dilemma for me to work through! (Marci #3 NI)

All supervisees experienced a keenly felt sense of responsibility for the client.

The practicum represented supervisees' first formal, professionally sanctioned opportunity to step into the role of psychotherapist and put into practice a long-held personal aim - that of helping another person. As such, it was approached with a great deal of anticipation and excitement. At the same time, sitting across from an actual client and facing their own and another's expectation that they would be of assistance evoked many additional reactions such as wishing that their clients benefit from their interactions and worried that this may not always be the case. Although they shouldered the charge to help another willingly, even eagerly, four of the five supervisees reported that there were times when this felt responsibility translated into *an overwhelming, sense of personal obligation*. Marci characterized this experience most vividly in the following excerpt from her first interview.

I guess I feel vulnerable in that I feel open to (*pause*) open to the responsibility. I feel that the responsibility of failure is like right over my head. I feel so vulnerable with every client because I think that if this doesn't work, or if they get worse, or if they don't get better, then that axe of responsibility is gonna to come down on me, because I'm the one who's responsible. I'm the one who will or will not help them. So it's not like it's just me that has to suffer if I don't catch on. It's them. I mean, I'm dealing with people's lives here and I don't want to blow it! I just don't want to blow it! (Marci #1 NI)

Three supervisees also reported how unsettling interactions with clients continued to reverberate outside the confines of the practicum setting, particularly

clients suffering. As Marci's excerpt indicated below, supervisees struggled with how to cope with this unexpected experience.

My reaction (to client's problems) surprised me. The first time a client cried I was just knocked over. Like I left and I had nobody to talk to. It wasn't on my team day. I left the Center and I'm walking home and I'm thinking. "Wow, you know, look at that." And all night it occurred to me and even on the weekend I was having a really good time and I suddenly thought, "Oh, I'm so lucky that I'm having a good time because this poor client is so depressed." And then I think, maybe I shouldn't be having such a good time. I kind of feel a little guilty. Here I am whooping it up and she's probably at home depressed, crying, you know what I mean? It does affect me, but nobody told us to expect that. (Marci #1 NI)

Anna also noted that this deep and at times troublesome sense of responsibility became particularly heavy when supervisees thought their clients were at risk, describing it as an incredible weight that was always on her mind.

Supervisees also encountered a lot of *frustration* with themselves, their clients and their supervisors. Sometimes supervisors did not provide them with the type of supervision they expected, or provided them with direction they thought irrelevant, or did not give them the time they thought they needed. Clients repeatedly failed to respond as expected or as desired. Supervisees became particularly frustrated with themselves and their failure to learn in what they perceived as the required manner.

In addition to frustration, supervisees also endured many situations characterized by feelings of *incompetence and inadequacy* and they emphasized how it was especially troubling in this learning context. They attributed this distinction to two practicum specific factors: the potential for harming their clients and the possibility that failure could derail their long-held aspirations to become clinical psychologists. The possibility that their actions could be ineffectual, or even detrimental, weighed heavily on them. Jeanette characterized this concern when she explained that so much of her

anxiety about her performance was rooted in the wish to avoid harm. As she put it “...underlying that anxiety is the fear that I could do more damage to a client. I don't want to do my clients a disservice”.

Associated with this wish to avoid harm was supervisees' reported perception that their ability to grasp the material presented by the supervisor and client was too slow. Concerns about falling short left supervisees vulnerable to *self-blame*, particularly when supervisees believed that their clients were struggling or not improving quickly enough. Anna described this common attribution in the following excerpt.

I measure myself in terms of what that client came in for or with (*pause*) their goals. And some of the clients that I have, they really are struggling. And so my feeling is, if things aren't clicking along I think, Oh God. I've really not done a good job. (Anna #3 NI).

At times, “inadequate” responses were deemed reprehensible and precipitated searing self-reproach and *shame*. In fact, every supervisee described times when they believed their clients would be better off seeing a more experienced professional.

Exemplified by Lynne's excerpt, they each recounted specific instances where their best attempts to help a particular client were shadowed by this conviction.

Well, they come here hoping to see a counsellor and get some personal help and here they're given an intern who has no formal training at all. And I don't want to rip them off of their chance to get help. Feeling that if they were seeing someone experienced they could probably get a lot more out of their hour. (Lynne #1 NI)

Supervisees concerns about their performance and their feelings of incompetence and inadequacy were also exacerbated by the fear that the practicum could negatively affect their future educational and professional aspirations. Each one of them referred to a long-held wish to become a clinical psychologist and described the struggles and sacrifices they had made to get to this point in their graduate education.

This *perceived threat to their future aspirations* and the accompanying dread that they may not be able to continue that vocational pursuit hovered like a spectre, adding to their sense of incompetence and inadequacy, as the following excerpt from Marci illustrates.

[Supervisor's name] said to me when I first met her that in this program you can't go straight from the masters in to the Ph.D. You have to apply. She said, "but it's almost just a technicality, but it's so that we can keep out the people that we really don't think should be in this program." And I thought What if? Like, God! What would I do if they just cut me off at the Master's degree? This is my life plan! (Marci #3 NI).

Clearly, learning psychotherapy during the first practicum was challenging on many levels. As Anna so vividly illustrates in the following excerpt, there were times when supervisees momentarily reeled, burdened by the multifaceted ramifications embedded in their perceptions of their performance in the practicum.

This isn't like a course you take for a credit. This is life and I found it was overwhelming. On a sensory level I found all the senses were heightened. Intellectually, definitely information overload, trying to absorb so much. On emotional level it was really overwhelming. Part of it would be can I do this? Am I going to be any good at this? Are they going to get rid of me? Sometimes I think I've blown it, that I'm not doing the client any good. On a physical level I found my body really took the brunt of it. (Anna #1 NI)

In light of these experiences, it is not surprising that all supervisees reported experiencing a deep sense of satisfaction, ranging from relief to delight, when they perceived that they had made a useful intervention, when they saw evidence that their client was improving, and when their supervisor approved of their actions or commented favourably on their abilities, their successes and their growth.

To sum, the processes encompassed in within the category of Exposure illustrate how supervisees' learning did not occur in a vacuum. They encountered or sometimes ran up against familiar as well as unanticipated or unfamiliar perspectives, actions and

emotions through their interactions with the client and supervisor. Exposure to material that lay outside the realm of the familiar, or exposure to the unexpected, particularly in *vivo* were described as especially salient aspects of learning. Whether it was through the supervisor's specific feedback or evaluation, clients' puzzling presentations or unanticipated actions, or their own experiences of confusion and/or strong emotional reactions, what supervisees encountered during interactions with the client and supervisor was instrumental in shaping a number of important themes that they returned to repeatedly throughout the practicum.

**Exercising Agency.** All supervisees declared that the practicum represented a unique learning situation, one that required them to exercise agency in a way they had not encountered in their previous academic settings. As the following excerpts illustrate, they pointedly identified the "call to action" with both the supervisor and client as a distinct and important component of the learning process.

*So much university learning is head and paper. It just makes me crazy because I think it misses the point. You have to do it!"* (Lynne #1NI)

*I am learning something that I obviously wouldn't learn just by reading about it in a book. You have to do it!"* (Marcie #1 NI)

*I can spell cognitive therapy, but can I do it? (laughs).* (Jeanette #1NI)

Interactions with the supervisor and client involved intensive participation. While supervisees often engaged in the practicum in a manner consistent with their pre-practicum experience, they could not rely solely on familiar responses. They repeatedly needed to step outside their comfort zone. Supervisees engaged in this undertaking in a multitude of ways. They presented information, initiated discussions, questioned another's point of view, sought clarification, offered encouragement, proposed solutions

and disagreed. They tried to engage in new ways of communicating such as reflecting, paraphrasing, summarizing and interpreting. They consulted, listened, followed directions, experimented and took risks. They disclosed problems, persevered, tried to curb habits and correct mistakes.

Supervisees' efforts to exercise agency functioned in a number of ways. In an interpersonal context, actions represented a point of contact with another. They were a means of connecting with or separating from the other, of shaping a relationship or of influencing the other. Supervisees also exposed themselves through action. Their actions represented a concrete demonstration of their level of understanding. Actions were also open to interpretation (and possible misinterpretation) by others. Their actions also provided supervisees with a valuable source of information about themselves. This section outlines the important types of actions that supervisees described having engaged in during encounters with their supervisor and clients.

***Negotiating supervision.*** All supervisees described initiating a variety of actions in supervision throughout the duration of the practicum. For example, supervisees raised troublesome issues associated with the supervisory process itself and *experimented with ways to negotiate supervisory impasses or disagreements.* Broaching potentially contentious supervisory issues was especially fraught with apprehension given the supervisor's position of authority; nevertheless, supervisees initiated actions they associated with varying degrees of high risk. Marci and Lynne, for example, felt they were not getting enough supervision. Despite their concerns about the propriety of doing so, they spoke to their respective supervisors about ways to address this. There were also highly charged, contentious interactions in which the

supervisee disputed or questioned their supervisor's stance. Marci, for example, reinitiated a discussion about what she perceived as troubling negative feedback from her supervisor – a particularly risky action given that, in her words, this attempt had not been very well received the first time. Anna described how, in spite of the potential hazards, she decided to voice her disagreement with her supervisor's position on "affirming clients". The following excerpt illustrated how she followed through with this tricky undertaking.

One of the things I wasn't supposed to say to people is that they had done something well. And I totally disagree with that. I feel you don't do it ad nauseum and you don't do it when it isn't true. But when a client has done something that was really hard for them to do, I want them to know they've done that. My supervisor doesn't think you should do that....I thought about that a lot. One time in supervision he said something about it to me and I decided to tell him what I thought, even if he nailed me. (Anna #3 NI)

Supervisees also identified *disclosing issues of concern* and asking the supervisor for help as an especially important undertaking. Jeanette's statement, "I bring him the troublesome areas." characterized this type of endeavour. Supervisees set about asking for help by selecting audiotaped psychotherapy segments they construed as problematic and playing them for the supervisor. This included, for example, presenting audiotaped examples of their attempts at specific interventions, playing segments where supervisees had a vague but undefinable sense that something was amiss in their interactions with their clients, or alternatively, segments where they questioned their own interpretation of a particular exchange. In instances such as these, Anna, Marci, Lynne and Jeanette perceived the act of selecting audiotape segments, raising a question or disclosing a concern and requesting their supervisors' help or as Lynne put it "having her brain on my work", as an important effort worth pursuing.

On a less frequent basis, supervisees also discussed raising worrisome *personal topics* such as troublesome reactions to clients. Marci, for example, broached the unsettling experience of liking a client so much she wished she was her friend instead of her therapist. Anna spoke to her supervisor about the distressing reactions she was having in response to two clients with suicidal ideation. There were also occasions when supervisees raised concerns about the deleterious effect their poor performance might have on their clients. These were risky undertakings because it involved revealing self-perceived weaknesses to a supervisor who was also responsible for their evaluation. However, as Lynne's excerpt exemplifies below, taking these types of action represented a significant aspect of supervision.

When I feel like I'm not doing anything or having enough effect, it's really hard. I feel frustrated and I'm really not feeling good about my work.....When I'm concerned about those things, it's important that I bring it to supervision. (Lynne #3 NI)

*Intentional failure to disclose* represented another important self-directed action. This included devising ways to avoid bringing problematic material to supervision such as deciding not to play taped segments they believed would meet with their supervisor's disapproval. There were also times when supervisees deliberately chose not to discuss distressing personal responses with the supervisor. Victor, for example, reported that he stopped bringing what he identified as important countertransference issues to supervision because of his supervisor's perceived lack of interest and understanding. Jeanette stated that she avoided talking about a client's apparent sexual attraction to her because she found the topic too uncomfortable to broach, while Marci refrained from discussing some of her strong and highly personal reactions to

clients, stating that it was too awkward to talk about these matters with a supervisor who was also charged with evaluating her.

***Directing client-therapist exchange.*** Supervisees' interactions with their clients were characterized by a number of endeavours. For example, all supervisees attempted to steer the therapeutic exchange in what they perceived to be a useful direction. Typically, they tried to do this by *choosing interventions consistent with the Original Paradigm*. Thus, for example, Anna frequently described interventions that focused on the issue of personal control. Marci regularly asked questions that would help her develop a logical explanation for her clients' situation. Lynne continued to try and engage clients in what she referred to as awareness work, with a view to focusing on their immediate experience. Jeanette's interventions were designed to clarify client goals and identify steps that would help achieve them. Victor's interventions aimed at helping him and his client gain insight into how difficulties with significant early relationships were being enacted in present relationships.

As well, supervisees attempted *to enact their supervisor's suggestions* during exchanges with the client. Part of this entailed trying new and unfamiliar styles of communication such as asking open ended questions, making bids for clarification, reflecting, paraphrasing, summarizing and/or offering interpretations. In a manner similar to Lynne's account in the following excerpt, supervisees also described frequent instances when they recalled the supervisor's specific advice during a particular moment with their client and intentionally tried to carry it out.

I have a client who gets so obtuse and abstract. He just intellectualizes so much and I go right up there with him and I find myself trying to understand his abstract things. I was totally unaware and I reviewed it with my supervisor who was extremely helpful. She pointed it out to me. So when we had our next session, I was really eager to try

and do better. And there was a few times where I saw him doing it, and I said, no, no. I'm not going to follow him there. I'm going to try to get at what he's feeling right now as he's doing this intellectualizing. (Lynne #1 NI)

As the excerpt above exemplified, supervisees were quite eager to put their supervisor's recommendations into practice when they believed the recommendations had merit or held the potential to enhance their learning. It is noteworthy that Victor and Lynne, who had participated as clients in what they considered valuable psychotherapy, frequently tried to model their own psychotherapists, particularly at the beginning of the practicum.

However, supervisees were not always so keen to embrace their supervisors' perspective or to comply with their advice when supervisors asked them to intervene in ways that ran counter to their Original Paradigm. That being said, supervisees provided many vivid accounts of their attempts to overcome their reluctance and enact their supervisor's suggestions even when these did not correspond to their own point of view. This type of endeavour was difficult in a number of ways. Sometimes, it required engaging in a form of discourse with the client in a way that supervisees found awkward or inauthentic, or which left them feeling inept in their own or their client's eyes. There were also times when supervisors asked supervisees to intervene in a manner that contradicted the supervisee's view of what would benefit a client. Understandably, this put supervisees in a very uncomfortable position given their sense of responsibility for helping clients and their concomitant concerns about potential harm. Yet even under these circumstances there were instances when supervisees were willing to take the risk. For example, in the latter half of the practicum, Anna's supervisor advised her to agree with a distressed client who said there was nothing to be done. Anna was very reluctant, in her words, "to give any kind of credence to her negative mind set, or her

feeling of powerlessness” as it would dangerously contradict what she thought was psychotherapy’s objective, namely, to gain a sense of personal control. Nevertheless, she went ahead and took what she described as “a calculated risk”. While the client did not respond as expected, she surprised Anna by providing a different, but useful perspective on her situation.

Supervisees’ actions were also characterized by their *persistence in the face of failure*. For example, supervisees repeatedly attempted to implement their supervisors’ recommendations despite their perceived repeated failure to do so successfully. Supervisees described many frustrating and bewildering moments when, for instance, they felt like they were struggling in vain to become adept at unfamiliar skills associated with this type of discourse. Each supervisee was also dismayed by the persistence of what they deemed as their own idiosyncratic and inappropriate behaviours, despite their best efforts to comply with their supervisor’s valued recommendations. Even so, they resolutely persevered in spite of these setbacks.

Marci’s efforts were especially notable in this regard. Marci began the practicum endorsing what she referred to as “a scientific” cognitive behavioural approach to psychotherapy. She regarded her supervisor’s experiential/client-centered orientation with alarm and suspicion, characterizing it as “too touchy feely”. Nevertheless, she made significant efforts to grasp her supervisor’s perspective and approach, even when they appeared incomprehensible. The following excerpt provides some indication of the dilemma she faced trying to perceive and act in a manner that had little meaning or value for her.

The hardest thing I find with client centered type therapy is the listening because I listen, but I take it at face value. When people tell me something I listen and I say, okay, that’s

what they're telling me. I don't listen for messages. I don't listen for dropped hints. Part of me keeps saying, "Why should I look for hidden meanings? Why am I hunting for something that's not immediately available to me? Shouldn't we deal with their issue rather than trying to outguess them? It's so hard to force yourself to pick up these things. It's hard to get your mind wrapped around another person's way of thinking! (Marci #1 NI)

All four of Marci's interviews were replete with instances when at times she tried to enact her supervisor's "unfathomable" directions. She understood that she needed to refrain from taking what the client said at face value and, in her words, ".....turn the client inward...to listen and to see patterns and to see conflicts and to be able to empathically reflect..." She repeatedly practiced interventions associated with active listening such as minimal encouragers, open ended questions, reflection and paraphrasing. Although she regularly reported being confused, muddled and unsure of what to do and she was frequently dissatisfied with her attempts and their perceived results, she nonetheless persevered.

***Overriding the "expert"***. While supervisees made great efforts to enact their supervisor's directions, there were also occasions when they overrode their supervisor's advice. They *deliberately refused to comply with their supervisor's directives*, electing instead to act in a manner more consistent with their Original Paradigm. Anna, for example, described how she purposefully commended a client for an action, despite her supervisor's anticipated disapproval. The following excerpt exemplifies a similar defiance on Marci's part. She related how she disclosed personal information to the client despite the conviction that her supervisor would disapprove.

I had a session last week where I felt terrible because I was not (supervisor-like) at all, but I didn't think I should have been because this woman was just kicked out of her house and she needed concrete answers. She needed someone to sympathize with her. She needed to hear from me that I knew it was tough for her and that I, I had been a similar situation at one point and I told that. I knew that if I played the tape I'd get

nailed, and I didn't play it. I just didn't care because I thought that's what the client needed. (Marci #3 NI)

The supervisees also spoke about the necessity of overriding their own customary manner of interaction and *intentionally resisting their preferred actions*. Although covert in nature, supervisees often reported that the effort to inhibit a conventional or familiar response was an important and demanding concurrent aspect of learning something new. It frequently involved, for example, resisting the impulse to ask questions or give advice. As the practicum proceeded, supervisees described situations where they resisted the inclination to act automatically or based on first impressions. This involved, for example, intentionally setting their initial formulations aside as it were, so they could intervene in a way that would allow them a better grasp of the client's subjective or phenomenological perspective. Various descriptions included "holding back" (Anna), or as an effort "to resist jumping to conclusions" (Lynne), "to stop steering or pushing the client" (Jeanette) or "to refrain from putting words in her mouth" (Anna), supervisees often described the action of "not doing" as important for learning as doing.

Efforts to resist a customary response were particularly difficult when supervisees construed it as the preferred response. Thus Marci, Lynne and Victor, all of whom started the practicum strongly endorsing an orientation that differed from their supervisors', recounted the difficulty associated with trying to resist preferred action – a difficulty exemplified by Marci in the following excerpt.

It's hard because I don't feel free to do anything which is valid. I kept wanting to do what I thought was right and I kept having to push myself down saying, NO, that's not what you're supposed to do. But it's frustrating because my behavior occurs before my mind can think of a better alternative. It happens all the time. It's a conflict between what I would do intuitively and what I want to do because my supervisor wants me to do. I get so uncomfortable and flustered (Marci #1. NI)

Every supervisee highlighted the complexity associated with resisting in-session customary responses in the face of competing intentions. The following rather lengthy example serves to illustrate this experience. Jeanette, who had experience as a psychometrist, believed that psychotherapy involved defining a target goal and helping the client reach it. During her final IPR, she described a moment of being taken by surprise when a client, who she had been seeing for six weeks, presented a different problem that seemed to bear no relationship to the initial, agreed upon goal. Jeanette felt buffeted by several coexisting impulses in the face of this unexpected turn of events. She was somewhat suspicious and wondered if this new topic represented a genuine issue or the client's way of avoiding the presenting issue. Additionally, given the new topic her natural inclination was to switch to what she described as "intake mode". At the same time she recalled her supervisor's very recent feedback reminding her that psychotherapy differed from assessment and that she should refrain from spending so much time gathering information. The following excerpt illustrates the push and pull of these different, co-existing forces.

I am not sure if I should go into feelings or if I should stay and gather information because it is almost like an intake. But I was just given feedback that asking so many questions was wrong. {Supervisor} told me always go with feelings, feelings, feelings, feelings. But I am also struggling with, 'Wait, I am not ready to go into feelings yet, because I don't have enough information about what she is telling me!'....I am really struggling here. I want to ask for more information, to kind of put a framework around everything and store it but I am struggling with hearing all the other voices going on in my head and what I do naturally. Do I go with emotions? Do I stay concrete? Where do I go? ....So you will hear that I say a lot of 'um's' because I really don't know what to do at this point! I haven't committed myself. (Jeanette, #4 IPR)

Initially, Jeanette responded in a customary manner by doing what she referred to as "gathering facts" that might help her identify what she referred to as "precipitating factors". But she began to recognize that the concerns her client was describing did

not represent a completely new issue. Her client had spoken them before. With this growing realization, Jeanette stopped. She decided to refrain from her “natural impulse” to gather more information and she stayed purposefully quiet. She elected to allow the client to focus on this new issue and to resist the impulse to ask questions that might direct the exchange. The following excerpt from the IPR captures this moment.

Normally when she stops talking I would ask her a question and steer it back to her partner, but there is something about this home situation (*pause*) I don't know why, but in my head I am thinking I am just going to let her go down that path. If we are not going to get to talking about her partner today, then fine. ....So I am being silent on purpose. Intentionally silent, you know, eye content, really intent on her story. It is a kind of a cross between giving her the responsibility and permission to tell her own story. To let her know, you can do this. You can make this session work for you... (Jeanette #4 IPR)

Jeanette identified this “conscious moment” of resisting a familiar impulse and allowing the client to follow an unanticipated direction as a vivid and very important aspect of learning. In this instance, it helped her see the complex and interconnected contexts in which the initial presenting problem was embedded. It exemplifies the relatively infrequent, but arresting moments described by all supervisees, specifically, the in-session experience of concurrently grappling with discordant or conflicting forces, trying to resist a customary impulse and attempting to act or respond in an unfamiliar or unaccustomed manner.

To sum, supervisees' active engagement in the practicum cannot be overstated. In supervision, they selected relevant material from their tapes and requested help. They disclosed difficult issues, including those that would not always put them in the best light. They experimented with various ways to address supervisory impasses. Supervisees also admitted to occasionally censoring what they brought to supervision.

Working with clients represented another call to action. Supervisees often engaged intentionally in actions that corresponded to their Original Paradigm (i.e., pre-established conceptions of what would be appropriate and useful in the psychotherapeutic context). They also made numerous and persistent attempts to enact their supervisor's directions, even when it was uncomfortable or disagreeable to do so. There were occasions when they deliberately disregarded the supervisor's advice and followed their own inclinations. However, as the practicum progressed, supervisees increasingly described the effort to resist the impulse to act in a customary manner or based on first impressions in order to try new ways of intervening.

**Reflexive quest for meaning.** Encounters with the client and supervisor regularly exposed supervisees to new, unexpected and at times challenging perspectives and behaviours in an interpersonal context that also required their active participation. As the following excerpts indicate, from the beginning to the end supervisees strove to make sense of their interactions with the supervisor and the client. The category "Reflexive quest for meaning" was developed to represent their ongoing quest for meaning. Designated as the third component of experiential learning, the category outlines processes involved in the supervisees' attempts to develop new ways of understanding and being in a highly charged interactional setting from the position of their pre-established Original Paradigms.

*I go on experiencing. I'm open to other points of view and I try to incorporate them into my overall framework. I'm starting to develop almost my own meta-theory of human behaviour and personality and coping. I made connections throughout the year. (Victor #3 NI)*

*Looking for and finding some really fundamental underlying principles no matter what approach I take, that I feel comfortable with and can remember. That is the key for me. (Jeanette #3 NI)*

*The ability to develop....to think about a model so much, but then to try to incorporate it into you and to realize what fits and what doesn't. And if it doesn't fit, then sometimes you'll feel safe enough I guess to trust yourself enough to try it your own way. Through learning one model very strictly.....you think about it a lot and you're really focused on it. And eventually, once you've calmed down a bit, it will become clear for you if things do not fit with you. (Marci #3 NI)*

*I'm going to take on different things and try them on for size, juggle it around and make it my own. Sometimes it won't be made my own so I reject it. Or maybe all these things I have been doing for years worked, but maybe I need to soften, adjust them a little. Maybe if I try these other things I will come up with a hybrid that is better than what I was doing, and better than the new thing I am trying. When I leave I'm going to take with me what I learned here, but then I'm also going to join it to what I have and then maybe what will come out will be something different again. (Anna #1 NI)*

*The opportunity to practice it makes it more real and understandable, not just in an intellectual way. You have to have experiences with people so you can see how these ideas fit.” (Victor #3 NI)*

Reflexivity took place on several levels: a) an immediate level as supervisees attempted to assign meaning to an aspect of a specific experiential encounter; b) a conceptual level through supervisees' efforts to develop of a theory of psychotherapy; and c) a personal level as supervisees sought to integrate their developing theories of psychotherapy and their understanding of how to put them into practice with their personal identity.

Supervisees referred to the immediate, interpersonal interactions with the supervisor and client as the source of “real”, or lived material that they brought under consideration. Over time, reflections on numerous, specific interactions furnished building blocks for the development of a broader and more refined conceptual and applied understanding of psychotherapy. They also contributed to supervisees' understanding of their professional and personal place within this endeavour.

The analysis led to the understanding that supervisees began the process of reflexivity from within the framework of their Original Paradigm by seeing how their experiences fit (or failed to fit) with their original point of view. At times, experiences were readily construed as consistent. At other times, the meaning imbedded in a situation was ambiguous, confounding and occasionally unintelligible. For heuristic purposes, the category “Reflexive quest for meaning” has been divided into two processes: the “Self-referential mode of meaning making” and “Transformative dialogues”. The Self-referential mode was developed to represent the times when supervisees’ quest for meaning remained circumscribed by their Original Paradigms. In these circumstances, supervisees perceived, evaluated and explained a situation from within the boundaries of their customary horizons. Transformative dialogues, on the other hand, represented a distinct process entailing a co-constructed change. Supervisees still began their search for understanding from the standpoint of the Original Paradigm, but their horizons appeared more permeable. They became open to exploring and accommodating potential or alternative meanings for unexpected or unfamiliar experiences arising from their interactions with another. Supervisees’ private review of their audiotaped psychotherapy and supervision represented two ready-made contexts for reflexivity. They are described below.

**Contexts for reflexivity.** The practicum format represented a unique learning context because it offered two “built-in” supports that encouraged reflexivity, specifically, the *private review of audiotaped psychotherapy sessions* and *supervision*. Both these platforms encouraged the observation and active consideration of one’s own way of understanding and responding, as well as that of another person..

Supervisees stressed how important and beneficial the practice of *listening to taped psychotherapy sessions privately* was in terms of facilitating learning. For example, listening to tapes allowed them to verify, classify and evaluate their impressions of a session in a relatively straightforward (e.g., good vs. bad, satisfactory vs. disappointing) and apparently conclusive (definite) manner. Conversely, there were occasions when listening to tapes provided supervisees with the time and attention needed, but that was not generally available during the actual therapy session, to re-attend to the interaction in a manner that enabled them to apprehend something anew or prompted them to call their initial impressions into question. Listening to tapes also facilitated supervisees' reflection on their own actions by cueing the recollection of their cognitive, emotional and physical states at the time. As a repeated practice, it allowed them to make comparisons of their own actions and those of their clients.

*Supervision* represented the second "built-in" interpersonal context for reflexivity. It was understood as a multidimensional discourse in which interactions with the supervisor contributed directly and indirectly to the supervisee's quest for meaning. Supervision contributed to reflexive processes in a number of ways. The practice of reviewing tapes with the supervisor signaled, among other things, the importance of studying one's experience. As Anna put it, "The knowledge that you are being taped and supervised brings everything into very high focus". Exchanges with the supervisor also provided a vital medium through which supervisees could repeatedly attempt to understand the supervisor's orientation, their own perspective, and the nature of supervisory and psychotherapeutic interactions.

In the supervisory discourse, supervisors presented supervisees with the general principles and conceptualizations associated with their respective orientations and to varying degrees supervisees, in turn, presented their point of view. Concurrent with these conceptual dialogues, the supervisor and supervisee also co-examined the supervisee's taped psychotherapy sessions and moment-to-moment interactions with the client. Supervisees described this two-pronged interpersonal approach that involved scrutinizing recent personal psychotherapy experiences and discussing relevant conceptualizations, as essential to learning.

The Self-referential mode and Transformative dialogues distinguish two modes of meaning making supervisees engaged during psychotherapy sessions, while listening to tapes and during supervision. Self-referential processes are presented first. A discussion of Transformative dialogues follows.

***Self-referential mode of meaning making.*** One of the strongest themes that emerged from this qualitative inquiry was the extent to which supervisees construed their experiences in a manner consistent with their Original Paradigms. From beginning to end, Original Paradigms were understood to represent the most familiar, customary standpoint that furnished the prescriptive objectives for therapy, influenced the choice of interventions and provided the framework for evaluating client responses and measuring their progress. Original Paradigms also appeared to furnish the initial yardstick and the supporting frames of reference for evaluating the supervisors' orientations and their specific directions. It also provided supervisees with the framework for judging the adequacy and authenticity of their own actions. The following description of each supervisee's Original Paradigm, accompanied by examples of the

idiosyncratic ways in which they formulated and explained interactions with clients and the supervisor, as well as the ways in which they understood and evaluated themselves provides support for this statement.

The Original Paradigm stipulated supervisees' *prescriptive objectives and actions with clients*. It influenced supervisees' choice of interventions and provided a framework for categorizing and evaluating clients' actions. Specific client responses were categorized and assessed in relation to its taxonomy. Clients overall progress was measured in terms of its prescriptive objectives. A closer examination of the way in which each supervisee drew extensively on their Original Paradigms when describing and explaining their interactions with the clients contributed to this understanding. For example, Anna regularly referred to the need for the client to be "in control". Her Original Paradigm's emphasis on this particular construal of personal agency was evident in multiple domains. From her perspective, the psychotherapeutic objective was to help clients clarify and pursue personal needs and wishes, while simultaneously strengthening their ability to prevent others from usurping their inherent right to engage in this undertaking. Consequently, she commonly chose interventions that she believed would help the client "gain control". For example, during her first IPR Anna explained how she continually recast her client's issue in terms of lack of personal control so that the client would eventually realize the necessity of pursuing this aim. From Anna's point of view, clients' issues would only start resolving when clients "truly took control" (as she construed it) of their lives.

Throughout the duration of the practicum Anna evaluated clients based on the extent to which they were seen as making progress in this direction. Unsatisfactory

responses represented the client's shortcomings or inadequacies in this domain.

Conversely, as the following excerpt from her final IPR illustrates, satisfactory client responses were enthusiastically explained as examples of the client taking command of the situation.

I thought, Right! Bingo! 'Boy, she is taking control more and more. This is good! So I just wanted to stop her and say, 'So it sounds to me like you were taking control'. I try to affirm her because her huge issue is she can't take control with men, so for her to have said that was quite a significant point. (Anna #4 IPR)

Marci, in turn, entered the practicum with a type of cognitive behavioural solution-focused approach to therapy that relied on a deductive reasoning orientation to identify antecedents that precipitated the client's problems and devise suitable solutions. She preferred a focused, directive approach that would help the client understand the contributing factors. As the following excerpt exemplifies, she also had a strong preference for behavioural interventions that would lead to a solution.

There was one point with a client where she was having so much anxiety she couldn't get up in the morning. She didn't want to come to school. She could barely make in to our sessions. And I thought, she needs something to get her to get out of bed in the morning. She needs to *do* something. She's sick of just talking. She's just rehashing and rehashing stuff she's already gone through with the psychiatrist. It's not helping. And I would sit there and just feel this frustration, like this tension in my chest. I thought I should be giving her something she can *do* that would get her more immediate results, not just talking! (Marci #1NI)

Clients whose responses did not correspond to the steps perceived as necessary for progress, in the form of identifying causes and solutions, were often deemed problematic. As can be seen in the following excerpt, the client's failure to respond as anticipated was also a significant source of frustration.

I'm kind of left floundering a little bit because (the client) doesn't go for it. She is very good at worming out of things. Whenever I try to focus her attention on something, I always get the feeling that she is not really focusing on it. All she is coming to do is tell

me stories and she doesn't really listen too much to what I am saying. It is just really hard with her you know. I just feel blocked at every path! (Marci #4 IPR).

Lynne's Original Paradigm drew heavily on her own experience as a Gestalt therapy client and upon her subsequent readings on the subject. She believed the genuine causes of presenting issues were out of the client's awareness and that increasing self-awareness in the present moment through focusing on physical sensations, emotions, or enacting conflicts imaginally was the best way to identify their source and to subsequently construct creative resolutions. Throughout the practicum, client formulations were typically characterized in terms of Gestalt conceptualizations.

I remember thinking he's disowned this part of himself. This is his "should", his parent, his superego. I mean, I'm labeling him all over the place. It's like such a beautiful example of that top dog function. It's really fitting with the model that I'm familiar with. Like this stuff really works! (Lynne #4 IPR)

Moreover, Lynne repeatedly assessed clients in terms of their self-awareness. Although potentially painful, she believed that increasing the client's self-awareness was necessary for substantive progress. She drew on her own experience as a client to explain her surprise and disappointment at some of her client's perceived lack of commitment to this process.

I think that I am a good client and I do what the therapist wants me to do, but all my clients aren't good clients. I really want to push myself and I'll take a lot of pain for a little bit of learning, but I don't think that other people necessarily want to do that. Initially I thought maybe they would. I mean people come into therapy, I would think that they'd be ready to really deal with a lot of ugly stuff in order to ultimately feel better, but I think people maybe aren't quite so willing to do that. (Lynne #3 NI)

Her appraisal of what she judged to be a worthwhile interaction, as expressed in the following excerpt also illustrates the tremendous satisfaction she received from being able to do what she considered appropriate and valuable therapeutic work.

.....and I remember thinking, he's given me other openings where I thought it would be very appropriate to make this a two-chair conversation and get him to start working on the split. Then I took the plunge and it was great! Like it was really happening! We

were making the divisions and he was talking to another part of himself. He was emotive. It wasn't about talking about old stories, but it was really a happening right there in the moment. It was really exciting to watch him work. It felt great. And at the end I felt energized, like this is what I want to do! (Lynne #4 IPR)

Victor began the practicum subscribing to a Jungian psychoanalytic perspective, whereby current problems were understood as manifestations of unconscious conflicts originating in early family relationships. Because he was unable to find a psychoanalytic supervisor, he decided to adopt a cognitive behavioural orientation. Although CBT was present rather than past focused, he believed cognitive therapy offered some compatibility with a psychoanalytic perspective because theorists such as Beck at least acknowledged the unconscious influence of core beliefs. From his perspective, the synthesis of the two approaches warranted identifying and understanding relevant unconscious cognitions resulting from past conflicted family relationships. Clients gaining insight into unconscious beliefs and patterns was held in high regard. Interventions such as interpretations and confrontations were warranted.

The ongoing influence of his Original Paradigm was also evident in Victor's interpretation of client responses. For example, in his initial IPR, he explained how his interventions were guided by the view that the client's symptoms were manifestations of unconscious and internalized anger.

She has a lot of negative feelings about herself. She calls herself "a bad person" and sometimes self-mutilates herself. I've been thinking a lot about, you know, what might have been underneath all of that. What I noticed is that there was always anger underlying everything, especially at her mother. My hypothesis is that she that she always internalizes it and mostly concentrates on what a bad person she is instead of getting angry at the appropriate people. So at this moment, I am in pursuit (laugh) of that theory. I am slowly getting her back to the anger. (Victor #2 IPR)

Victor also construed clients' failure to respond to his interventions in what he perceived as the appropriate manner, in terms of their "resistance" or reluctance to face their unconscious conflicts. This is exemplified in an excerpt from his final IPR. .

Her explanations may be correct, but they're absent of feeling. She's very motivated. I think she really wants to change, but she doesn't like the experience of having these feelings. Whatever they remind her of, it's tantamount to her losing control. So I'm thinking this in my mind as I'm listening to her, that she is distancing herself from the emotion, from her fear. She's very resistant. Her intellectualization is just projection of transference, a defence. So I'm redirecting her back to feeling (Victor #4 IPR)

Jeanette described herself as a present-oriented, solution focused cognitive behavioural therapist who viewed psychotherapy as a goal-oriented pursuit. She characterized her conceptualization of the therapeutic enterprise in terms of goals. As she put it, "It would be odd for a client not to have a goal". She placed a strong emphasis on a thorough assessment with a view to clarifying goals, identifying patterns of misperception and skill deficits. She often intervened in a manner designed to acquire additional information. When a client introduced a new topic in therapy, it made sense to her to return to what she referred to as "assessment mode". She also believed that it was very important that clients remain focused and not go off on what she referred to as "tangents". Consequently, she believed that continual re-focusing was both necessary and justifiable.

Jeanette evaluated psychotherapeutic interactions in terms of client' perceived progress toward their goals. The following excerpt, taken from her final IPR, illustrates how pleased she was with both the client and herself when this appeared to be happening.

As he's speaking I'm saying, Good! Great! He's getting something out of these sessions. He's actually getting somewhere! It may be a slow process, but he's seeing

that we're going to get there together. And it's a nice sense for me because it's working. It's a confirmation for me too that he's seeing that we're on the road to one of his goals. (Jeanette #4 IPR).

Support for conceptualizing the pervasive influence of supervisees' Original Paradigms also came from supervisees' descriptions of supervision. Supervisees relied on the original Paradigm as their *gauge for evaluating the supervisor*. Original Paradigms appeared to furnish the initial yardstick and the supporting frames of reference for evaluating the supervisor's general orientation and their specific directions. For example, all supervisees' made appraisals of the supervisor's orientation at the beginning of the practicum. Initially, these relatively decisive and most often covert assessments were typically made on the basis of their "goodness of fit" with the supervisees' Original Paradigms. Supervisees who found some initial compatibility with their supervisor's orientation expressed a sense of satisfaction and/or relief, believing this would make working with the supervisor easier with less potential for conflict. In contrast, reactions to incompatible supervisor orientations ranged from relative disinterest to dismay. Lynne, for example, found her supervisor's approach somewhat interesting, but not nearly as compelling as her preferred Gestalt orientation. This lack of enthusiasm is exemplified in the following excerpt.

[Supervisor] spends a lot of time, like trying to piece together the family history and to see how what happened in the family is reflecting on what they were doing now in their adult life. She thinks that it's really important, but a lot of clients don't want to talk about their family, their past. I mean, that's old. (*pause*) It's a new way of working for me, that's for sure. I mean it's slow. It takes a long time. And I'm okay with that. I'm pretty patient, but um....it's not dramatic and I think a lot of my clients would like something more dramatic. (Lynne #3 NI)

Marci, who offered the most incompatible evaluation, found her supervisor's client-centered, experiential focus on the subjective meanings of client experiences to

be both incomprehensible and suspect. Her dismay at the gulf between her supervisor's orientation and her own practical problem solving approach, along with her struggle to contend with her covert, persistent criticism of this approach remained an important and thematic aspect of her learning experience.

The influence of the Original Paradigm was also evident during supervisory exchanges when supervisees' provided an explanation for a particular situation. At times, these explanations were covert, as for example, when supervisees recounted to themselves their reasons for recently made judgements regarding their clients, themselves or their supervisor's directions. On other occasions supervisees reported verbalizing their rationale, either on their own initiative, or on their supervisor's prompting, for a particular formulation, action or evaluation. These initial explanations seemed to stem from the standpoint of their Original Paradigm and conveyed what appeared to be obvious or self-evident to the supervisees at that moment. While the supervisor's agreement with these "self-evident" explanations bolstered supervisees' assurance in their perspective, the supervisor's disagreement did not always foster doubt. Some supervisees reported that they continued to covertly provide evidence for their own points of view. Supervisees' evaluation of specific directions from their supervisor also reflected supervisees' preference for their Original Paradigms. Incongruent directions were judged to be counterproductive, boring, or of limited use.

The pervasive influence of the Original Paradigm was also seen in the way supervisees *understood and evaluated themselves* during interactions with clients and supervisors. For example, supervisees evaluated their actions with the client on the basis of the objectives associated with their Original Paradigm. Ways of acting that

contravened its principles were judged negatively. For instance, Anna, who's main objective was to increase the client's sense of personal agency, often struggled with what she perceived as improper directive actions such as providing a tongue-tied client with words. She viewed this as both problematic and discomforting because, as she put it, "...I don't think that is appropriate to my basic goal to empower the client to take control of their life and to feel that they can make choices". Conversely, interventions judged to move psychotherapy in a direction consistent with the Original Paradigm were deeply satisfying. For example, Victor reported experiencing a sense of great fulfillment and personal satisfaction when he his interventions facilitated clients' insight into what he construed as the underlying causes of their current difficulties.

Well, to watch [client's] expression - the initial bewilderment that they may have had. Sometimes they'll say "I never thought of that before!" And then it progresses from that shock and bewilderment to hope. "Yeah, you know maybe there is hope and maybe there are things I can do!" And their face changes from a despairing look to hopeful and excited look. That's really rewarding! Watching something that you've said, watching their face change, to see them come up with some insights and to have had a part in it. That's one of the main reasons why I love this area. It doesn't always work that way, but when it does it's very, very rewarding! (Victor #1 NI)

The connection between the Original Paradigm and the supervisees' sense of self was also evident in their construal of the supervisor's orientation and specific directives. For example, incongruent directions from the supervisor were not only judged as counterproductive, boring, or of limited use in terms of providing effective psychotherapy. They could also be experienced being asked to act in a manner they judged as personally incompatible. In other words, to act in a way that was fabricated, disingenuous or incongruent with their "genuine" or true self. They balked on these occasions because as Anna put it, "I couldn't be that kind of person".

In sum, the Self-referential mode of meaning making was developed to represent supervisees' predisposition to understand their interactions with clients and supervisors from the standpoint of their Original Paradigm. The Self-referential mode served as their most readily available or customary means of constructing meaning and it remained in practice from the practicum's beginning to end. Initial impressions often seemed relatively obvious. Within this mode, alternate construals were not actively considered. Client formulations, evaluations and prescriptive actions remained within the boundaries of the Original Paradigm's framework. Assessments of the supervisor's overall orientation and specific directives were made based on their goodness of fit with the Original Paradigm. Incongruent suggestions were often viewed in terms of their potential harm to clients. Incongruent directions were also perceived as incompatible with the supervisees' sense of genuine self. Client interactions that contradicted supervisees' presumptions represented a source of discomfort, frustration and negative judgements of the client and/or negative judgements about themselves.. Conversely, supervisees described client interactions congruent with their Original Paradigm as highly valued and intrinsically satisfying.

***Transformative Dialogues.*** Interactions with the supervisor and client were also replete with experiences in which the meaning inherent in any given moment was not always apparent, or what seemed self-evident, was challenged. While there were many times when supervisees remained within the bounds of their Original Paradigm despite experiencing challenges from the supervisor and client, there were also times when supervisees engaged in a distinctive and transformative mode of meaning making. The category "Transformative Dialogues" refers to an interpersonal and co-constructive

mode of construal. Characterized by heightened interest, attentiveness and self-awareness, it entailed supervisees' active and persistent attempts to understand the perspective of another in its own right. These ongoing efforts to understand another concurrently helped supervisees become more familiar with both the espoused and relatively unexamined implicit features of their own point of view. The combined effort to understand another's perspective, in conjunction with this emerging self-awareness and self-exploration, called aspects of the Original Paradigm into question. It also opened the door to the deliberate and effortful exploration of possibilities that lay outside its customary boundaries. Specific characteristics of Transformative Dialogues are outlined in the next section.

*Actively explore the Other's perspective.* One of the hallmarks of Transformative Dialogues was the supervisees' ongoing attempts to actively explore the Other's perspective. In contrast to the Self Referential mode, in which supervisees relied on their Original Paradigm to formulate, evaluate and respond to interactions with the supervisor and client, Transformative Dialogues entailed the supervisee's deliberate, persistent efforts to understand the supervisor and/or client's perspective in its own right.

Exchanges with the supervisor, including discussions on a conceptual level and focused examinations of specific, recent transactions with the client represented a useful "built-in" opportunity *to try to see through the supervisor's lens*. These interactions provided supervisees with the chance to try and apprehend that which lay outside their usual field of perception or to try to understand that which at first glance seemed wrong or unimportant.

Supervisees underlined the importance of hearing their supervisor's point of view while listening to taped psychotherapy sessions as particularly helpful. Supervisors drew the supervisee's attention to something entirely new, to an undifferentiated aspect of the supervisee's perceptual field, or to specific markers that the supervisee had not seen or heard, and ascribed a particular meaning to them. They described this *repeated opportunity to connect concepts and/or directions with specific experiential instances*, across situations and across clients as invaluable. It helped them begin to identify relevant or representative situations, or as Lynne said, to begin to see a situation "through her eyes". Marci described the role that recurring exposure to and reflection on the supervisor's orientation played as follows

I don't know how I'm learning other than (supervisor) stopping the tape and telling me what she sees and me just trying to figure out where she's coming from. She's very consistent in how she responds to various kinds of markers or cues, but every situation is different. So for me to constantly hear her giving similar responses every week, it gets drummed into my head, so that when I'm with a client I can recognize the situation and use that. When I haven't been exposed to that on a weekly basis I forget, or I get it confused. (Marci #1 NI)

These repeated exchanges with the supervisor not only provided supervisees with a way of conceptualizing a client, they also helped supervisees to prepare new ways of interacting beforehand. Lynne's described these practical implications as follows:

Developing this formulation was really helpful because it helped me prepare. It gave me a structure instead of just being all over the place. With that in the back of my mind, I feel like I can ask questions that would focus us on trying to get at that stuff. I can ask more pertinent questions, more relevant questions. I could even choose where I would go. (Lynne #1NI)

Supervisees additionally characterized their developing comprehension of the supervisor's orientation in terms of *internalizing the supervisor's voice*. For example,

they reported that, over time, they began to hear their supervisor's voice during an actual session. Whether it be, for example, Jeanette hearing, during a moment of indecision, her supervisor's direction "to always go with feelings, feelings", or Lynne recalling the supervisor's warning about her client's tendency to intellectualize during an exchange with that client, supervisees characterized the ability to reference this "internalized voice" as an important factor contributing to their *in vivo* construal of their interactions with a client from the supervisor's point of view.

While repeated interactions with supervisors helped supervisees learn about and recognize specific situations and prescriptively respond to them, they also helped them *learn what to avoid*. Indeed, the acquisition and performance of new perceptions, conceptualizations and actions also involved, in tandem, the equally important (and difficult) inhibition of one's usual or customary means of engaging. Repeated moment-by-moment co-examination of taped sessions helped supervisees become familiar with problematic impulses and helped prepare to "catch" them as they emerged in vivo.

Supervisees described the importance of ongoing exposure to the supervisor's point of view, continued attempts to enact it and repeated opportunities for reflection. They explained that this reiterative process was necessary because grasping the supervisor's point of view required much more than forming a conceptual understanding. It also meant developing the perceptual fluency to perceive an interaction through the supervisor's lens, and the proficiency to act in a corresponding manner.

While supervisees' Original Paradigm typically influenced their initial impression of a client, during Transformative Dialogues this initial impression represented the first

step towards understanding rather than a conclusion. Within Transformative Dialogues, supervisees actively sought to enrich their comprehension by *trying to learn the client's language* as opposed to translating it into their own network of meanings.

Consequently, they valued new and even contradictory material the client presented, and viewed it with interest.

All supervisees stated that the private review of tapes offered supervisees a unique opportunity to apprehend their clients anew, to perceive aspects of the interaction that they did not attend to initially. The absence of the immediate need to help the client and/or the reduced felt pressure to perform seemed to diminish anxiety and give supervisees the time and space to listen to both themselves and their clients more attentively. It provided them with the chance to reconsider their initial impressions of the client. As the following excerpt illustrates, re-attending to a session with heightened interest and attention afforded supervisees the chance to apprehend the unexpected, or to consider alternate interpretations and lines of inquiry.

Listening to tapes, even just on my own, has been really helpful. When I listen to a session I get so much more out of it than just sitting through it once. Sometimes when things are in process during the session, a client will say something and I can't ask every possible question that will lead from that sentence, so I'll choose one way and go there. But when I listen to the tape, I pick up on other possibilities and nuances that I might not have got because I was focused in a certain direction at that time. Or sometimes I'll assume that they meant a certain thing and I'll ask my question based on that assumption, but when I listen again, I'm not always sure that they meant what I thought they meant ... It just offers me more time to reflect on what I'm doing, time I don't have in the session. (Lynne #3 NI)

Supervisees' reflections on repeated interactions with a particular client provided them with the opportunity to compare and contrast previous and current interactions.

This "longitudinal" look helped supervisees refine their perceived understanding of their clients. For example, in her final IPR Lynne described how one of her client's

communicated in very flowery, associative and circular fashion. At first she thought he might be a bit dissociative. But, as the following excerpt illustrates, repeated opportunities to “really listen” helped her decipher his style of communication and interact in meaningful and satisfying manner.

He sounds a lot like he goes around in circles but if you really listen he makes perfectly good sense, but you really have to listen. Like the first time that I met with him I almost thought that he was a bit dissociative, because he jumps from one thing to another, and he's very flowery in his talking and brings in all these characters and it's almost like you're watching a show. But I realized that he just...that he takes his time. He really was connecting. So I felt okay in letting him go on his way. I didn't feel that he was out of touch, or that that he wasn't hearing me, or he wasn't able to answer my questions.(Lynne #4 IPR)

Supervisees' increased comprehension of their clients helped them in turn *to refine their actions*. They began to tailor their behaviour in client-specific ways.

Interventions became more nuanced. Interactions became more mutually satisfying.

Anna described this type of adjustment during her final IPR.

I use to be very directive with this client and the minute there was a silence I would have to fill it up because I was uncomfortable with it and I felt she was too. But we have had a number of sessions and keeping quiet is okay for me now. It seems very natural for her to want a little break, to breathe, and to think what she wants to say next. So I am waiting. I am not saying anything. I am watching her body language because sometimes if her face is turned, she is just trying to collect her thoughts and I don't want to interrupt that. (Anna #4 IPR)

Repeated interactions with clients enabled supervisees *to assess the client's progress in client-specific terms*. Although there were clients whose perceived gains clearly “fit” supervisees' conception of improvement or stagnation, supervisees also encountered clients whose progress seemed to be characterized by the phrase, “one step forward and two steps back”. While supervisees were typically dismayed or disappointed by perceived setbacks, they also began to reconsider the way they understood progress. In some instances, the perception of change in even relatively

simple behaviours began to be perceived as signs of tremendous improvement. Such was the conclusion drawn by Jeanette on reflecting upon her interactions with a client with a history of abuse.

I compare her to the first time she came in to now, she never used to smile. And also her eye contact was very intermittent. But [client] trusts me now because she can look me in the face and hold my gaze. She makes little jokes once in a while now. I sense that she's become much more comfortable with me. She can't yet solve the problems in her life, but there are changes (Jeanette #3 NI)

*Being Called Into Question.* During interactions with the supervisor and client, supervisees encountered unfamiliar, unexpected and at times challenging perspectives and responses. Within Transformative supervisees responded to these aspects of their experience by “being called into question”. Thus, rather than looking for explanations or answers from within standpoint of their Original Paradigm, (or alternatively, in spite of this initial response) supervisees were willing to bring their perspectives into question. This involved the intentional and sometimes difficult process of stepping back from their usual way of construing a situation and questioning its validity. This was especially challenging because it involved willingly accepting and enduring uncertainty in a situation where one felt a responsibility to help, and a need to perform well. Nevertheless, supervisees described these points of departure as it were, as particularly compelling and important aspects of their experience of learning psychotherapy.

Supervisees reported having spent time contemplating the nature of the supervisory relationship in general, and specifically, “*How to negotiate the evaluative components of supervision?*” They began to wonder how they could engage in a learning process that evoked strong subjective and personal responses with a person who was charged with their evaluation. When contentious issues arose, such as

significant differences of opinion, perceived unfair negative feedback, or deficiencies in the supervisory format, supervisees gave considerable thought as to how to negotiate these impasses. For example, Anna, who disagreed with her supervisor's direction to avoid praising clients, described how she thought "long and hard" about ways to broach this subject. Similarly, Marci gave extensive consideration about how to initiate a discussion about what she considered an unfair and inaccurate comment.

Supervisees described how interactions with the supervisor and client prompted them to call specific aspects of their Original Paradigm into question, particularly those that coalesced around the question, "*What is the nature of the psychotherapeutic discourse?*" This included questions related to the theme of what it meant to help the client and what was needed in order to accomplish that. For example, Lynne began to query her convictions regarding the universal advantages of focusing on self-awareness and Jacqueline began to question her assumption about the value of always obtaining a full and comprehensive assessment of a client's circumstances.

Additionally, all supervisees spontaneously related questions about the nature and role of directive and non-directive interventions. They were uncertain about how to distinguish between directive and non-directive interventions and they tried to distinguish and discern the circumstances in which each type of intervention would be useful. The following excerpt from Jeanette's final IPR portrays supervisees' experienced uncertainty with respect to this topic.

I do a lot of this with this client, I refocus and focus and repeat questions (*pause*) and I am not sure that that is okay. But I find if I don't, she gets away on me and she gets into things that are kind of unrelated. I know it sounds like I have a real agenda and I do. I want to focus this client on this track, but it might be too directive. Maybe I am kind of like being a bully. I haven't come to terms yet myself with whether that works.

In this case I don't know. Maybe I am not honouring where the client is at? (Jeanette #4 IPR)

Interactions with the client, together with exposure to the supervisor's orientation also prompted supervisees to explore the question, "*To what extent is psychotherapy a reciprocal, interpersonal process?*" During the initial interviews, the client was broadly represented as a person who needed help. Over the course of the practicum, however, interactions with a variety of clients prompted them to question the suitability of this characterization. They began to question, apparently for the first time, the ways and extent to which psychotherapy was an interactional process. This included emerging questions about the impact of the therapeutic relationship. As the following excerpt by Anna illustrates, supervisees also began to wonder who is responsible for therapeutic change.

I've had up to six clients this past semester and so when you see it works really well with say, four, but with two of them this isn't working, I say, okay. Where do I need to attribute the responsibility? (Anna #3 NI)

In addition to bringing psychotherapeutic assumptions and modes of interacting with clients into question, all supervisees struggled with ways to distinguish a psychotherapeutic relationship from other social relationships. Taking on the role of psychotherapist prompted them to think about these distinctions. Whether precipitated by feelings of attraction (Marci), by trying to determine the extent of one's obligation to a client (Anna), or by dissatisfaction with "casual conversation" (Jeanette), all supervisees were interested in knowing how to distinguish between their role as therapist and that of a supportive family member or friend. They puzzled about how to differentiate aspects such as advice giving, self-disclosure, responsibility, and the level of caring one felt for family and friends compared to clients. All wondered about the nature of the power

differential inherent in social relationships as compared to psychotherapeutic relationships.

Transformative Dialogues also encompassed experiences in which, interactions with the supervisor and client frequently gave rise to “encounters with the Self”. This included moments of heightened reflexivity when supervisees became aware of heretofore unrecognized personal habits, tendencies or assumptions. Rather than searching for familiar explanations, supervisees began to explore these emerging questions.

Listening to taped psychotherapy sessions provided a particularly useful context for drawing supervisees’ attention to aspects of themselves that they had not been aware of. As Anna described it, “Listening to tapes is more objective, like hearing yourself on stage and you are both the audience and the actor. It’s like self-analytical.”

Being able to “hear yourself” provided supervisees with many surprising and unexpected observations. One of the earliest questions that precipitated this type of self-reflection emerged from supervisees’ surprising observation that they acted in ways that were contrary to their intentions. Often experienced as confounding revelations, the perceived incongruities between intention and actions were particularly perplexing when supervisees discovered themselves acting in a manner contrary to intentions that emanated from their own Original Paradigm. The following excerpt from Anna exemplifies this type of conundrum and the questions it prompted.

I believe in psychotherapy you do your best to empower the person to find their own answers. That way they can have something to take away with them. They won’t revert to having no sense of who they are or a lack of control when they terminate. But I’ve had to back off with clients. I didn’t realize how directive I was until I listened to tapes. I was intruding my agenda, thoughts, understanding too much rather than letting the client come to an understanding. And I said, ‘This is not what you do! This is not what

I believe in. This is not what I would want somebody to do to me!' Seeing it was a real revelation. I was taken aback, felt almost embarrassed! (*pause*) I really have to put together my philosophical and intellectual stance with how I behave. (Anna #1NI)

Supervisees' recognition of gaps between self-initiated intentions and actions as a psychotherapist became a salient theme. They referred to and reflected on the question "*Why are my actions inconsistent with my intentions?*" throughout all four interviews.

Supervisees' attempts to try to understand their unintentional divergences from their intentions precipitated an exploration of self that could be broadly characterized by the question, "*Does who I am as a person affect how I am as a therapist?*"

Supervisees began to wonder if certain broad based assumptions inherent in their world view might be inadvertently guiding their interactions in a counterproductive or unsuitable manner. They also began to question if their view reality adequately characterized another's. For example, Anna's interactions with a client prompted her to explore the extent to which her family served as an adequate template for clients' families. Lynne began to question whether her own experience as a client provided an appropriate template for all client experiences.

Supervisees began to wonder if there were problematic personal factors impacting on the way they engaged in psychotherapy and supervision. This gave rise to the questions such as, "*Do I need to change who I am in order to be a good therapist?*" Included in these considerations were questions regarding whether or not they should participate in psychotherapy themselves. While Victor and Lynne entered the practicum certain that this was necessary, it became a relevant question for consideration for Marci and Jeanette when they perceived that certain personal

tendencies might be interfering with their ability to be competent and effective psychotherapists.

Being called into question, namely, the experience of beginning to query the adequacy or appropriateness of one's customary assumptions, principles, values, attitudes, intentions and actions, represented a distinguishing aspect of Transformative Dialogues. Rather than predominantly perceiving and explaining their interactions through the template of their Original Paradigms, supervisees identified specific aspects of their paradigms, brought to light through interactions with the supervisor and client, and called them into question. This highly salient and personally meaningful shift in orientation and attitude represented an important movement in the supervisees' quest for meaning. It involved intentionally relinquishing the familiarity associated with one's Original Paradigm and deliberately enduring the ambiguity of not knowing in a context where much was at stake.

*Recognizing and re-considering the Original Paradigm.* Active and persistent attempts to understand the supervisor's paradigm and the client's world view provided supervisees with alternative points of reference. Like the proverbial fish that does not know water until it discovers air, trying to perceive the world through another lens brought their own point of view into high relief. Within Transformative Dialogues, supervisees began to recognize that their perspective represented a singular rather than universal point of view and they were willing to bring that point of view into question. Supervisees' subsequent reflections on the similarities and differences between their own perspective and the counterpoints offered by the supervisor and

client helped them clarify and refine the espoused aspects of the Original Paradigm. It also helped them identify and explore its heretofore unexamined implicit elements.

*Supervisors facilitated illumination* of supervisees' reflections on Original Paradigm directly. For example, supervisees described how the *supervisor's recurring enquiry regarding their own perspective* helped them become more familiar with their idiosyncratic points of view. Asking supervisees to recall and describe their perceptions of a particular exchange helped supervisees explore their own point of view in a slower and more deliberate fashion. Being asked to describe their perspective on a particular exchange with a client, on numerous times, across many clients helped supervisees elucidate and clarify his or her own standpoint. For example, Jeanette's discussions with her supervisor about her male clients helped clarify her previously unexamined attitudes and expectations regarding gender. Through numerous exchanges with her supervisor, Marci began to recognize and articulate her own characteristic logical, deductive approach to listening. This in turn helped her begin to identify some of its limitations.

*Exchange and discussion of perspectives*, in which both supervisors and supervisees presented and deliberated on their respective points of view, also helped supervisees to identify, clarify and re-examine their own viewpoint. The following description by Anna illustrates this process. Anna perceived what she referred to as "enough red flags" that suggested a new client had a history of sexual abuse which had been perpetrated, so she thought, by the father. Her supervisor, on the other hand, believed that it could be the mother. A relatively lengthy exchange of ideas ensued. Anna was not completely convinced of her supervisor's point of view, however, she

highly valued the impact that discussing her own and another's perspective had because, as the following excerpt illustrates, it helped her identify assumptions she had not been aware of.

...and I thought, Wow! Here we go again! I've got new information, yet part of me realized that I was still going back to the fact that my father was the abuser in my family. Whenever I hear of sexual abuse, my red flag often has a male attached to it. But you never know. Maybe I'm right, but I can't make that assumption. You can't take for granted the conclusions you draw. (Anna #3NI)

Supervisees appreciated the supervisor's ongoing enquiry into their own perspective, as well as the type of open dialogue which enabled the comparison between their position and the supervisor's point of view. It enabled them to identify in a more differentiated and refined manner specific features of their Original Paradigm they deemed valuable. It also helped them more clearly delineate aspects that they wanted to change.

*Clients facilitated illumination* of supervisees' Original Paradigm and its associated interventions. Unexpected client responses were particularly useful in this regard. While the occasional failure of clients to respond as expected might be explained away, repeated exposure to unsatisfying responses prompted supervisees to call an aspect of their Original Paradigm into question. Jeanette, favouring an assessment-based approach to therapy, for example, was called into question through an interaction in which gathering information failed to move the exchange in a satisfying direction. She recounted beginning to construe *in vivo* how her tendency to "gather the facts" was not always useful.

So right now I am just trying to frame the whole thing again so then I'll know in my own head what issues I am going to get into down the road. But it's now twenty minutes into it and I am still trying to establish a pattern, you know. I am trying to frame it. I am not, I

am not really getting in very deep....At this point I'm sensing that I am starting to lose her. Like it is all too objectified. I haven't really addressed her feelings yet. I am starting to think that I have left it at the above level too long now. We have lost a lot of...of her. (Jeanette, #2 IPR)

It is interesting to juxtapose the previous excerpt with the following segment taken from Jeanette's final IPR. In this instance, she described how her ongoing contemplation of a client's pattern of responses gave rise to a deliberate, in-session decision to refrain from her customary impulse to "gather facts". She "checked" this behaviour in favour of a relatively new style of intervening.

I don't completely understand how (*client's situation*) changed, but I check myself from information getting. He has a lot of emotions that he keeps inside and I want him now to go from his head to his feelings because this is our 6th session and we get the most benefit in our sessions of going right to the feelings. So I want take him there really fast. (Jeanette #4 IPR)

Deliberations on their clients' progress over time also led Anna, Lynne and Jeanette to the startling revelation that the client responses they witnessed during face-to-face interactions did not necessarily provide a complete measure of the impact of therapy. They began to *recognize the client's agency*, realizing, for example, that clients continued to work outside of the therapeutic hour. For instance, Anna decided to do an interim assessment with two somewhat disengaged clients who appeared to be making very little progress. They both surprised her by clearly articulating specific ways in which they were benefitting from their psychotherapy.

So, part of part of what I think must be happening in counselling is something that I wasn't aware of because it was happening sort of beyond me in that it was happening in the client's mind and from the client's perspective. I was making an assumption that they must not be getting much out of this. And yet, there was a whole process going on for them beyond me. Thinking (*pause*) letting it sort of sink in and then acting on it, or looking at their world in a different way (Anna #3 NI)

Supervisees' repeated interactions with multiple clients also allowed them to deliberate on the similarities and difference among clients. Supervisees described (particularly during the last two interviews) how this helped them develop a more comprehensive and differentiated understanding of a number of concepts. Although deceptively simple, one of the main themes emerging out of these types of comparisons centered on the growing realization that clients were different. Supervisees' descriptions of this "*diversity*" among clients varied along a number of dimensions such as style of communication, motivation, and openness. For example, all supervisees were surprised by the variability in what might generally be called psychological development (preparedness). Victor spoke about clients' different levels of psychological "sophistication". Anna spoke of their varying emotional repertoires and in keeping with her original paradigm, Jeanette characterized clients' differences in terms of their stage in the process of achieving goals.

Reflections on numerous interactions with a specific client also exposed supervisees to inconsistencies within a client's stories. While initially perplexing or even vexatious, supervisees described how, upon reflection, they began to perceive these *inconsistencies as potentially useful therapeutic material*. Comparing and contrasting different clients also helped supervisees become cognizant of the varying manifestations of psychological diagnosis. For example, Victor for example, saw two clients diagnosed with depression. The following excerpt illustrates how he compared them in his effort to reach a better understanding of both the diagnosis and the client with this diagnosis.

Another one of my clients has clinical depression and she is very different from B. She just wants to stay in bed and she doesn't do anything with her life. Her voice tone is

always low. She's subdued. B. has a bit more change in voice patterns. She laughs. I don't know, maybe she puts on this little act when she comes in, but she doesn't strike me to be as severely depressed. I wonder if that diagnosis really true. Maybe she has just accepted the label. So I am just always trying to get at how true it is for her. (Victor #3NI)

*Emergent "personal" illuminations* associated with the Original Paradigm also occurred as the practicum progressed. Observing their own responses during interactions with the supervisor and client, especially recurring actions that supervisees construed as being incongruent with their intentions (e.g., talking too much, asking too many questions, imposing their own point of view, giving advice or providing ill-timed interpretations among others), evoked considerable self-reflection. It precipitated the search for and the identification of previously unexamined personal tendencies or assumptions that might help explain why they repeatedly acted in dissatisfying ways. Supervisees referred to this type of compelling and at times intense self-exploration and reflection across all interviews.

A number of these reflections focused on the nature and motivations associated with their wish to help. All supervisees characterized the wish to help as an essential aspect of their identity. As Lynne explained, "It's just my personality. When I see people in distress or pain, I want them to get better!" While supervisees endorsed and valued their aspirations to assist other human beings highly, they began to explore the implicit and personal meanings associated with this wish along with their implications. Specifically, they began to examine the link between the wish to help and a) a difficulty tolerating client distress, b) a difficulty tolerating the ambiguities of psychotherapy, c) performance concerns, and d) self-blame.

All supervisees perceived instances when the wish to provide client relief overrode all other intentions and actions. They began to connect this urgent need with a *difficulty tolerating client distress*. Witnessing a client's suffering, confusion or even discomfort was troublesome, and sometimes quite disturbing. Supervisees began to explore the nature of this discomfort and reflect on its implications across a number of clients and in different situations. For example, Victor described realizing how his wish to help along with a difficulty in enduring another's unhappiness proved to be a compelling and at times counterproductive, combination.

I'm becoming aware that my need to help may sometimes get in the way. I don't think my tendency to want to help is wrong, but to get overinvolved in overstepping your bounds in helping could be more harmful. I may be so involved with a client, so wanting to help because I feel so badly for them, that I may try and take matters almost in my own hands and say I think you should do this. You should do that.....trying to resolve my own pain with them instead of proceeding in a way that will help them. (Victor #1 NI)

Supervisees also drew connections between their difficulty tolerating client distress and an anxiety ridden sense that they always had to be doing something to "fix" the situation. For example, several supervisees explored its relevance in terms of the commonly observed problem of tolerating silence. Even though supervisees knew in principle that silence could play a useful therapeutic role, there were times when witnessing their client's discomfort during it impelled them to "fill in the blanks". Difficulty tolerating client distress also created a strong disposition to give advice, particularly at the beginning of the practicum. Each supervisee, in his or her own way, sought to explore the personal relevance of this tendency. For example, Anna described how repeatedly witnessing her tendency to give advice prompted reflections that led her to an important and personally relevant discovery.

I've always taken care of people, tried to take their pain away and that's what I was doing with client. It was a revelation to see how I couldn't let client sit and squirm, feel

uncomfortable, while asking me for answers. I wasn't aware of how hard it was for me to bite my tongue when client ask me what I thought he should do..... My role in my family was a large factor. From a very small child I believed I had to save everybody. I was the caretaker, the fixer even though I was quite small. I wasn't aware of how strong the need to be the rescuer is in me. It was a real revelation for me! (Anna #1 NI)

Supervisees also observed how their wish to help the client, combined with what Marci referred to as *“a difficulty in tolerating the ambiguities of psychotherapy”* could also precipitate a number of overly intrusive actions. All supervisees, for example, referred to situations in which an intolerance of ambiguity seemed to precipitate a single-minded effort to “figure things out” or to “have a framework around everything”. They described situations where their sense of ambiguity or uncertainty impelled them to ask too many questions, or to frantically search for “clues” that would explain an unexpected situation.

Supervisees began to look at the ways in which their personal need to understand could result in decidedly one-sided interactions. For example, they began to explore the ways in which their excitement (and often relief) at developing a good formulation could inadvertently lead them to impose this perspective onto their client. Supervisees variously described this manner of engagement as doggedly pursuing “my agenda”, “pushing a point of view” or coming across as “too opinionated”.

Supervisees' began to recognize how this dogged pursuit of a hypothesis could interfere with their ability to fully hear and receive what the client was saying. Upon reflection during her initial IPR, Lynne described how she had been so engrossed in categorizing her client according to her preferred Gestalt concepts that she missed what he was saying.

I want him to make a connection that it's wrong to be writing like this in two-person. I want him to say, “Yes, I shouldn't be splitting up like this. I should be all one person.”

But again he answered in a way I didn't expect. Now (*during the IPR*), I am questioning myself here. I mean, that's what I FEEL is happening, Intuitively it feels right, but now when I am listening to it again, I'm not sure. (*pause*) Maybe I was making assumptions. (*pause*) Maybe I'm too interested in labeling. (*pause*) I think I have my own agenda. I'm so intent on following what I believe is right that I am not following him or picking up his cues (Lynne #1 IPR).

Similarly, perceiving herself, as she phrased it "putting words in the client's mouth" prompted Anna to wonder how it may have inappropriately interfered with the direction of subsequent interactions. Her question "I wonder what (the client) might have said if I hadn't stepped in" (#4 IPR) exemplified a question expressed by all supervisees during this type of deliberation.

Supervisees also became aware of how *self-blame* could interfere with learning as in, for example, blaming themselves when clients were not showing signs of improvement. As Lynne stated, "I think there is a lot of learning for me in being patient with the process, just like I tell my clients to be!" (Lynne #3NI). Four supervisees reported that counterproductive self-evaluation was fostered by yoking immediate performance to long term educational and professional goals. They spoke about various levels of "performance anxiety" particularly during the first half of the practicum. This often revolved around trying to act in a ways that would meet the supervisor's approval. While they acknowledged some moderate motivational benefit regarding this inclination, they began to recognize that too much concern about the future implications of not gaining the supervisor's approval was detrimental.

To sum, supervisees entered the practicum with an Original Paradigm that represented their own sense of themselves as individuals, as students, and as human beings helping other human beings. Elements associated with psychotherapy (i.e., those aspects associated with helping another) were well-established, but relatively

undifferentiated. While the Original Paradigm represented the initial standpoint, supervisees did not always remain with the fixed limits of this original point of view. Notable exceptions occurred where interactions with the supervisors and clients appeared to render the boundaries of their world view more permeable. Signalled by heightened reflexivity, self awareness and the ongoing attempt to understand another's point of view, Transformative Dialogues constituted a co-constructive form of meaning making. Particular beliefs, assumptions, expectations were challenged. Customary and familiar ways of perceiving became less "obvious" as attention was turned to unfamiliar and unexpected elements emerging through interactions with another. Both espoused, as well as previously unidentified implicit features of the Original Paradigm were illuminated and brought into question. Supervisees' "default" standpoints were not easily altered through single encounters. Ongoing exposure to alternative perspectives and lived experiences, as well as recurring attempts to respond to the supervisor and client in a mutually satisfying manner were needed. Moreover, repeated opportunities to reflect on these experiences (independently and with another) were necessary.

**Quality of the relationship (supervisory and therapeutic).** For the supervisees participating in this study, the process of learning how to do psychotherapy involved developing a personally meaningful way of conceptualizing and engaging in this enterprise. According to them, this could only be done in the company of the supervisor and client. From the standpoint of this analysis, the processes devised to capture the interpersonal and interactional nature of experiential learning (i.e., Exposure, Exercising Agency and Reflexivity) were understood to be grounded in and dependent on the relationship supervisees had with these "necessary others".

The relationship influenced every aspect of the learning process, from the content supervisees were exposed to (and received), to the actions they undertook, and the manner in which they tried to make sense of their experiences. The relationship either facilitated or hindered supervisees' clearer apprehension and understanding of their own horizons, as well as the recognition, consideration and possible incorporation of different points of view. Furthermore, relationships were understood as significant in and of themselves because supervisees were exposed to the felt experience of being in supervisory and psychotherapeutic relationships of varied qualities and characteristics. In short, both the supervisor and client were seen as prime sources of material for learning.

***Complexity of participants' roles.*** Learning psychotherapy necessitated close interactions with the supervisor and client – a requirement that supervisees both expected and embraced. That being said, the relationships themselves were complex. Each of the main participants embodied multiple and, at times, ambiguous or conflicting roles. For example, supervisors were teachers, evaluators and potential confidantes. As teachers and evaluators, supervisors were in a powerful position in that they were both a primary source of new ideas and the primary judge of the supervisees' suitability for their chosen profession. At the same time, supervisors were also seen as potential confidantes to whom the supervisees could disclose puzzling, disquieting or possibly contentious aspects of their experience as psychotherapists in training.

The supervisees' perception of clients was also complex. For example, in addition to being viewed as individuals who supervisees wished to help, clients' progress (or failure to do so) was also perceived as a mirror that reflected the

supervisees' capabilities and limitations. Supervisees' perception of their own roles was equally complex. For example, supervisees acknowledged that they were by and large quite inexperienced, yet they were being asked to take on the responsibility of helping the client sitting across from them in the psychotherapy session. At times this felt like an incongruous combination. Meanwhile, supervisees' self-acknowledged sense of inexperience also co-existed with a personal set of preferences and assumptions regarding psychotherapy, thereby setting up a tension between knowing and not knowing. Moreover, although supervisees clearly identified themselves as beginners and wanted their supervisor's direction, without exception, all emphasized their wish to be self-determining learners. They pointedly did not want to follow blindly their supervisors' approach. Given the richness and complexity of the supervisee- supervisor and supervisee-client relationships, working towards developing a personally meaningful way of conceptualizing psychotherapy and responding as a psychotherapist entailed attempting to find a balanced and satisfying way of interacting with and relating to the supervisor and client.

Rather than viewed as a static, fixed condition, relationships with the supervisor and client were seen to be dialectical in nature, developing out of the *reciprocal* contributions of those involved. The quality of a relationship was open to fluctuations and change. Just as individual talents and capacities play a part in, but do not entirely define the quality and nature of a dance, practicum relationships were understood to represent more than the sum of individual participants' contributions. Although each participant played a vital, agentic role, what emerged also depended on their responsiveness to each other and to ongoing events. Thus, supervisees influenced the

quality of the relationship with both the supervisors and clients and were, in turn, influenced by it.

***Reciprocal positive mutuality.*** Although the relationships between the supervisee and supervisor, as well as supervisee and client were reciprocal in the sense that their attitudes and actions affected each other, this clearly was not a relationship of peers. The perceived power differential and perceived differences in role expectations were too great. Nevertheless, the extent to which the supervisee developed a positive mutual relationship with the supervisor and client influenced both what was learned and how it was learned.

Positive mutuality referred to the extent to which there was a perceived reciprocal valuing of the person and the contributions that he or she made. It was a dimension that applied to both the supervisory and supervisee-client relationships. It was demonstrated when interactions between the supervisee and the supervisor or client were characterized by mutual respect, positive regard, trust, genuineness, support and encouragement. It also included an attitude that might be described as a mutual valuation of discovery within the context of the task at hand. These qualities, however, were not available on demand. They developed through the reciprocal efforts of the participants as supervisees negotiated the gains and inevitable challenges that emerged through their repeated interactions with these significant others.

*With Supervisor.* Lynne, Jeanette, Marci and Anna readily recounted a number of supervisor characteristics and actions that contributed to the development of a good supervisory relationship. In the broadest sense, supervisees perceived that the

supervisor was genuinely interested in their progress. In other words, they felt that the supervisor was on their side. Supervisors demonstrated this in number of ways.

Supervisees described how important it was when supervisors made a point of *acknowledging their efforts and accomplishments* when they drew attention to effective actions (including those taken on their own initiative) and recognized accomplishments. Supervisees also appreciated the *supervisor's attentiveness to their point of view* as well as his/her genuine interest in how they construed a situation, whether or not it was congruent with the supervisor's perspective. As Jeanette's excerpt illustrates, demonstrating a genuine interest in the supervisees' perspective also modelled how to explore another point of view in a non-directive, accepting manner.

Supervisor stopped tape and asked me what is going on there? I didn't know what to say. He's really good because he doesn't jump in the way I sometimes do. He just sits back and says okay, I just want you to tell me what you think. He didn't want to lead me. (Jeanette #3NI)

Supervisees appreciated the *supervisor's responsiveness to their concerns*.

Supervisors listened and tried to find a mutually satisfying way to address concerns that ranged from getting enough time for supervision to the emotional impact of working with at-risk clients. Additionally, all supervisees described how *supervisors* demonstrated acceptance and valuing through their *non-judgmental attitudes and responses*, particularly with respect to supervisees' "faux pas". As Lynne emphasized in the following excerpt, this non-judgemental attitude represented a very important feature of a good supervisory relationship.

My supervisor is great in that if I am wrong, or if it's not what she thinks it should be, she never makes me feel stupid or bad or like I've done something so awful. She's really great about that. So I have no problem bringing her things that I feel I might not have done right. I feel very lucky for that. I know supervision isn't like that for a lot of people. Lynne #2IPR)

Supervisees also *valued supervisor's reassurances and support*, particularly on occasions when they questioned their own competence and worried about their client's well-being. Their supervisors were able to recognize and acknowledge the supervisees' struggles as they occurred and provided them with encouragement and support that fostered a sense of hope.

My supervision has been very good. He's been very, very supportive. He says I'm way too hard on myself, even though that's always hard for me to see. I feel very comfortable with him. I can almost relax. Like, I can do this! I can continue on this route. (Jeanette, #3 NI)

Overall, supervisees believed that positive mutuality existed in the supervisory relationship when they felt valued by the supervisor, when they felt entitled to hold and express their own views, and when the supervisor tried to understand their perspective in a non-judgmental manner. They trusted that the supervisor would not denigrate or dismiss their ideas or disclosures. Supervisees were also confident that supervisors would raise issues in a respectful manner and that they were motivated to do so by their genuine interest in the supervisees' progress.

Supervisees readily described reciprocal aspects of positive mutuality within the supervisory relationship. Positive mutuality was reciprocally demonstrated when the supervisee valued and respected the supervisor and tried to understand the supervisor's orientation in its own right. In a good supervisory relationship supervisees described themselves as being *attentive and interested in the supervisor's point of view*. They respected the supervisor and appreciated the input that that he/she offered. To paraphrase Jeanette, supervisors gave supervisees very useful ideas that they could take away and think about. Supervisees were also *willing to try and enact a respected*

*and valued supervisor recommendations*, including those that were unfamiliar, of uncertain value or even incongruous with their Original Paradigm. Lynne, for example, continued to try and develop formulations in keeping with her supervisor's emphasis on the client's early history, even though it did not correspond to her preferred Gestalt orientation. Similarly, Marci's high regard for her supervisor contributed to her willingness to persist in trying to learn an approach that seemed to challenge everything she thought was "right".

I respect (supervisor) and I think she knows what she's talking about. When she listens to my tape I think, my God, she's amazing! And I think that if I was actually as good as her I would probably see this process being validated as opposed to how it was denigrated before. So that's how I'm dealing with the fact that I keep I keep hearing these little voices from my past. I keep saying, well give it a shot. Try it out. (Marci #1 NI)

Supervisees also referred to the importance of being in a supervisory relationship where they *felt entitled to hold and express their own views*, including differences of opinion. They described a number of interactions, particularly in the second half of the practicum, where there was space in the supervisory discourse for them to express their disagreement or another viewpoint. This did not mean that the supervisor had to agree. Rather it meant that the supervisor allowed that there could be another way of looking at a situation.

A good supervisory relationship was also distinguished by the extent to which supervisees perceived it was *safe to bring their questions and concerns*. By and large, Anna, Lynne and Jeanette described a consistently open relationship with their supervisors. Although they all expressed worry about the supervisor's evaluation at the beginning of the practicum, this did not remain a prominent concern. Supervisees perceived their supervisor's feedback as an attempt to help their progress not as a

criticism. Supervisees were willing to genuinely disclose and discuss their current reality and to identify and acknowledge topics that were significant but as yet unexplored or unresolved. Lynne's declaration, "I have no problem bringing her things that I feel I might not have done right," and Jeanette's statement "I can raise anything with him" characterize an attitude commonly expressed by these three supervisees. Bringing the troublesome areas included raising concerns that arose during self-reflection, even when it involved disclosing disquieting personal inclinations. Thus, although, as Anna put it "it is very hard to be open about these tendencies" all three supervisees reported discussing these types of disconcerting challenges with their supervisors.

In comparison, Marci expressed a somewhat more equivocal relationship with her supervisor. Even though Marci respected her supervisor and acknowledged that her supervisor frequently recognized her achievements, she found the times when the supervisor negatively judged or criticized her very disturbing. Nevertheless, Marci admired her supervisor and received enough support that, despite her ongoing trepidation, she too felt that she was able to raise most questions and concerns in supervision. Moreover, she persisted in broaching some of her more private concerns, such as her desire to be friends with a client, even when it was not, as she described, well-received the first time. The following excerpt illustrates how her perseverance and the supervisor's subsequent responsiveness repaired a rupture and opened the door to further exploration.

So I eventually brought it (wanting to be friends with client) up again and it was better received the second time. Instead of just kind of quickly jumping in and saying, "Well if you don't feel you can work with this client we will refer her ..." she said something like "Let's look at your countertransference issues. Do you think we should talk about this?"

Do you honestly think its interfering?" So that kind of was reinforcing. I felt more free to bring it up again. (Marci #3 NI)

*With Client:* A good supervisee-client relationship was also characterized by positive mutuality. It existed when the supervisee valued and felt valued by the client. It entailed the type of discourse where both participants were perceived to be engaged in a genuine and mutual exploration and development of a shared understanding and when supervisees perceived that their clients knew they had their best interests at heart.

Supervisees described a number of specific features that characterized a good relationship with the client. For instance, they unanimously identified the pivotal role played by the *client's perceived commitment to psychotherapy*. They referred to this characteristic (or lack of it) in every interview of this study. Although each supervisee construed clients' "dedication" somewhat differently and emphasized characteristics that were particularly relevant to them, clients generally were seen to demonstrate commitment by their actions. For example, all supervisees, referred to the importance of clients' emotional involvement. This included their perceived emotional connection to the content of their narrative and their willingness to express the emotions associated with these experiences.

The perception that the client took what the supervisee was saying seriously also showed clients' commitment to the therapeutic process. This was demonstrated through clients' attentiveness during sessions, as well as their recollection of previous supervisee input. It was also manifest by the client's willingness to persevere, and to discuss material that was clearly painful or to continue to come to therapy even though it appeared to be difficult, also testified to their dedication. As illustrated by the following

excerpt, presenting new and relevant material on their own initiative was also highly valued.

When he came in with his book there were all these yellow papers sticking out and I just thought that he had marked his journal in this way. But I realized as he flipped through it that he had organized it in such a way so that he could read me poignant points. He obviously took a lot of time over this to show me, so I felt good about that. I felt like he's taking this therapy seriously. He's really working on it, he's really working on himself, he's putting in an effort, and that felt good. (Lynne #2 IPR)

In a relationship characterized by positive mutuality, clients also displayed a *non-judgemental and accepting attitude toward the supervisee*. Supervisees' perceived that the client trusted them and appreciated their encouragement and support. As Victor's description illustrates, clients' expression of this type of trust and their recognition of the supervisees' care was quite powerful.

[Client] said "I didn't think that anybody cared that much to listen and to think about what I was saying all these weeks." It touched her that I was thinking very hard about her. There was a connection, you know; a real rapport, a genuine caring. It is more than just statements, it is real feeling. And I went away from that feeling really good. I think both of us felt really good. She's going into new uncharted fields but she knows she is not going there alone. She is going there with somebody who cares about how she is doing. (Victor #2 IPR)

Supervisees readily described the beneficial impact a good relationship with the client had on their learning. For example, the client's perceived commitment to therapy, in combination with a sense of mutual understanding was associated *with increased empathy and high regard*. Supervisees expressed a growing confidence in their ability to understand the client, to recognize the perceived meaning inherent in clients' behaviours and communications, and in the material they brought. As the following excerpt from Jeanette illustrates, the supervisees' sense that they could recognize the

meaning that a word, a small gesture, or specific events had in a client's life was important.

I actually I felt good that we had shared so much information to date that she could tell me that and I could instantly recognize then what was going on and what it really meant for her. I felt like we had a relationship, a therapeutic alliance, a bonding. We had developed a rapport. (Jeanette #2 IPR)

Supervisees spoke of how this sense of understanding and empathy mitigated potential negative attitudes towards clients who responded in a manner supervisees considered disadvantageous. Tolerance for problematic behaviour increased. Anna described such increased patience with a client who was not facing a difficulty in the manner she wished, as follows;

I wasn't getting angry. With some clients I get really frustrated but I wasn't with her, because I know her. I really sense her pain. This isn't avoidance. She just doesn't get it. She gets really mired in her feelings and then her clarity goes out the window. (Anna #4 IPR)

A good relationship with the client also impacted the supervisees' sense of *self efficacy*. For example, all supervisees perceived themselves as being more effective therapists. As Marci put it, "I find it so much easier to be a good therapist when I'm really in contact with someone". Supervisees also described an *increased motivation to work with the client*. They stated that they were especially attentive to the client's verbal and non-verbal feedback which in turn helped them modify their actions in a fruitful manner. They learned to be less intrusive, and to listen more acutely.

I am purposely sitting back. I'm not going to say a lot today because I know that I talked a lot last time. And (client) has actually taught me that too. There's times when I have interrupted him in a deep thought process, and he has let me know. Or I start asking a lot of questions and I see he's getting confused. He has made me aware to make some silences even longer. (Jeanette #4 IPR)

Supervisees also spoke of the beneficial impact the client's non-judgemental and accepting attitude. In a mutually accepting relationship, the supervisees' mistakes seemed less catastrophic. As the following excerpt illustrates the rapport or alliance seemed robust enough to withstand these missteps.

One of the things that I value so much about her as a client is if at times I make mistakes, she doesn't get uptight about them, she doesn't point them back at me. Part of me wants to sort of just almost feel gratitude to her. I'm accepted by her too. She is affirming that it is okay if you make little mistakes and stuff and I do feel affirmed! (pause) It is interesting because she is the client I feel I work the best with (Marci #2 IPR)

Supervisees noted that reduced anxiety about making mistakes that existed in a good relationship was also accompanied by a *greater willingness to take risks*, to experiment and try new interventions. They described how this willingness to step outside their "comfort zone" was important aspect of learning.

A good relationship with the client also helped *supervisees tolerate the ambiguities and personal challenges* associated with psychotherapy. Anna and Jeanette, for example, stated that it reduced their anxiety levels which in turn helped alleviate their discomfort with silence. Anna described the difference the impact a good relationship made on this common problem as follows:

[keeping quiet] is okay for me now. [Before] with her it has been semi-uncomfortable, with other clients it has been seriously uncomfortable but (laughing) there is something about her. She and I have a good connection and I am not as uncomfortable, whereas somebody who is very defensive, or who is very much into avoidance and resistance that makes me much more uncomfortable with it (Anna #4 IPR)

Marci observed that a positive relationship increased her tolerance of the client's strong emotional expressions. She noted that while she often backed away from such displays, her ability to withstand this was much higher with clients with whom she had a good rapport. She described this effect in the following excerpt.

I find that even if my eyes do tear up I can still stay with some clients, but when clients that I barely know start to get all emotional, it's hard for me. Like, the client I have a really good relationship with, she gets emotional all the time and I really feel it. We're extremely empathic and it works wonderfully and I don't feel threatened. Our bond is so good. Whereas the person who I backed away from last week - I barely know her. I could tell that she felt uncomfortable. It made me feel uncomfortable and I didn't want to keep it going. (Marci #3 NI)

Supervisees' relationships with their clients were very important to them. They readily described a number of features such as client commitment and respect that contributed to a good client relationship. They were also quite definite about the ways they benefitted from it. A good relationship characterized by mutual respect and understanding, helped reduce their anxiety and build their tolerance for ambiguity. Increased attentiveness, empathy and understanding also contributed to supervisees' perception that they could refine their actions in a more effective manner. They felt freer to "step outside their comfort zone" and take the risks that they described as necessary for learning. In sum, supervisees also felt like they benefitted from a good relationship with their clients too. They all expressed a sense of gratitude towards clients when this type of rapport existed. Table 3 summarizes the properties of positive mutuality associated with the supervisory and psychotherapeutic relationship

To summarize, a good relationship with the supervisor and client facilitated learning as conceptualized by this analysis. Characterized by mutual acceptance, valuation and interest, supervisees felt accepted, valued and supported by the other. They believed that the other was interested in their point of view. Supervisees in turn, held the other in high regard. They were interested and attentive to the other's perspective and they valued their contributions. A good relationship was conducive to increased trust, genuineness, understanding and empathy. Supervisees sought out

**Table 3.** Properties of reciprocal positive mutuality associated with the supervisory and therapeutic relationship

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<b>Positive, Reciprocal Mutuality</b>	
<u>Supervisory relationship</u>	
<u>Supervisor</u>	<u>Supervisee</u>
acknowledges supervisee's efforts and accomplishments	attentive and interested in supervisor's point of view
attentive and genuinely interested in supervisee's point of view	willing to try and enact a respected and valued supervisor's recommendations
responsive to supervisee's concerns	felt entitled to hold and express their own point of view
non-judgmental attitude and responses	
provides reassurance and support	safe to bring questions and concerns
<u>Therapeutic relationship</u>	
<u>Client</u>	<u>Supervisee</u>
Client perceived as committed to psychotherapy	increased empathy and high regard for client
client's non-judgemental and accepting attitude	increased sense of self efficacy
	increased motivation to work with client
	greater willingness to take risks
	increased capacity to tolerate ambiguities and personal challenges

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opportunities to develop a shared understanding. They were open to a wider range of encounters, more tolerant of challenges, and more willing to persevere in the face of difficulty. They were responsive in their actions, adjusting to the perceived needs of the situation. They were more likely to experiment and take risks. They were also willing and open to explore and study their own perspective as well as that of the supervisor and client.

***Reciprocal negativity and disengagement*** In contrast to positive relationships, negative relationships were characterized by indifference, disrespect, criticism, hostility, frustration and/or fear. In some relationships, the other's disinterest or neglect seemed to prevail and supervisees felt like they were operating in a void. In other cases, supervisees encountered relationships in which the other was perceived as quite rigid, critical and threatening, in which case the relationship was characterized by anxiety and animosity and imposed limits on the supervisee's learning.. For example, the type of exposure, agency and reflexivity that occurred in the context of negative relationships hindered supervisees' ability to develop an increasingly comprehensive understanding of their own point of view. Moreover, the potential for expanding their point of view through interactions with another was also impeded.

Although, by and large, supervisees referred to good supervisory relationships, Victor, Marci and Jeanette described situations in which negative interactions with the supervisor interfered with their ability to learn. Two types of interactions distinguished negative supervisory relationships. One type was characterized by *indifference and neglect* and the other by *hostility and threat*.

*Supervisor's indifference and neglect.* Victor and Marci described relationships in which the supervisor's disinterest and neglect seemed to prevail. Victor, for example, identified his interactions with the supervisor as haphazard and ineffectual. In his case, he depicted a relatively pleasant supervisor who *offered little useful direction* in terms of how to proceed with a client. Moreover, his supervisor was not inclined to discuss the countertransference issues Victor deemed important. As the following excerpt, taken

during the second half of the practicum suggests, Victor had a sense of being cast adrift.

Sometimes I feel very much lost at sea with how I'm going to proceed with a client. Like, it is up to me. The feedback like that I'm getting from my supervisor feels adhoc. There's nothing insightful or new that I've actually learned. And I never really got a sense of what his view of psychotherapy was..... I don't have a guiding theory that's being handed down to me. I'm not getting it in supervision and I'm hungry for it. (Victor #3 NI)

Marci in turn described the experience of having a *supervisor dismiss significant concerns* about her reactions to working with clients. Instead of acknowledging and discussing them, her supervisor simply asked if she wanted to refer the client to another therapist. In both situations the supervisees felt somewhat neglected, devoid of support or guidance. They were left with the perception that they could only rely on themselves for learning. Victor explained how the paucity of supervisory input meant he had little to experiment with and nothing against which he could test and hone his own point of view. The supervisor's perceived dismissal of Marci's emotional reactions left her feeling isolated in her attempt to try and address what she identified as an important aspect of training. As she said, "I just end up trying to work it out by myself".

*Supervisor's hostility and threat.* Alternatively, negative supervisory relations were characterized as hostile and demeaning. For example, the supervisor took a *rigid and authoritarian* approach to supervision and excluded all other perspectives. There was a 'right way' and a 'wrong way' to do therapy, or as Jeanette stated, "it's her approach or no approach". Interactions were one-sided and didactic. The supervisor was primarily an instructor/evaluator. He/she displayed little or no interest in exploring the supervisee's point of view. *Feedback was focused primarily on fault finding.* It included criticism that seemed *to demean the supervisee personally.* Marci, for example,

recounted occasions when the supervisor called attention to character flaws in a manner that appeared to question her suitability for the profession. She believed her supervisor had overstepped her authority with these types of humiliating comments. As the following excerpt illustrates, she was also upset because it potentially jeopardized her long held professional aspiration.

I also got the kind of hidden message that it was wrong how I was, that I should change my whole way of being. And I guess I felt that that wasn't necessarily true. Why should I? I'm well adjusted! ...I think that's pushing the boundaries of what a supervisor's supposed to tell me. And it made me feel like I'm not cut out for this, but it's almost too late to tell me that now, isn't it!" (Marci #3 NI)

Supervisees stated that these types of relationships had a pronounced and detrimental impact. They described them as "grueling" and "demeaning" interactions that intensified supervisees' sense of inadequacy. Supervisees reported that they had a significant impact on learning. For example, supervisees became increasingly hostile to the supervisor, and regarded them with *diminishing respect*. This had a strong negative effect on learning. Supervisees' inclination to study their experience, and to raise genuine questions and concerns in supervision was curtailed. Rather than opening to and engaging in a useful and recursive search for meaning, engagement in a negative supervisory relationship seemed to have quite the opposite effect. As reflected in the following excerpt, the intense feelings of inadequacy spawned by overly critical feedback, left supervisees very reluctant to engage in any meaningful exploration of their efforts as therapists.

So I don't want to bring in a tape because I feel like all of a sudden I can't do therapy, that no matter what I say, no matter how I say it, whatever I might be thinking in my head where I want to get this client, it won't be right. And when I come the next day to do my intake day I'm just saying, "I can't do anything! I can't do anything!" So that's really hindered learning. That certainly hasn't been a growth experience!. (Jeanette, #1 NI)

When circumstances became too contentious or threatening, supervisees appeared to *deliberately disengage from a thoughtful and beneficial exchange*. Instead, they became pre-occupied with avoiding similar noxious encounters. As the following excerpt illustrates, sometimes Marci tried to accomplish this by resorting to diversionary tactics in supervision.

The big problem is that I'm so worried that it's going to happen again, I find myself wanting to kill time when we're in supervision. I know she needs to listen to my tapes, but it's so much easier just to get into a theoretical discussion because if we do that, it's safe. I did it yesterday and it's so easy to do. I always criticize myself later, but during the time it's just such a relief. (Marci #3 NI)

Jeanette's strategy was to respond with empty deferral and acquiescence, reflected in the excerpt below.

The only draggy part though is that I will be getting a grade. So I have to sort of play the game and not feel like I have to justify everything. If she says, "Well you know, you should have paraphrased..." I say, "Yeah, you're right, I should have paraphrased. Give me my A". (Jeanette #1 NI)

These supervisees' descriptions suggested that negative supervisory relationships, characterized by disinterest, disregard, high levels of anxiety, mistrust and/or antagonism were not conducive to the authentic and productive engagement found in constructive learning interactions. In the face of the supervisor's apparent disinterest or hostility, supervisees' *attention narrowed to the pernicious aspects of interactions* where they found much to devalue. Their reluctance or refusal to raise questions or broach troublesome issues in supervision limited the supervisees' ability to explore their own horizons. Constrained by fear of being judged, frustration and/or hostility, they missed the opportunity to freely reflect on the meaning of their experience with the assistance that a genuinely interested and skilled listener provided. Rather than

support and encouragement, they felt ignored or disparaged, their experience devalued. Additionally, high levels of anxiety, mistrust, antagonism or disinterest were not conducive to trying to explore their experiences from their supervisor's point of view. Indeed they became *quite closed to supervisor's point of view* which in turn did not allow for the transformation of the Paradigm that a positive supervisor relationship afforded. As Jeanette said, "I haven't given it the time of day."

*Client's negativity and disengagement.* Negative relationships with clients also hindered learning. Here, interactions were perceived as repetitive and impoverished. Supervisees' willingness to engage in processes conducive to learning was similarly diminished.

Supervisees typically characterized negative relationships with clients in terms of the *client's inadequate commitment to therapy*. From their vantage point, clients seemed ambivalent about participating in psychotherapy. They repeatedly failed to respond in a way supervisees thought they should. They avoided what supervisees viewed as important issues, or, as Lynne describes in the following excerpt, they questioned the utility of even participating in psychotherapy.

I have one client who I know every week before he comes in, the first thing he's gonna say is, 'I don't know what I'm doing here'. It's getting very tedious. Before we can do anything we usually spend between twenty to thirty minutes of every session to see if he should come to therapy or not. (Lynne #3 NI)

Clients' lack of active engagement also signified problems with their level of engagement. Clients did not bring any new material to therapy or they repeated the same stories again and again. Clients were relatively unresponsive to supervisee's questions. There was also a sense that the client did not value the supervisee or take what he or she said seriously. There was a distinct lack of collaboration. The following

description by Lynne echoes a sentiment held by Anna, Jeanette and Marci, namely, working with poorly motivated, minimally engaged clients left supervisees with the perception that they were carrying the bulk of the responsibility for the therapeutic interactions.

There are people I see who just sit there and I have to ask lots of questions, they have really nothing to offer. It's like they want me to do all their work for them. There's no give and take (Lynne #2 IPR)

Supervisees readily described the impact negative therapeutic relationships had on their own experience. For example, client's lack of commitment and engagement was perceived as intentional interference. Some clients were construed as resistant or even oppositional. Anna, for example, described them as "throwing up roadblocks" whereas Marci described it as being "blocked at every path". Alternatively, Victor characterized clients as "resistant". Supervisees also felt disconnected with contrary clients. There was little or no rapport. Supervisees did not express empathy or understanding and, at times, they seemed *pre-occupied with assigning blame*.

Clients' perceived lack of commitment and perceived avoidance of the issues the supervisee deemed important fostered *distrust and doubt*. Jeanette, for example described how this engendered a mistrust that interfered with her capacity to listen wholeheartedly.

I know that I am just going to listen to her with 95% of my attention because I want to make sure that there is nothing hidden going on here. I feel that I have to be careful that she is simply not masking something. I am nowhere near completely with her as I am say with some other clients. That's because I am kind of struggling with, is this superficial stuff or is it real? I guess I am still at that point where I haven't committed myself. (Jeanette #2 IPR)

Interactions with clients within a poor relationship were also very frustrating. Supervisees tried many interventions, but to little avail. As Lynne described it, "I felt like

he could talk to himself and have the same effect as talking with me". They felt discouraged and inept, their sense of self-efficacy reduced. Marci's excerpt exemplifies how supervisees oftentimes construed the client's lack of progress as a criticism of their work.

Like, I will purposely make a really good intervention where every other client I have will pick up so well and it is just brilliant and I get so proud of myself after having said it. But she won't even acknowledge it! She will go 'hmm,' and keep talking about her stories. Nothing that I do is reaching this person. I feel frustration. It is just hard for me. It is not funny, but it is almost ridiculous. If this was my only client, I would be a basket case. I would think I was so bad because she's not responding. (Marci #2 IPR)

Supervisees also reported that their attitude and regard for the client deteriorated in the face of ongoing negative relationships. They stated that in spite of their best intentions, they were becoming almost jaded or cynical. Their *motivation to engage whole heartedly markedly declined*. As the following excerpt by Lynne exemplified, interactions began to be construed as a fruitless endeavour.

I don't want to waste my time. I would rather work with somebody that is willing to do some soul searching, willing to put in some effort. Lynne (#2 IPR)

To sum, negative relationships between the client and supervisee were characterized by a process of mutual devaluing. Clients did not seem to regard psychotherapy or the supervisee sufficiently; supervisees, in turn, valued working with these clients less. The lack of perceived mutual acceptance and diminishing trust was accompanied by a declining motivation to engage in authentic and whole-hearted interactions. Supervisees became less interested in the client's point of view and more pre-occupied with assigning blame.

The properties associated with ***Reciprocal negativity and disengagement*** in both the supervisor and therapeutic relationship are summarized in Table 4. These

**Table 4.** Properties of reciprocal negativity and disengagement associated with the supervisory and psychotherapeutic relationship

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<b>Reciprocal negativity and disengagement</b>	
<u>Supervisory relationship</u>	
<u>Supervisor</u>	<u>Supervisee</u>
Indifference and neglect offered little useful direction dismissed supervisee's significant concerns	diminishing respect for supervisor deliberately disengaged from a thoughtful and beneficial exchange
Supervisor's hostility and threat rigid and authoritarian approach feedback was focused primarily on fault finding demeans the supervisee personally	attention narrowed to pernicious aspects of supervisory interactions closed to supervisor's point of view
<u>Therapeutic relationship</u>	
<u>Client</u>	<u>Supervisee</u>
client's inadequate commitment to therapy	pre-occupied with assigning blame fosters distrust and doubt of client motivation to engage whole-heartedly markedly declines

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pernicious characteristics restricted the potential for exploring perspectives that might have existed beyond the reality construed within the confines of the negative relationship itself. In short, being immured in this type of relationship stone-walled opportunities for learning.

### **Original Paradigm Revised**

In the final Narrative and IPR interviews, all supervisees began describing what they had learned from the practicum and what they would be taking away with them. Their descriptions were understood in the following manner. By and large, supervisees' Original Paradigms, i.e., supervisees' initially espoused views on human nature, psychotherapy and the change process, prevailed. In many ways, they were

maintained, even bolstered. Yet, at the same time, some aspects of their original perspectives had been altered or modified in quite specific ways. Supervisees also discovered new characteristics about psychotherapy as well as about themselves that had not been featured in their Original Paradigms.

**Original Paradigm Prevails.** Supervisees' descriptions during the final two interviews indicated that all supervisees reported their *continued endorsement of the Original Paradigm* and the approach to psychotherapy associated with it from the practicum's beginning to its end. Thus, Anna remained constant in her belief for the need to develop, as she termed it, "personal control". Marci still held on to a cognitive behavioural orientation. Lynne remained convinced of the superiority of Gestalt psychotherapy. Victor maintained his confidence in a psychodynamic approach and Jeanette confirmed her continued preference for cognitive behavioural therapy. A number of features fostered this understanding.

As previously presented in the outline of the Self Referential Mode of Reflexivity supervisees' manner of characterizing clients, their classification and causal explanations of client issues, and their evaluations of client progress and prescriptions for change remained consistent with their Original Paradigms throughout the practicum. Supervisees also referred to specific ways in which their *original perspectives had been bolstered*. Lynne, for example, described how her most compelling and productive interactions with clients occurred when they had engaged in interventions designed to increase awareness in the moment. For Anna, the most effective interactions occurred when clients took initiative. Jeanette believed that one of her main improvements was her ability to identify clients' goals more effectively. Victor discussed how seeing what

he referred to as “the unbelievable power that people invest in psychotherapists” solidified his views on the necessity of addressing countertransference issues.

Supervisees’ continued belief in their Original Paradigm was further supported by four of the five supervisees’ spontaneous statements regarding their intention for future training. As the following excerpts illustrate, supervisees clearly stated that, *they planned to pursue training consistent with their original paradigm.*<sup>8</sup>

I will look for a C.B. internship next because I still think that’s what I want to learn more about. I mean, I’ve learned so much here. It’s been invaluable, but I still want to get further training in that area. (Marci, #3NI)

I mean it’s still my dream to study Jungian analysis.(Victor #4 IPR)

Like (supervisor) really looks at the childhood and that’s her bent, but it would be great for me to have someone who was into experiential work. So in the future, I’ll look for a supervisor who is into gestalt and who could guide me more on that to try and get some training.(Lynne #3 NI)

I know it’s (future training) cognitive behavioural, solution focused. I’ve always been drawn to that and that’s fine. I think now I’m better able to identify what their issues are, and their goals, but now I want to try and give better treatment formulations because I think there are different sets of tactics for them getting down that funnel. That’s where I see myself headed. (Jeanette #3 NI)

**Original Paradigm Refined.** While all supervisees continued to endorse their starting orientations, they also reported that specific aspects of their Original Paradigms had been modified or refined as a result of their interactions with supervisors and clients. Exposure to and reflection on varied client responses, as well as active consideration of the supervisor’s perspective, facilitated the Original Paradigm’s differentiation. Expectations and specific concepts associated with the Original Paradigm were adjusted and/or augmented. For example, Anna modified her views on directive vs. non-directive interventions. She had entered the practicum believing that

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<sup>8</sup> Anna did not spontaneously refer to her future training plans.

non-directive interventions were necessary to help clients learn how to take control of their lives. However, as stated in the following excerpt, her interactions with clients led her to refine and qualify this principle somewhat.

In the first interview I said that I truly believe that everybody has the ability to be their own healer and find their own answers and I still believe that. And I also mentioned to you that I am more directive than I thought I was. Although I still believe that everybody has within them the ability to be their own healer, it was an interesting revelation that certain clients cannot take that step in healing themselves until you sort of start them on the way. So I found that with some, you have to take them by the hand and show them what the path is about before they can take that next step (Anna #3NI)

Victor espoused a directive psychodynamic approach which included interpretation. While he remained convinced of its benefits, he modified his assurance in the accuracy of his interpretations along with his expectations regarding the most suitable client response. The following excerpt illustrates how he had refined his perspective in this area.

I think it's incumbent upon me to try and give an alternative view or an interpretation, but now I throw it out as a hypothesis and if the client doesn't take it I realize that maybe what I'm saying just doesn't make sense for them or it is not helpful. I think of that as a real possibility. So instead of pushing forward in that direction or getting frustrated and feeling like they're wasting your time when they don't accept it, I'll do is go back over their issues again and get into it. And I often find that there's a lot of unfinished business emotionally. So I don't believe there would be any use from me forcing them. (Victor #3NI)

Although Lynne remained convinced of the advantages of a Gestalt approach, the following excerpt illustrates how encounters with numerous clients who failed to respond to her interventions as she had anticipated prompted her to modify her expectations about her role as therapist.

I perceive my role in the Gestalt frame as really facilitating awareness. It's still something that I believe in and I try for with some of my clients, but with many of them I found that it's just not appropriate. It's just so far from where they are, or what they want from me....So the way I see my role has changed a lot. I see my role now as giving the client what they want or what they're looking for at that time, or supporting

them however they need to be supported. Gestalt continues to be my preference but I do what they are capable of. I have to be a lot more flexible. (Lynne #3NI)

Jeanette continued to perceive psychotherapy as a goal-directed undertaking. At the beginning of the practicum, she assumed the client's goals would be readily apparent and she described her task in terms of a relatively linear process of getting the client from A to B. However, working with clients expanded her understanding of what a client's "goal" may be and her approach to identifying it.

I think now I'm better able to identify what their issue or issues are. I really, really take the time now to clarify their goals. There was some assuming going on before, like I knew what they meant right off the bat, but presenting issues can change. It may look like some convoluted road map that they talk about during the session, but I can sit there and try to link things up for them. And I am better at linking the things they say. They may realize that there is something more refined that they want to work on. It becomes clearer. (Jeanette #3NI)

***Uniqueness of the psychotherapeutic discourse/exchange.*** While supervisees recognized that psychotherapy represented a unique type of interaction in principle, they all reported developing a greater appreciation of the uniqueness of the psychotherapeutic discourse/exchange in practice. They described how they had learned to modify and adapt their perceptions and actions related to interpersonal communication in a manner they perceived to be more suitable for psychotherapeutic interactions. Their perceptual field had altered and their ability to attune to new aspects of it had changed. As Jeanette said, "I listen, but not with the same ear" (#3 NI).

Supervisees stated that they had developed a *re-valuation of listening*. Supervisees described a growing appreciation for the role it played in psychotherapeutic exchanges. For example, Jeanette described how she shifted from an emphasis on problem solving as she recognized the impact that listening in and of itself had on the psychotherapeutic exchanges.

I'm a lot slower in my sessions and I really try to focus on listening. I think I'm much, much better at listening to where my clients are at. There's not this agenda, like here's this presenting issue and this is the way it should get addressed. That's not the way it is. (Jeanette #3NI)

Supervisees also discussed the importance of *developing active listening skills*. They reported becoming more adept at skills such as asking open-ended questions, reflecting and paraphrasing. They also developed a greater appreciation for their usefulness. As Victor described it, these skills helped communicate in a more “non-biased” way, or in a manner that enabled supervisees to develop a better understanding of their clients’ subjective experiences

Supervisees spoke of how they changed how they experienced *valuing and tolerating silence*, particularly when a good relationship existed with a client. The awkwardness associated with silence decreased and supervisees began to recognize its therapeutic value. For example, Anna described how moments when she recognized that it was time to sit back and listen, to be what she referred to as “a witness” to the clients’ own ability to examine their situation. She was pleased with this improvement because she believed it demonstrated respect for the client’ ability to find their own way.

**Original Paradigm Expanded.** Supervisees also described learning a number of things that were entirely new, namely, aspects of psychotherapy lay outside of their original paradigms.

***The interactional nature of psychotherapy.*** The interactional nature of psychotherapy represented one such important discovery. As previously depicted in the section on Transformative Dialogues, all supervisees were surprised at *the variability among clients* in factors such as psychological mindedness, motivation. Supervisees

also developed, *an appreciation of the client's agency*. For example, they were startled to discover that the client's view of the interactions did not necessarily correspond with their own construal. Moreover, they were surprised by the extent to which clients influenced the psychotherapeutic interactions. As Victor said, "It's amazing how much is determined not by what you do or what you say, but by where the client is at at the time" (#3NI). In short, interactions with clients had demonstrated the interactional or bi-directional nature of psychotherapy.

Supervisees also learned about *the impact of the therapeutic alliance*, first hand, as Marci's statement "I personally see my clients who I feel very close to, or I feel that we have a good bond, having progressed a lot farther than the other ones" exemplified. The association between a good relationship and client progress was observed by all supervisees. Moreover, the following excerpt from Jeanette speaks to another unanimous observation, specifically, the impact that the therapeutic relationship had on the supervisee's own performance.

When you go in and you close the door, you should give your one hundred percent to the client as best as you can. Don't even worry about your own performance. The best sessions for me are when I lose myself in the session and I'm just completely there with the client. And you feel that. You respond differently. It's that's the old therapeutic alliance thing. (Jeanette #3NI)

Without exception, all supervisees had explored questions related to *the scope of their responsibility for clients*. Their exposure to clients with markedly varied characteristics, along with discussions with their supervisors related to issues of self-blame, as well considerations of the interactional nature of the discourse were cited as reasons prompting adjustments to their initial assumptions about taking absolute

responsibility. The following excerpt from Anna illustrates how she altered her understanding of this aspect of the relationship.

When I see the level of frustration in the client sometimes I find I take it personally. Have I done something wrong because the client really seems to be struggling? Well now what I'm thinking is I have to let them go through that struggle. I can't take that away with a magic wand. That's their struggle and I have to respect it. I'm also realizing that I don't have to take a hundred percent responsibility for the client's progress. If a client can't deal with something, that's telling me that that's a real struggle for them. So I feel that I'm not taking quite so much responsibility. We are in a partnership. Part of what I do will certainly affect the client, but who's journey is it? You know, you can't feel for another person. You can't think the thoughts for another person. And I think that's what I'm coming to (Anna #3NI)

***Supervisor conduit to new learning.*** Supervisees also described *learning new and unfamiliar approaches* from their supervisors. Lynne, for example, had never considered trying to develop client formulations prior to working with her supervisor; however, months of doing this convinced her of its usefulness. She stated that it provided her with a foundation for starting to work with clients. Her direction seemed much less, as she put it “hit and miss”. She enthusiastically stated, “That’s something I will take away with me.”

Marci described some of the most dramatic shifts in terms of learning something new. For one thing, she had learned to see the value in her supervisor’s approach she initially denigrated. One aspect related to the way she construed the client’s statements. Initially Marci had described herself as taking what a person said at face value. The idea that there could be an underlying subjective meaning imbedded in the client’s descriptions and that it would be useful for the client to grasp it, made no sense to her. However, her perspective changed over the course of the practicum, as the following excerpt illustrates.

Making connections between the client's story and its personal meaning is different. I would just see it as a story and just go along with it as if it was a normal conversation. But over time I, I realized, well this is not a normal conversation. I need to be getting them to think about themselves and what's going on inside. It's not like they're just shooting the breeze. This has some meaning....And I learned if I used some kind of emotional word, then they could either correct me....or they would really resonate with the word that I had chosen and really open up at a deeper level. I was really happy with that. (Marci #3NI)

Marci was also surprised that she had developed an appreciation for a non-directive approach. This represented quite a turnaround from her initial problem solving orientation that emphasized finding solutions.

I find that I really like the method that I'm learning as far as letting the client to be the one to come up with their own solutions. And that's a big switch for me. I didn't think I would like that, but for some reason it resonates with me completely now. The only problem is that I'm becoming less tolerant when I hear interns who do very directive stuff. All of a sudden they bug me now. Like I almost feel like saying, "You're being unethical. Like who the hell are you to tell a client what they should be doing with their lives?" I'm becoming intolerant which I have to watch. (Marci #3NI)

***Integrating the personal with the professional.*** Supervisees also spoke of the impact learning had on the Self and their ongoing attempts to integrate the personal with the profession. Every supervisee, for example, described the importance of *learning about specific personal tendencies* that interfered with their actions as therapists. They identified this as a unique and valuable aspect of training. They also spoke about the realization of *how important it was for them to be genuine as psychotherapists*. As Anna stated, "I found I became most effective when I was my most natural self." Supervisees' efforts to be their most "natural" selves included their ongoing attempts to harmonize and, at times, reconcile the counterproductive personal tendencies they discovered through their interactions with the supervisor and client with the espoused philosophies of their Original Paradigms. It also included attempts to

integrate their personal sense of self with the professional requirements that were being made by the supervisor and client.

Supervisees also felt that the practicum had *changed their sense of self and their perception of the world* in a number of ways. They had increased their valuation of the role of that theory played and they were conceptualizing people differently. The following excerpt from Anna also exemplifies how interacting with clients who had such different life experiences relative to her own had quite an impact on what she construed as reality.

It's like I'm gathering information and saying, "Oh! So there is more to reality than my reality!" One thing this knowledge does is it makes you change. Your reality changes dramatically. You have to let go of some things that you really believed to be the case. I've had to enlarge my range of normal. I say to myself ah! So you cannot make assumptions! You can't superimpose your experience on another human being. I realize I need to look at each one individually. So I think I've learned that. (Anna #3 NI)

As previously indicated, supervisees' unanimously asserted that learning psychotherapy required "doing it". Participating in the practicum, which involved living through many psychotherapeutic encounters including numerous challenges on multiple levels, altered their perception of themselves as psychotherapists. In short, *supervisees had developed more confidence in their ability to assume this role*. Even Marci, who began the practicum thinking it was almost ridiculous that anyone would even let her see people in psychotherapy, found that she was developing the capacity to be an effective therapist on her own apart from her supervisor. Although none of the supervisees finished the practicum professing to be master psychotherapists, they no longer saw themselves as novices, either. In short, from the supervisees' standpoint, they had earned the right to say they had '*done it!*'

"I'm starting to see myself as a therapist. I mean I always have, but even more so. I know I'm getting closer to that. I'm only a hundred years away now (*chuckles*).  
(Jeanette, #3 NI)

## Discussion

The analysis of supervisees' first-hand accounts of learning to practice psychotherapy led to an understanding of the first practicum as a form of relationally-based experiential learning that depended, to a large extent, on interpersonal interactions. The following discussion examines the implications this perspective has on the way learning psychotherapy is understood by highlighting seven features of the resulting category structure: 1) the relationally-based experiential perspective of learning psychotherapy; 2) the Original Paradigm: espoused and implicit levels of knowledge; 3) reflexivity and two modes of meaning making; 4) Transformative Dialogues: Making the tacit explicit; 5) learning psychotherapy as an interpersonal endeavour; 6) psychotherapy as a unique form of discourse; and 7) integration of the personal and professional. Where applicable, the discussion draws on existing conceptualizations in the literature that were accessed after the analysis was completed to help clarify and elaborate properties of the category structure, and to illustrate how the findings in this study serve to refine and extend current conceptualizations of learning psychotherapy.

**Highly charged becoming through the other: A relationally-based experiential perspective on learning psychotherapy.** The core finding of this study situates experiential learning of psychotherapy at the point where two worlds meet. It envisions supervisee learning as a process of co-creation, constituted by the dialectic that ensues through the supervisee being in relationship with the supervisor and client. Learning emerges through the reciprocal (but not necessarily sequential) processes of exposure, exercising agency and reflexivity that occur within these dynamic and fluid

relationships. This experiential and interpersonal perspective is useful because it focuses attention on the processes that occur within this exchange and the learning domains affected by it.

The framework arising from this analysis falls within constructivist approaches to experiential learning that construe knowledge development and learning as a socially and culturally situated undertaking (i.e., it takes place within a particular cultural practice). Learning occurs through discourse (i.e., between people), and is mediated through a particular culturally defined situation, e.g., the object of learning, the problem to be solved (see Gergen, 2009; Jordi, 2011; McGill & Brockbank, 2004; Paavola, Lipponen & Hakkarainen, 2004; Vygotsky, 1978). The individual is considered an active agent who is continually engaged in organizing patterns of experience into meaning. However, the individual is not a detached or isolated agent, but is embedded in a network of living relationships. Meaning making emerges in the interactional context of relational networks. Thus, rather than focusing exclusively on learning as the acquisition of knowledge and skills through processes that take place within the mind of an individual, efforts are also made to examine the processes involved in what Paavola et. al. (2004) refer to as “expansive knowledge creation”, that is, the transformation and development of existing ideas and practices mediated through activity and social interaction.

**The Original Paradigm: Espoused and implicit levels of knowledge.** The category “Original Paradigm” signifies that supervisees did not enter the practicum as “blank slates”. Rather, they entered the practicum with a world view consisting of an *espoused* (i.e., articulated) philosophy of psychotherapy and theory of practice based

on prior interpersonal, family, educational and employment history. Through their ongoing interactions with the supervisor and client, supervisees also came to recognize that their Original Paradigm included *implicit* elements - assumptions, values, affective responses, selective perception, interpersonal conventions and customary patterns of actions - that impacted their efforts to learn psychotherapy.

Several constructivist approaches to “knowledge development” or learning (e.g. Bereiter, 2002; Nonaka & Takeuchi, 1995; Schön, 1983; 1987) have been cited in the supervisory literature, (e.g., Bennett-Levy, 2006; McCauliffe, 2011; Reiser & Milne, 2013; Rønnestad & Skovholt, 2013). They offer ways of conceptualizing existing knowledge that would be useful for articulating the espoused and implicit distinction attributed to the Original Paradigm. For example, Bereiter (2002) classifies existing knowledge in terms of, i) declarative knowledge or “knowing that” (i.e., formal or propositional knowledge, knowledge about something, knowledge that can be articulated), ii) procedural knowledge or knowledge in action, (i.e., knowledge embedded in skills which is guided by tacit knowledge), and iii) hidden or tacit knowledge (i.e., personal knowledge based on assumptions, values, impressions and a “sense” of things that is not easily articulated).

These distinctions offer a useful way of conceptualizing the multi-faceted “knowledge” represented by the category Original Paradigm. Congruent with the present perspective, they provide an expansive and holistic way of construing learning psychotherapy that includes, but is not limited to, articulated cognitions and deductive reasoning. They also give a prominent role to tacit or unarticulated knowledge that is steeped in value and affect, as well as procedural knowledge or knowing in action that

engages the entire sensory/perceptual organism. Thus, while supervisees' construction of a particular experience was guided by espoused or declared knowledge, what was seen, what was heard, as well as the actions taken and the meanings attributed to them were also influenced by cognitive, affective, operational and visceral knowledge that may or may not be in awareness and as such, is not necessarily recognized or declared.

Kelly's (1955) theory of personal constructs offers yet another way of considering the concept Original Paradigm. For example, Kelly's differentiation between core constructs which are fundamental to an individual's maintenance of him or herself as a person, and peripheral constructs which have only limited personal applicability are useful in describing Original Paradigm's scope, particularly with respect to the central role the self plays in learning psychotherapy. Kelly also maintains that impending changes in the construct system, can evoke affective responses such fear, threat, guilt, anxiety and hostility. This relationship between construct and affect could also be useful in explaining the reactions supervisees experienced, especially when aspects of the self were challenged. Kelly's characterization of constructs in terms of permeability, (the extent to which constructs can take into account newly perceived elements) and the varying levels of cognitive awareness associated with different constructs, are also potentially useful ways of considering factors such as openness and self awareness that were understood to contribute to the Original Paradigm's evolution.

**Reflexivity: Two modes of meaning making.** This results of this analysis also stressed that supervisees' engagement in the practicum co-existed with their attempts to make meaning. The category "Reflexivity" was conceptualized to delineate meaning

making processes. It was based on the premise that the Original Paradigm represented the starting point or touchstone for supervisees' reflections. It also viewed Reflexivity as fundamental to the Original Paradigm's subsequent development. Two aspects of Reflexivity are highlighted in this discussion; i) modes of meaning making, and ii) the nature of heightened reflexivity,

The analysis yielded two modes of meaning making: Self-Referential and Transformative Dialogues. The Self Referential category draws attention to the pervasive influence of the Original Paradigm. In this mode, supervisees perceived interactions with the supervisor and client from the standpoint of the Original Paradigm. They relied on familiar conventions to make sense of what the supervisor and client presented, to guide their actions, and to understand their own responses to their interactions. Engagement in the Self-Referential mode tended to maintain and bolster the existing paradigm. Alternate means of construing the situation were either not perceived, or they were perfunctorily rejected.

In contrast, Reflexivity in the form of Transformative Dialogues encompassed the identification and exploration of both espoused *and* implicit aspects of the Original Paradigm. Supervisees sought to suspend their customary construals and resist familiar or conventional responses in order to explore different perspectives in their own right. The inclusion and synthesis of this new material that emerged from Transformative Dialogues altered and expanded the Original Paradigm's horizons.

The prominence given to the Reflexivity in the current analysis is consistent with the importance attributed to reflection in a number of models of experiential learning (e.g., Dewey, 1933; Kolb, 1984; McGill & Brockbank; 2004) and models of supervision.

(e.g., Angus & Kagan, 2007; Bennett-Levy, 2006; McCauliffe, 2011; Reiser & Milne, 2013; Rønnestad & Skovholt, 2013, Whiting, 2007). At the same time, the distinction made between Self Referential mode and Transformative Dialogues in the present study is significant. It draws attention to the varied ways supervisees reflect on and try to make sense of their world; pointing out that they do not all have the same impact. For example, the Self Referential mode preserves existing knowledge while Transformative Dialogues alters it.

The two modes of meaning making subsumed under that category of Reflexivity bear similarities to Piaget's (1954) theory of cognitive development. Piaget (2001) conceptualized human beings as "intelligence in action" (pg.42). He proposed two functional invariants of intellectual life; organization and adaptation. Organization refers to formulations of the world or schemas, that individuals develop through interactions with reality. Schemas represent both action sequences for adapting to reality and cognitive structures that interpret it. Adaptation serves to enhance functioning in the world. It proceeds from pre-existing schemas and it consists of two processes; assimilation and accommodation. Assimilation involves interpreting an external reality into an existing meaning system. Through processes such as circular reaction, schemas are applied again and again across many situations. In time, they become increasingly differentiated internally, but remain intact. Accommodation, on the other hand, involves adapting or adjusting schemas to the diverse and changeable requirements or demands. It typically only occurs when reality thwarts assimilation. Piaget (1954) describes the two processes, thus:

“Assimilation is conservative and tends to subordinate the environment to the organism as it is, whereas accommodation is the source of changes and bends the organism to the successive constraints of the environment.”(pg. 352)

There is a notable correspondence between the category structure that emerged from this analysis and Piaget’s conceptualizations. For example, both perceive human beings as active agents who are continually trying to enhance their interactions with the world. In a broad sense, the category Original Paradigm corresponds to Piaget’s concept of schema that includes both action sequences and cognitive structures. The adaptive processes of assimilation and accommodation also correspond to the distinctions made between Self-Referential and Transformative Dialogue modes of Reflexivity. One could say that the Self referential mode of reflexivity involves the assimilation of practicum encounters into the pre-existing Original Paradigm. In this case, an aspect of the Original Paradigm may become internally differentiated, but remains essentially the same. Transformational Dialogues resembles accommodation, specifically, the adaptation or change of the pre-existing paradigm precipitated by challenges that obstruct assimilation.

**Transformative Dialogues: Making the tacit explicit.** The category Transformative Dialogues additionally provides an outline of specific processes associated with the refinement and expansion of the Original Paradigm. For example, from the standpoint of the present analysis, learning to engage in psychotherapy included the identification and exploration of implicit ways of knowing as well as the refinement and revision of espoused knowledge. Typically evoked by challenging or unexpected interactions with the supervisor and client, becoming aware of the tacit knowledge embedded in the Original Paradigm required supervisees’ heightened

attentiveness to, and awareness of their own experience in the moment. It also involved the deliberate and considered reflection of their point of view as idiosyncratic and circumscribed rather than universal and nomothetic.

The idea that learning and change requires making tacit knowledge explicit, and that this process involves self awareness and reflection are prominent features of several approaches to psychotherapy. Although they describe client processes, they offer conceptualizations that may be relevant for considering processes in which tacit knowledge becomes explicit for supervisees. For example, the importance of making tacit knowledge explicit by means of increased self awareness and deliberate and critical reflection is well-established within a number of experiential, (Gendlin, 1996, 1997; Greenberg, 2011, Kabat-Zinn, 2005, Greenberg, 2015) and constructivist (Mahoney, 2006) approaches to psychotherapy as well as some cognitive-behavioural (Segal, Williams, Mark & Teasdale, 2013) models. Some approaches, such as Gendlin's (1962, 1996) focusing-orientation therapy and Kabat-Zinn's, (2005, 2009) mindfulness psychotherapy highlight the development and enhancement of self-awareness in the moment as key. For example, Gendlin emphasized the need to increase self-awareness of the entire immediate, pre-conceptual flow of experience, e.g., thoughts, sensations, emotions, as opposed to abstract conceptualizations about an experience (Gendlin, 1996). In contrast, Kabat-Zinn (2005) emphasized the need for nonjudgmental acceptance of this awareness in the moment in order to recognize habitual cognitive, emotional, and behavioural patterns.

The capacity to deliberate or reflect on the way one construes experience is also emphasized in several psychotherapeutic approaches. For example, Rennie (2007)

developed the concept of “radical reflexivity” to elucidate a form of self awareness that additionally included exploring (i.e., thinking and feeling about) thoughts and feelings as a means of explaining client change. Toukmanian (1986, 1992, 1996) conceived a schemata-driven information processing model that distinguishes client’s level of cognitive-affective processing used during an event’s construction. It differentiates between automated modes of processing, (i.e., pre-reflective, efficient but non-discriminating processes that do little to alter a governing schema’s structure) and controlled modes of processing (i.e., deliberate and discriminating mental operations) that increase a schema’s complexity, thus bringing about change in how an event is experienced or perceived. As well, some cognitive and cognitive behavioural frameworks identify “metacognition” (i.e., the capacity to monitor and interpret thoughts and emotions) as a necessary process for altering thoughts and their associated emotions and behaviours (e.g.; Dimaggio, & Lysaker 2010; Fisher & Wells, 2009).

More recent models of supervision have also emphasized the need for self awareness and reflection in order to make tacit knowledge explicit. These processes have been variably identified as self-awareness in the moment (Reiser & Milne 2013), authenticity (Elliott, Watson, Goldman & Greenberg, 2004), critical reflection (Carroll, 2009, 2010), reflectivity (Watkins and Scaturro, 2013) and self-reflection (Guiffrida, 2015).

Several models of supervision (e.g., Bennett-Levy, 2006; McAuliffe, 2011, Rønnestad & Skovholt 2013; Whiting, 2007) have tapped into the literature on adult education, experiential learning and knowledge development to delineate a detailed conceptualization of the processes that facilitate making tacit knowledge explicit.

Among these, Schön's (1983, 1987) conceptualization of reflection, Clichy's (1996) notion of separated and connected knowing, as well as Bohm's (1996) differentiation between discussion and dialogue are presented here as a way to help clarify and elaborate the properties associated with Transformative Dialogues.

Schön (1987), who recognized that an individual's construction of reality was necessarily subjective, conceived of two reflective dimensions that promoted the recognition of underlying assumptions, i.e., reflection-*in*-action and reflection-*on*-action. Reflection-*in*-action refers to reflection in the midst of action. It is typically precipitated by surprise. It involves identifying the intuitive knowing implicit in the action as it occurs and evaluating it. In contrast, reflection-*on*-action refers to the identification and evaluation of tacit knowledge in action after the fact. According to Schön, the immediacy of reflection-in-action provides optimal access to material relevant for the recognition, articulation and re-evaluation of tacit knowledge. He argues that reflection-on-action is useful, but less valuable because tacit knowledge is not as readily available after the fact.

From the standpoint of the present findings, both reflection-in-action and reflection-on-action provide potentially useful ways of conceptualizing reflexive processes involved in the recognition, exploration and evaluation of implicit knowledge that occurs in Transformative Dialogues. Reflection-in-action, which would correspond to supervisees' articulation and evaluation of implicit knowledge during a psychotherapy session, was a powerful influence on learning. Although it was relatively infrequent, it was always identified as a salient and important event. It appeared to help supervisees to intentionally re-assess and change the direction of their responses mid-stride during

a psychotherapeutic exchange. Processes akin to reflection-on-action, particularly reflection facilitated by listening to recorded psychotherapy sessions after the fact, (individually and with the supervisor) occurred more regularly. It appears to correspond with supervisees' reports of recognizing implicit aspects of their Original Paradigms after the fact.

Even though Schön placed more value on reflection-in-action than on reflection-on-action, the present analysis concluded that reflection after the fact, especially when facilitated by listening to recorded sessions, represented a valuable step in learning psychotherapy. Listening to recorded sessions was more likely to cue tacit knowledge imbedded in in-session actions thereby making it more readily available for exploration. Repeated reflection after the fact also helped prepare supervisees to recognize tacit knowledge "in action" while interacting with a client. Additionally, it could be argued that listening to recorded sessions was useful because the act of being exposed to and becoming increasingly familiar with tacit cognitive, affective, behavioural and visceral responses triggered through interactions with the client, helped supervisees develop a tolerance for the discomfort that was sometimes associated with the process.

Although Schön's description of reflection provides a useful basis for conceptualizing the type of reflexivity outlined in Transformative Dialogues, it does not envision the role that the "other" plays in reflexive processes. Like many of the theories presented in this discussion, it emphasizes *intra* personal domains and processes that essentially take place within an isolated individual. While the intra-personal processes that occur within the supervisee hold a prominent place in the present analysis, the core category, "Highly charged becoming through the other" intentionally presents learning

psychotherapy as a relationally-based undertaking. It views intra-personal processes as an irreducible function of the reciprocal interactions that occur between the supervisee and the “necessary other”. In other words, what happens within the supervisee depends fundamentally on how the supervisee both influences, and is influenced by, the supervisor and the client. Thus, models that view learning as an interpersonal process are needed.

**Learning psychotherapy as an interpersonal endeavour.** From the standpoint of the present analysis, the evolution of the Original Paradigm, at both the espoused and implicit levels, could not occur without the exchanges with the supervisor and the client. Interactions with the “Other” provided both the content that influenced its development and the interpersonal processes instrumental in its refinement and revision. For example, the supervisor’s and client’s presentation of distinct construals and actions (e.g., alternative views of psychotherapy, familiar or unexpected responses, etc.) drew supervisees’ attention to espoused aspects of the Original Paradigm they deemed relevant in the moment. At the same time, the supervisor’s and client’s contributions also evoked tacit or silent features in supervisees’ existing paradigms, drawing supervisees’ attention to those elements as well. The supervisor and client also exposed supervisees to new material that lay beyond the boundaries of their existing paradigms.

Interactions with the supervisor and client often challenged the Original Paradigm, calling it into question. Under the right relational conditions, these challenges precipitated moments of useful uncertainty that appeared to enable a more questioning or explorative posture. Repeated exposure, exercising agency and reflection, made

available through ongoing interactions with the supervisor and client, helped supervisees apprehend this unfamiliar material. Supervisees' ears became attuned to new stimuli as they tentatively moved through new patterns of interaction. They began to envisage and reflect on alternate perspectives. Like the individual who cannot hear his or her own accent until encountering another person, or change it without listening to alternative articulations, supervisees' recognition and development of both the explicit and implicit aspects of the Original Paradigm required the counterpoint furnished by the supervisor and client, as well as the interactions necessary for its refinement and revision.

Envisioning learning as a process emerging through interpersonal interactions also helped to contextualize the role played by the participants' relationships. Supervisees, in concert with supervisors and clients, created the relational conditions that facilitated and/or hindered learning. Furthermore, their ongoing and active engagement with the supervisor and client provided the dialogic conditions through which meaning was constructed.

*Relationship with the Supervisor:* Although the supervisory relationship has been identified as a key component at the heart of effective psychotherapy supervision across numerous theories and models (cf., Bernard & Goodyear, 2013; Inman & Ladany, 2008; Watkins, 2012), distinct reasons for its importance emerged when, as in the present case, learning was conceived as an interpersonal process of co-construction. A good relationship with the supervisor - characterized by positive mutuality, the reciprocal valuing of the person and his or her contributions and a mutual valuation of discovery - facilitated learning in a number of ways. For example, the

supervisor's engagement in developing an empathic understanding of the supervisees' perspective helped the supervisees become more familiar with both the espoused *and* implicit features of their Original Paradigm. It reduced their fear of judgement and increased their willingness to explore their own point of view. They also became more open to the supervisor's perspective as a valid counterpoint worth considering.

The supervisor's efforts to clarify the supervisees' perceptions also provided them with a model of attitudes and actions that contributed to developing an empathic understanding of another – something that they could, in turn, use with their clients (Angus & Kagan, 2007). Given that even the best relationship with a supervisor had its ups and downs, a good supervisory relationship also provided supervisees with opportunities to explore ways of negotiating disagreements and repairing relationship ruptures. In contrast, a negative supervisory relationship heightened the emphasis on the evaluative features of the relationship, increased supervisees' self-censorship, and diminished their willingness to consider a countervailing perspective. It also reduced their exposure to fruitful and adaptive means of understanding another and negotiating dilemmas. Consequently, opportunities for developing and broadening their Original Paradigm were hindered.

*Relationship with the Client.* The current study also presents a description of the nature of the supervisees' relationship with the client and the role it played in learning - an aspect of learning psychotherapy that to date has not been well articulated in the theoretical or empirical literature.

The analysis provided a window onto the complexity and multiple motivations embedded in the supervisee/client relationship. Supervisees approached client

interactions with objectives that were sometimes at cross purposes. For instance, the supervisees' wish to help the client held a pre-eminent position throughout the practicum. This was accompanied by a strongly felt responsibility to bring about change and alleviate the client's distress. At the same time, the supervisee/client relationship also included a number of evaluative components. For example, supervisees were quite attentive to the client's apparent judgment of them. Sometimes supervisees construed clients' responses not only as feedback on the effectiveness of an intervention, but also as feedback on their own effectiveness as psychotherapists.

Supervisees in turn, evaluated clients. They were particularly attuned to the client's perceived motivation to participate in therapy. The client's perceived opinion of the supervisee in combination with the supervisees' perceptions of their client's level of commitment had a strong impact on supervisees' motivation. Supervisees were much more inspired to work harder with clients who appeared to like and value them, and who were disposed to engage in psychotherapy in a manner the supervisees' thought suitable. Conversely, supervisees were less inclined to work with clients who appeared to undervalue their contributions as therapists, and/or who did not demonstrate the type of commitment to psychotherapy that supervisees deemed appropriate.

*Impact of empathy on learning.* Supervisees' efforts to develop an empathic understanding of the client's point of view were also construed as a major impetus in learning psychotherapy. Supervisees' personal investment in the client's progress, together with an urgent wish to help, and sustained by a strong sense of responsibility, often led to ineffective and unsatisfactory attempts to relieve clients' distress. The limitations of their relatively simplistic and unilateral models of psychotherapy along with

their attempts to relieve client distress became apparent when, despite their best efforts, their clients did not progress as anticipated, or alternatively failed to engage in psychotherapy in a manner supervisees deemed appropriate or desirable. There were times when supervisees faced these challenges in a novel way. Fueled by their continued wish to help, supervisees momentarily suspended the espoused mainstays of their Original Paradigm, accepted the ambiguity associated with doing so and shifted to what has been referred to in this analysis as *Transformative Dialogues*, namely, reciprocal transactions in which meanings and forms of exchange were co-created with the client.

Envisioning meaning making as an interpersonal process entails looking at the role the supervisor and client played in reflexivity. Two perspectives, i.e., Clinchy (1996) and Bohm (1996), are referenced here because both conceptualize knowledge as developing within socially situated interactions, and distinguish between relatively self-contained means of developing knowledge and the development of knowledge that relies on discourse and collaboration. These concepts provide potentially useful conceptual correspondences to the Self Referential and Transformative Dialogue models of Reflexivity. For example, the concept of “Separated Knowing” , initially presented by Belenky, Golderber, Tarule and Clinchy (1986) and later elaborated by Clinchy (1996), describes a process which is more akin to a debate, wherein questions concerning the validity of knowledge predominate. One takes an adversarial stance in comparing and contrasting new ideas to one’s own position. In a corresponding manner, Bohm identifies “Discussion” as interactions that emphasize the analysis of different points of view. Fundamental individual positions are not open to consideration. The

concepts Separated Knowing and Discussion are comparable to the Self-Referential Mode in which supervisees use the parameters of their Original Paradigms as the exclusive template for understanding and evaluating another point of view

Clinchy and Bohm also delineate alternative means of knowledge development that depend on interpersonal collaboration. For example, Clinchy refers to “Connected Knowing” which involves the deliberate engagement in an imaginative effort to try and understand another perspective. It is a cognitive/affective/visceral process that requires one to suspend judgement and set doubts about another’s perspective aside. One engages in what Clinchy refers to as an “intersubjective procedure” (pg. 222) that relies on a non-judgemental and affirming relationship with the other.<sup>9</sup> In a similar vein, Bohm has formulated the concept of “Dialogue” as a process of meaning-making that arises through and among people. Within dialogues, no one is trying to win; rather the object is to increase understanding. Through Dialogue the origins of assumptions have the potential to become available for exploration. New understandings and *collective* change become possible.

Clinchy’s concept of Connected Knowing and Bohm’s “Dialogue” are valuable because they highlight the importance of the emerging identification and exploration of assumptions, and the *co-construction* of new ways of understanding that occurs among people. They rely on an interpersonal relationship of acceptance and affirmation, place importance on developing an empathic understanding of another through self awareness and reflection, and conceive of learning as an intersubjective rather than “objective” process. Connected Knowing and Dialogue appear to be valuable ways of

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<sup>9</sup> Although connected knowing generally refers to trying to understand another person, Clinchy noted that it is possible and possibly necessary to also engage in connected knowing in relationship to oneself.

capturing the emergent co-construction of knowledge conceptualized in Transformational Dialogues. In this mode of Reflexivity, interactions with others help supervisees recognize their tacit assumptions and conventions. Supervisees become willing to set these aside in the service of developing an empathic understanding of the “other’s” point of view.

Supervisees’ attempts to develop an empathic understanding of the client also promoted learning by reducing the prominence of evaluative features of the relationship. Supervisees’ willingness to abandon their familiar standpoint in the service of reaching a shared understanding of the client’s world and developing mutually satisfying ways of interacting in therapy supplanted the emphasis on evaluating their own or their client’s adequacy and performance. Judgements regarding the client’s level of motivation or the implied devaluation of the supervisee’s effectiveness became less prominent. Through their efforts to reach a co-constructed understanding, supervisees perceived that the client recognized and esteemed their good intentions.

The growing sense of positive mutuality that often accompanied supervisees’ efforts to develop an empathic understanding of the client also boosted supervisees’ courage and sense of efficacy. As the reciprocal valuation of each other and of the process of exploration characteristic of positive mutuality developed, supervisees were more likely to risk stepping outside of their familiar patterns of interaction. They saw that mistakes or missteps could be tolerated and that disjunctions in the relationship could be repaired.

Supervisees’ emphasis on client progress also shifted. Alleviating clients’ distress and addressing their problems or goals remained important, but developing a

shared understanding with the client also felt like progress. Gains were no longer construed solely in terms of evidence that “the presenting problem was being fixed”. The co-development of a conjoint understanding of the client’s life, the emergence of mutually meaningful patterns of interacting and the concurrent strengthening of the relationship became surprisingly important in and of themselves. Indeed, supervisees unanimously identified the impact of developing a mutually empathic relationship with the client as an unexpected but very significant aspect of learning psychotherapy, and all were grateful for its emergence.

Embedding exposure, agency and reflexivity within interactions with the supervisor and client served to emphasize the interpersonal nature of learning psychotherapy. Learning was not understood as individualized operation of an essentially singular and isolated person who, with the right training learned to develop and apply prescribed interventions in an optimal manner. Rather, exposure, exercising agency and reflexivity were understood in terms of supervisees’ efforts to understand, influence and respond while in relation to the other. In short, learning psychotherapy was not about improving one’s skills and capacities for the sake of delivering an optimal solo performance. It was more akin to learning how to participate in a dance that contained many un-choreographed moments, to find ways to respond to what was needed or useful in any given exchange.

**Psychotherapy as a unique form of discourse.** Construing learning as a process of co-creation provided a way of encapsulating another important aspect of learning identified by the supervisees, namely, developing an understanding of psychotherapy as a distinct form of discourse. All supervisees in this study had

numerous experiences with personal and informal helping relationships as family members and friends. Additional helping relationship prototypes had been encountered through employment, and in some cases through personal psychotherapy. Supervisees inevitably drew on these familiar conventions during their interactions with clients. However, it became apparent from the start that norms intentionally or unwittingly drawn from these earlier experiences were not necessarily suitable. Consequently, interactions with the supervisor and client precipitated an ongoing quest for developing a personally meaningful understanding of the roles and boundaries associated with the psychotherapeutic relationship, the nature psychotherapeutic discourse, its patterns of interaction and its objectives.

Initially, supervisees focused primarily on the contributions *they* made to the discourse (e.g., their role, their actions, their responsibility), for the most part viewing them as the main driver for achieving relatively linear and prescriptive outcomes (i.e., e.g., alleviating client distress, solving problems, reaching goals, etc.). However, clients' continued proclivity to act in unexpected ways, in conjunction with alternate views presented by the supervisor, served to broaden the scope of supervisees' questions regarding the nature of the psychotherapy discourse. Supervisees began to shift from an almost exclusive emphasis on the instrumental or influential part they played in the client's progress to a perspective that included the recognition of client agency. They started to construe the psychotherapeutic discourse as a mutually interdependent undertaking that hinged as much on the clients' contributions as their own. With this growing recognition, supervisees' range of objectives expanded. This included the developing realization of the need to understand the client's world in its

own right as distinct from the world view with which they were familiar. It also entailed attending to the ways in which clients contributed to the interaction through studying their idiosyncratic patterns of communication and becoming more familiar with their expectations of psychotherapy.

In the service of these emergent objectives, questions regarding patterns of communication, which lay outside familiar social conventions, also emerged. For example, queries about the definition and value of directive vs. non-directive interventions became important. Supervisees searched for ways to differentiate interventions that imposed their perspective or agenda from those that helped clients clarify their own. They also began to explore the question of timing, to discern when it was useful to try and direct an interaction and when it was useful to listen. The pace of exchange with the client also became a focus. Supervisees became intentionally slower to express their opinions. The function of silence started to be appreciated in a way that it hadn't been before. Supervisees also started to recognize and accept the ambiguity and uncertainty that an interdependent form of psychotherapeutic discourse entailed.

The analysis also offered insights into the ways in which novices' began to develop relationship-centered capacities such as therapeutic responsiveness. For example, supervisees' growing recognition of psychotherapy as a unique, reciprocal form of discourse coincided with the emerging distinctions they made between the perceived intrapsychic needs of the client (e.g., their client formulations) and the relationship-focused needs that came to light through their interactions with the client. In their ongoing attempts to develop an empathic understanding, supervisees began to

monitor the therapeutic relationship as well as clients' responses during psychotherapy. They started trying to modify their interventions to suit individual clients. These initial steps signalled the emergence of therapist responsiveness, namely, the ability to monitor and respond to the ebb and flow of interactions with the client in any given moment, with a view to tailoring treatment interventions to suit specific client capacities, expectations and needs. (Stiles, Honos-Webb, & Surko, 1998).

Supervisees' emphasis on the impact that the therapeutic alliance had on both client outcome and their own learning also lends support to those who underscore the importance of focusing on the therapeutic alliance during training and supervision (e.g., Constantino, Morrison, MacEwan & Boswell, 2013; Muran, Safran & Eubanks-Carter, 2010). Recommendations for alliance-focused training typically refer to research findings that consistently link therapeutic relationship to treatment outcome (e.g., Castonguay & Beutler, 2006; Norcross, 2011). As such, the therapist's ability to contribute to the development of a good therapeutic relationship is seen a core or foundational competency (Farber & Kaslow, 2010; Sperry, 2010). The supervisees' emphasis on the impact the therapeutic relationship had on their own learning found in the present study offers an additional rationale for making the relationship a focal-point during supervision. The analysis indicated that supervisees' attunement to the reciprocal elements of the relationship, their reflections on it, and their responsiveness to its dynamic fluctuations, facilitated their own learning. Without exception, they all associated the development of an empathic understanding of the client and an enhanced therapeutic relationship with their ability to refine interventions effectively and with a sense of self-efficacy.

**Integration of the personal and professional.** The expansive, multi-layered conceptualization of the Original Paradigm underscored that learning psychotherapy was a personal as well as professional undertaking. While novice supervisees' participation in the practicum represented an important step in professional development, the properties associated with the Original Paradigm indicated that learning also involved supervisees' multilayered sense of who they were in the world as they knew it. All Relationally-based Experiential Learning categories included personally relevant material that focused on the Self. Thus, during interactions with supervisors and clients, supervisees were exposed to, or encountered personal tendencies, they engaged in personally meaningful actions and they reflected on the personal meanings associated with these interactions. In short, engagement in the practicum involved an ongoing confluence of the personal and professional. Learning psychotherapy entailed supervisees' repeated attempts to make sense of, reconcile and integrate both of these elements.

Ronnestad and Skovholt (2013) and Pascual-Leone et al. (2013) also reported that learning psychotherapy and therapist development involves an integration of both the personal and professional. This study expands their observations by illustrating that the search for personal and professional coherence takes place on two levels, that is, within the person of the supervisee and at an interpersonal level. On a personal level, supervisees in this study searched for a sense of inner coherence by seeking to reconcile the *espoused* features of the Original Paradigm with the potent and sometimes contradictory *implicit* elements that emerged through their interactions with the supervisor and client. Precipitated by the observation that their actions were not

always congruent with their intentions, these self-identified “gaps” between espoused beliefs and implicit or “natural” tendencies remained a seminal theme to which supervisees returned repeatedly throughout the practicum.

Integration between the personal and professional also occurred on an interpersonal level through supervisees’ attempts to harmonize the orientation and practices advised by the supervisor, and the perspective and preferences offered by the client with the world view encompassed in supervisees’ Original Paradigm. Both forms of integration, (i.e., efforts to cultivate a sense of inner coherence between espoused and implicit features of the Original Paradigm, as well as attempts to develop an acceptable correspondence between the Original Paradigm and the material presented by the supervisor and client), represented important features of learning psychotherapy. As such, the refinement and revision of the novice supervisees’ philosophy of psychotherapy and their theory of practice was understood to occur in conjunction with a redefinition of Self and being-in-the-world. To paraphrase poignant observations made by participants in this study, *learning psychotherapy not only changes what you do; it changes who you are.*

### **Preliminary implications for Supervisors**

The particular perspective on supervisees’ experiences of learning to practice psychotherapy derived from this analysis suggest a number of preliminary implications. Included are recommendations for ways supervisors can help enhance supervisees’ learning.

- Conceptualize learning as a process of co-construction.
- Monitor the supervisory relationship. Address perceived misunderstandings in a thoughtful and respectful manner. A good supervisory relationship, characterized by

positive mutuality, responsiveness and a mutual valuation of discovery is necessary to promote and enhance learning.

- Provide the relational conditions and dialogic interactions that will foster heightened self-awareness and self-reflection.
- Both the supervisor and supervisee need to develop a clearer and more differentiated understanding of the supervisee's Original Paradigm.
- Utilize generalized, non-directive therapy skills to foster supervisees' recognition and differentiation of their own particular standpoint. They need to develop a more refined and differentiated grasp of their Original Paradigm's espoused and tacit features. This is an important step because in addition to learning something new, supervisees are engaged in a process that entails refining, revising and even changing aspects of their pre-existing world view. This type of interaction can also enhance the supervisory relationship.
- Engage in open-ended discussions and moment-by-moment process reviews (e.g., IPR) of supervisees' recently recorded psychotherapy tapes in order to help supervisees explore their own point of view. Avoid limiting exploration to cognitive or intellectual material. Include sensory, visceral and affective components of the supervisee's experience. Learning psychotherapy engages the entire person.
- IPR interviews are useful because they serve a number of functions. They help both the supervisor and supervisee access the nuanced and at times competing processes that contribute to the supervisee's moment by moment construal and response to the client. Mutual exploration of a specific moment in psychotherapy can also help the supervisee bypass perceived differences in theoretical orientation.
- Supervisors need to be sensitive and responsive to the extent that learning to practice psychotherapy evokes strong and varied affective reactions in the supervisees. Supervisors and supervisees need to collaboratively identify which emotional reactions would be useful to address in supervision.
- Check (repeatedly) to see how the supervisee construes new material. Bear in mind that it is not falling onto a blank slate.
- Provide the supervisee with repeated exposure, as well as repeated opportunities for practice and reflection. This type of repetition is required for learning.

- Acknowledge that there are times when supervisees are encountering a lot of ambiguity and uncertainty. Offer encouragement and support when needed.
- Acknowledge when supervisees do something beneficial or effective – even if it does not necessarily correspond with the supervisor’s preferences. This conveys the supervisor’s respect for the supervisee and it contributes to the supervisee’s sense of efficacy.
- Encourage supervisees to listen to their recorded psychotherapy sessions independently. This offers them more opportunities for reflection as and it helps them identify specific questions and concerns that they can bring to supervision.
- It is important to make the therapeutic relationship a target of supervision. The development and maintenance of the supervisee’s relationship with the client plays an important and complex part in learning and impacts the supervisee at both a professional and personal level.
- Maintain a focus on the development of the supervisee’s empathetic understanding of the client. Increased empathy for the client enhances the supervisee’s therapeutic responsiveness as well as their sense of efficacy.
- Pay particular attention to the supervisee’s perception of the client’s level of engagement or perceived commitment to psychotherapy. Supervisee’s construal of client commitment contributes significantly to their assessment of the quality of the therapeutic relationship, their motivation to work whole-heartedly with the client, and their sense of efficacy.

### **Limitations and Future Directions of Inquiry**

As with most qualitative research, the number of participants in this study was limited. Moreover, all participants were Caucasian, thereby potentially limiting the relevance that ethnic diversity may play in learning. Additionally, only one participant was male. Given these limitations, qualitative studies using this method need to be carried out with additional supervisees who have different supervisors. Furthermore, even though the supervisors in this study subscribed to a diverse range of orientations, the psychotherapy practicum took place within a single university training centre. There

could very well have been common contextual and situational factors that influenced supervisees' descriptions of their learning experience. Consequently, it would be useful to conduct a similar study in other training centres, including those that advance a particular theoretical orientation (e.g., cognitive behavioural, psychodynamic).

It may also be that participating in this study impacted supervisees' experience of the practicum itself. Participant supervisees met with the interviewer on four occasions, recounted their experiences and reflected on them, sometimes in a deeply personal manner. Although relatively infrequent compared to their interactions with the supervisor and client, it is conceivable that this experience may have affected their learning. Finally, the analysis represents the understanding of one person, that is, the present author/researcher. Even though the analysis was followed by supervisors with many years of experience in both psychotherapy research and supervision, at the end, it represents a single point of view.

Questions regarding how learning unfolds beyond the first psychotherapy practicum follow on the heels of this analysis. Although daunting from a practical perspective, it would be very interesting, if not necessary to follow a group of supervisees from their first psychotherapy practicum and beyond using this type of first-hand inquiry. Additionally, relatively little research has been done that investigates the role that the client plays in the process of learning psychotherapy. The results of this study indicate that this is an important aspect of training that could yield rich and useful information.

In spite of the acknowledged limitations, the study specifically addresses an acknowledged gap in the literature, notably, the investigation of the first psychotherapy

practicum as a form of experiential learning. Its employment of repeated interviews over the duration of this informative period in one's training has rarely been carried out. The reliance on supervisees' first-hand accounts has enabled the identification of learning domains that supervisees themselves considered important. Moreover, it has provided a rich source of data for conceptualizing learning processes that are based on the perspective of those who are learning. The inclusion of both narrative interviews and Interpersonal Recall Interviews has also provided a unique and rare window into the role the client plays in this process.

The use of both Narrative interviews and the Interpersonal Recall interviews offers some interesting and valuable considerations for methodology. While there was considerable overlap between the descriptions given by the participants in both interviews, they also seemed to access qualitatively different aspects of supervisees' perceptions of their experiences. The Narrative Interviews were very useful in identifying and contextualizing important incidents and themes. They were invaluable in providing the supervisees with the opportunity to elaborate on the cognitive-perceptual, affective and visceral ways in which they were making sense of these events and responding to them. The open ended nature of the interviews enabled supervisees to draw on whatever aspect of an experience they deemed important and were willing to disclose. The Interpersonal Recall Interviews added a new dimension in that they yielded a qualitatively different perspective on supervisees' experience. Here supervisees often relayed more immediate, pre-conceptual perceptions of an immediate moment that had yet to be smoothed over or incorporated into a more generalized and coherent understanding. The descriptions were often highly detailed, vividly depicted

and emotionally charged. They frequently described moments full of surprise, uncertainty, ambiguity and contradiction.

Both Narrative and Interpersonal Interviews employed in this study involved a fair amount of self-disclosure. Although it was not required in this study, it is conceivable that supervisees may disclose information that would benefit from being followed up outside the format of the research interviews. Thus, it is recommended that additional supervision be made available to supervisees if the participants believe it would be useful

The fact that both Narrative and Interpersonal Interviews were repeated over the duration of the practicum offered a) more than one window onto supervisees' rich lived experiences, b) enabled supervisees' perceptions of a specific incident or experience to be contextualized within each supervisees' broader meaning network, and c) provided the researcher with an opportunity to see how their perception of immediate moments in psychotherapy, as well as their broader perspectives developed, over time.

In closing, the analysis yielded a conceptualization of the first psychotherapy practicum as a form of relation-based experiential learning that depends on interpersonal interaction. It entails reciprocal processes of exposure, agency and reflexivity that occur in the context of the relationship with the "Other". The picture that emerges is of an active and agentic novice supervisee who enters the practicum ensconced within an Original Paradigm, an idiosyncratic world view that provides the touchstone for their subsequent engagement in the practicum. This Original Paradigm includes an idiosyncratic philosophy and theory of practice, customary aspects of the perceptual field that are typically attended to, as well as a conventional repertoire of

actions with familiar meanings and values ascribed to them. Through the ongoing and reciprocal processes of exposure, exercising agency and reflexivity, which often times occur through highly charged interpersonal interactions with the supervisor and the client, both the espoused and implicit features of the Original Paradigm are identified, refined and expanded. Moreover, the material that supervisees are exposed to, the actions they take and the way they try to make sense of their experiences depends on the quality and characteristics of the relationship they develop with the supervisor and client.

The interpersonal context of experiential learning is highlighted through the identification of two modes of Reflexivity - the relatively self-contained Self Referential mode which tends to bolster the perceptions, values and actions associated with the existing Original Paradigm, and Transformative Dialogues in which the co-construction of meaning through empathic interactions with the Other both refines it and broadens its horizons. The interpersonal nature of experiential learning also contributes to supervisees' developing recognition of psychotherapy as a unique and interdependent form of discourse. At the same time, the highly charged and interpersonal nature of learning psychotherapy engages the entire person of the supervisee. As such, it is both a professional and personal undertaking. It entails supervisees' ongoing attempts to integrate the personal sense of self and of being in the world, with the development of self as a psychotherapist.

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## Appendix A

### Initial Consent Form for Diane Lawless' study on Trainees' experience of learning psychotherapy

I, the undersigned, affirm that the research study has been explained to me and any questions have been addressed. I understand the purpose of this study is to gain a greater understanding psychotherapy trainees' perspectives on learning psychotherapy. I also understand that this study is being conducted by Diane Lawless, a PhD candidate in Clinical Psychology at York University in Toronto, under the supervision of Dr. Shaké Toukmanian.

I understand that I will be interviewed by Diane on 4 occasions over the duration of the psychotherapy practicum I am currently enrolled in at York University. In two of the interviews, Diane will be interviewing me on the experiences I consider important in my experience of learning psychotherapy. The two additional interviews will involve reviewing an audiotaped recording of a recent (i.e., within 24 hours) psychotherapy session with one of my clients. The purpose of this study will be explained to the client and written and verbal will be obtained from consent obtained from them prior to making the tapes available for these interviews. The tapes will be used to help stimulate my recollections of experiences that occurred within that session.

I am aware that all 4 interviews will be audio-taped and will be later transcribed verbatim. I understand that my participation is completely voluntary and if I wish to withdraw from this study at any time before, during, or after the interview, I will be free to do so and all data pertaining to me will be destroyed. I also understand that my decision to participate in, or withdraw from, this research will not affect my engagement in the current practicum.

I understand that all information collected during this research project will be kept confidential. All identifying information (personal names, specific dates, and locations) will be removed from the transcripts of the audio-taped interviews. After the completion of this study, all audio-tapes will be destroyed. The transcripts, devoid of identifying information, will be kept by the researcher with the assurance that the guarantees of confidentiality will be maintained. I understand that my interview will be included with the interviews of other participants, and that no individual story will be presented in its entirety. Rather only short excerpts of my experience will be printed (stripped of all identifying information) along with those of other participants. I am also aware that the final results of this research will be made available to me at my request.

Diane's telephone number is 416-778-9897 and her e-mail address is [dlawless@yorku.ca](mailto:dlawless@yorku.ca). The e-mail address of her supervisor, Dr. Shaké Toukmanian is [stouk@yorku.ca](mailto:stouk@yorku.ca) I am aware that I can contact either of these individuals at any time in the future should I have any questions or concerns arising from my participation in this project.

I have read and understood all of the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Narrative Interview Consent Form

I, the undersigned, affirm that the research study has been explained to me and any question have been addressed. I understand the purpose of this study is to gain a greater understanding of exploring the trainee's perspective on learning psychotherapy. I also understand that this study is being conducted by Diane Lawless, a PhD candidate in Clinical Psychology at York University in Toronto, under the supervision of Dr. Shaké Toukmanian.

I agree to be interviewed for approximately 1 – 2 hours about my experience of learning psychotherapy while enrolled in this psychotherapy practicum. I am aware that the interview will be audio-taped and will be later transcribed verbatim. I understand that my participation is completely voluntary and if I wish to withdraw from this study at any time before, during, or after the interview, I will be free to do so and all data pertaining to me will be destroyed. I also understand that my decision to participate in, or withdraw from, this research will not affect my engagement in the current practicum.

I understand that all information collected during this research project will be kept confidential. All identifying information (personal names, specific dates, and locations) will be removed from the transcripts of the audio-taped interviews. After the completion of this study, all audio-tapes will be destroyed. The transcripts, devoid of identifying information, will be kept by the researcher with the assurance that the guarantees of confidentiality will be maintained. I understand that my interview will be included with the interviews of other participants, and that no individual story will be presented in its entirety. Rather only short excerpts of my experience will be printed (stripped of all identifying information) along with those of other participants. I am also aware that the final results of this research will be made available to me at my request.

Diane's telephone number is 416-778-9897 and her e-mail address is [dlawless@yorku.ca](mailto:dlawless@yorku.ca). The e-mail address of her supervisor, Dr. Shaké Toukmanian is [stouk@yorku.ca](mailto:stouk@yorku.ca). I am aware that I can contact either of these individuals at any time in the future should I have any questions or concerns arising from my participation in this project.

I have read and understood all of the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## IPR Interview Consent Form

I, the undersigned, affirm that the research study has been explained to me and any questions have been addressed. I understand the purpose of this study is to gain a greater understanding of exploring the trainee's perspective on learning psychotherapy. I also understand that this study is being conducted by Diane Lawless, a PhD candidate in Clinical Psychology at York University in Toronto, under the supervision of Dr. Shaké Toukmanian.

I agree to providing Diane Lawless with an audiotape of a therapy session with a client of mine named \_\_\_\_\_ with the session being conducted on this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I agree that Diane Lawless may replay the tape of the therapy session in my presence as a way of stimulating my recollections of the therapy session. I agree to be interviewed for approximately 1 – 2 hours about my experience of participating in this psychotherapy session with this client and its relevance to my learning. I am aware that the interview will be audio-taped and will be later transcribed verbatim. I understand that my participation is completely voluntary and if I wish to withdraw from this study at any time before, during, or after the interview, I will be free to do so and all data pertaining to me will be destroyed. I also understand that my decision to participate in, or withdraw from, this research will not affect my engagement in the current practicum.

I understand that all information collected during this research project will be kept confidential. All identifying information (personal names, specific dates, and locations) will be removed from the transcripts of the audio-taped interviews. After the completion of this study, all audio-tapes will be destroyed. The transcripts, devoid of identifying information, will be kept by the researcher with the assurance that the guarantees of confidentiality will be maintained. I understand that my interview will be included with the interviews of other participants, and that no individual story will be presented in its entirety. Rather only short excerpts of my experience will be printed (stripped of all identifying information) along with those of other participants. I am also aware that the final results of this research will be made available to me at my request.

Diane's telephone number is 416-778-9897 and her e-mail address is [dlawless@yorku.ca](mailto:dlawless@yorku.ca). The e-mail address of her supervisor, Dr. Shaké Toukmanian is [stouk@yorku.ca](mailto:stouk@yorku.ca). I am aware that I can contact either of these individuals at any time in the future should I have any questions or concerns arising from my participation in this project.

I have read and understood all of the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Consent Form

I, the undersigned, affirm that the research study has been explained to me and any questions have been addressed. I understand the purpose of this study is to gain a greater understanding psychotherapy trainees' perspectives on learning psychotherapy. I also understand that this study is being conducted by Diane Lawless, a PhD candidate in Clinical Psychology at York University in Toronto, under the supervision of Dr. Shaké Toukmanian.

I agree to providing Diane Lawless with an audiotape of a therapy session I participated in as a client with \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I agree that Diane Lawless may replay the tape of the therapy session in the presence of my therapist, \_\_\_\_\_ as a way to stimulate his/her recollection of the session. I understand that my participation is completely voluntary and if I wish to withdraw from this study at any time before, during, or after this taped psychotherapy session, I will be free to do so and all data pertaining to me will be destroyed. I also understand that my decision to participate in, or withdraw from, this research will not affect my engagement as a psychotherapy client at York University.

I understand that all information collected during this research project will be kept confidential. All identifying information (personal names, specific dates, and locations) will be removed from the transcripts of the audio-taped interviews. After the completion of this study, all audio-tapes will be destroyed. The transcripts, devoid of identifying information, will be kept by the researcher with the assurance that the guarantees of confidentiality will be maintained. I understand that only short excerpts from the audiotaped psychotherapy session will be printed (stripped of all identifying information). I am also aware that the final results of this research will be made available to me at my request.

Diane's telephone number is 416-778-9897 and her e-mail address is [dlawless@yorku.ca](mailto:dlawless@yorku.ca). The e-mail address of her supervisor, Dr. Shaké Toukmanian is [stouk@yorku.ca](mailto:stouk@yorku.ca). I am aware that I can contact either of these individuals at any time in the future should I have any questions or concerns arising from my participation in this project.

I have read and understood all of the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B

### ***Highly Charged Becoming Through the Other Hierarchical Process Category Structure- Expanded***

#### **Original Paradigm**

- Unique theory of causation (n=5)
- Grounded in previous personal/professional experience (n=5)
- Interwoven with a sense of identity (n=5)
- Imbued with an ethic (n=5)

#### **Relationally-based Experiential Learning**

##### **Exposure**

##### **Meeting supervisor's paradigm.**

- exposed to new orientations to psychotherapy (n=4)
- alternate lens on moment-to-moment interactions with clients(n=5)
- recommendations for new and unfamiliar ways of acting (n=5)
- repeated supervisor evaluations (n=4)

##### **Face to face with clients.**

- unaccustomed world views (n=5)
- unanticipated client actions (n=5)
- meaningless therapeutic exchanges (n=5).
- level of client engagement (n=5)

##### **Challenging encounters with the Self.**

- ambiguity and uncertainty (n=5)
- perceptual incoherence (n=4)
- reduced capacity to think in the moment (n=4)
- strong emotional reactions (n=5)
- struggling with surging feelings of sorrow and/or empathy (n=5)
- attracted to clients (n=3)
- overwhelming sense of personal obligation (n=4)
- frustration (n=5)
- incompetence and inadequacy (n=4)
- self-blame (n=5),
- shame (n=4)
- perceived threat to future aspirations (n=3)

##### **Exercising agency.**

##### **Negotiating supervision.**

- experimented with ways to negotiate supervisory impasses (n=4)

disclosing issues of concern (n=5)  
 raising worrisome personal topics (n=4)  
 intentional failure to disclose (n=4)

**Directing client-therapist exchange.**

acted according to their Original Paradigm (n=5)  
 enact their supervisor's suggestions (n=5)  
 persistence in the face of failure (n=4)

**Overriding the "expert".**

deliberate non-compliance with supervisor's directives (n=4)  
 intentionally resist preferred actions (n=5)

**Reflexive quest for meaning.**

**Contexts for reflexivity.**

private review of audiotaped psychotherapy sessions (n=5)  
 supervision (n=5)

**Self-referential mode of meaning making.**

prescriptive objectives and actions with clients (n=5)  
 gauge for evaluating supervisor (n=5)  
 understand and evaluate the Self (n=5)

**Transformative Dialogues.**

Actively explore the Other's perspective. (n=5)  
 try to see through the supervisor's lens (n=4)  
 connect concepts with specific experiential instances, (n=4)  
 internalizing the supervisor's voice.(n=4)  
 learn what to avoid (n=5)  
 trying to learn the clients "language" (n=5)  
 refine their actions  
 assess progress in client-specific terms

**Being called into question.**

How to negotiate the evaluative components of supervision?  
 (n=4)  
 What is the nature of the psychotherapeutic discourse (n=5)  
 To what extent is psychotherapy a reciprocal, interpersonal  
 process? (n=5)  
 Why are my actions inconsistent with my intentions?(n=5)  
 Does who I am as a person affect how I am as a therapist  
 (n=5)

**Recognizing and re-considering Original Paradigm.**

Supervisor facilitated illumination  
 recurring enquiry regarding supervisees' perspective (n=3)

exchange and discussion of perspectives (n=4)  
 Client facilitated illumination  
 recognizing the client's agency(n=5)  
 diversity among clients(n=5)  
 inconsistencies as potentially useful therapeutic material  
 (n=3)  
 Emergent "personal" illuminations  
 difficulty tolerating client distress (n=5)  
 difficulty tolerating the ambiguities of psychotherapy (n=5)  
 performance concerns (n=4)  
 self-blame (n=4)

**Quality of the relationship (supervisory and therapeutic.  
 Complexity of Participant`s roles**

**Reciprocal Positive Mutuality.**

With supervisor.

acknowledging supervisees' efforts and accomplishments  
 (n=4)  
 supervisor's attentiveness to supervisees' point of view (n=4)  
 supervisor's responsiveness to their concerns (n=4)  
 non-judgmenta(n=3)  
 supervisor's reassurances and support (n=4)  
 interested the supervisor's point of view. (n=3)  
 willing to try and enact supervisor's recommendations (n=4)  
 felt entitled to hold and express their own views (n=4)  
 safe to bring questions and concerns (n=4)

With client.

client's perceived commitment to psychotherapy (n=5)  
 non-judgemental attitude toward the supervisee (n=4)  
 increased empathy and high regard (n=5)  
 increased self-efficacy (n=5)  
 increased motivation to work with client (n=4)  
 greater willingness to take risks (n=4)  
 tolerate ambiguities and personal challenges (n=3)

**Negativity and Disengagement**

Supervisor's indifference and neglect.

offered little useful direction (n=1)  
 supervisor dismiss significant concerns (n=2)

Supervisor's Hostility and threat

rigid and authoritarian (n=2)  
 feedback focused primarily on fault finding(n=2)  
 demean the supervisee personally(n=2)

diminishing respect for supervisor (n=2)  
 deliberately disengage from an exchange (n=3)  
 attention narrowed to the pernicious aspects of interactions(n=2)  
 closed to supervisor's point of view (n=3)  
 Clients negativity and disengagement.  
 client's inadequate commitment to therapy(n=3)  
 pre-occupied with assigning blame.(n=4)  
 distrust and doubt (n=2)  
 reduced self efficacy(n=4)  
 motivation markedly declined.(n=3)

## **Original Paradigm Revised**

### **Original paradigm prevails.**

continued endorsement of the Original Paradigm(n=5)  
 Original perspectives bolstered (n=5)  
 planned to pursue training consistent with Original Paradigm(n=4)

### **Original Paradigm refined**

#### **Uniqueness of the psychotherapeutic discourse/exchange. (n=5)**

re-valuation of listening (n=4)  
 developing active listening skills (n=4)  
 valuing and tolerating silence (n=4)

### **Original Paradigm Expanded**

#### **Interactional nature of psychotherapy.**

the variability among clients (n=5)  
 an appreciation of the client's agency (n=5)  
 the impact of the therapeutic alliance (n=5)  
 the scope of their responsibility for clients (n=5)

#### **Supervisor conduit to new learning.**

learning new and unfamiliar approaches (n=4)

#### **Integrating the personal with the professional.**

learning about specific personal tendencies (n=5)  
 important to be genuine (n=5)  
 changed their sense of self and perception of the world (n=4)  
 more confidence in their ability to assume this role (n=5)