

Intensive case supervision during child and adolescent
psychoanalytic psychotherapy training: an IPA study
of supervisors' and supervisees' accounts of their experience

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Abstract

This study explores the experiences both of supervisors and supervisees in the intensive psychoanalytic supervision of their psychotherapeutic work with children and young people, and how both groups of participants understand its role and function as part of the child and adolescent psychoanalytic psychotherapy training. Using the qualitative research method of Interpretative Phenomenological Analysis (IPA), the study explores through the data gathered from four participants' communications during semi-structured interviews, in the context of the existing literature, how intensive case supervision supports and develops clinical confidence and a sense of growing clinical capacity in trainees during the child and adolescent psychoanalytic psychotherapy training. Findings are concerned with six experiential themes: 'Understanding an unconscious emotional experience'; 'Using another person for help and support'; 'Working with negative feelings'; 'Growing up and finding one's own way'; 'The learning experience as an attitude towards difference'; and, 'Feelings about the centrality and legacy of the experience'. Implications and recommendations for the provision and enhancement of intensive case supervision during child and adolescent psychotherapy training that facilitates authentic growth and development in a trainee, in parallel with the patients they work with, are considered. Areas of further research, including the need to understand better the experiences of trainees and supervisors from minority backgrounds and of different genders as well as how issues such as negative feelings towards trainees are managed in supervision, are identified.

Keywords: Supervisor, supervisee, trainee experience, intensive case supervision, psychoanalytic supervision, child and adolescent psychotherapy, psychoanalytic training, training identity, adolescent position, third position, parallel process, containment, using help, unconscious communication, attitude towards difference, interpersonal exchange, supervisory alliance, training legacy.

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Abbreviations

ACP	Association of Child Psychotherapists
CAMHS	Child and Adolescent Mental Health Service
IPA	Interpretative Phenomenological Analysis
NHS	National Health Service
TREC	Tavistock's Research Ethics Committee

Introduction

Background to the Project

Psychoanalytic supervision and the supervisory relationship are integral to the process of becoming a qualified child and adolescent psychoanalytic psychotherapist, both as an important medium through which psychoanalytic knowledge is passed from one generation of psychotherapists to another (Ogden, 2005, p. 1265) and as a gatekeeper for ensuring professional standards of entry are met.

As a trainee child and adolescent psychoanalytic psychotherapist, I want to understand better the role and function of the psychoanalytic supervision – “watching over” – that I receive as part of my psychoanalytic training working with children and adolescents. The working model of supervisory support I have received will inevitably influence, for better or worse, the guidance and support I provide to others in the future; rather than be a passive recipient, I feel a responsibility to be actively curious about it.

As I will define further in my Research Methods section, the kind of psychoanalytic supervision I discuss in this project is almost exclusively that of intensive case supervision received as part of the clinical training of child and adolescent psychotherapists. This form of supervision will be the central focus of my thesis. It is a very specific type of supervision at a very particular time in the development of the child psychotherapist. I propose that it should be considered distinct from other forms of available supervision during and after training, such as case management supervision, the fortnightly supervision required for continued professional membership, or risk and safeguarding supervision.

I began this project with general questions and thoughts: What happens in the supervisory process, from the perspective of both supervisor and supervisee, that means it has such centrality in psychotherapeutic work? What are the boundaries of supervision? What constitutes an experience of ‘good enough’ supervision? Can supervision ever be relinquished or is it required *ad infinitum*? Within the context of financial deficit, is there an evidence-base for the positive impact of

supervision on clinical work to justify the continued centrality of such a resource-heavy provision as part of the child and adolescent training?

Developing the Research Question and Aims

Aveyard (2014) writes that an important starting point when developing research questions is the real-life dilemmas arising from the clinical environment. Some of the clinical cases I worked with over the course of my training exposed me to a level of disturbance, psychic onslaught and physical attack that I had not experienced before my training and could not have withstood without the support of regular weekly supervision. I saw how my patients, particularly my under-5 intensive training case, affected members of my multi-disciplinary team and elicited strong feelings both of saccharine infatuation and petrified horror. I saw objectively in them how extreme responses get stirred up by patients in helping professionals.

To my mind, the crucial difference between colleagues' responses to my intensive patient – that bore no relation to the reality of him or any real understanding of him – and my own capacity to retain a neutral, receptive and thoughtful stance as his therapist was the fact of my weekly intensive case supervision. Having a dedicated space to sort through intense projections with the aim of gaining understanding was what prevented me being overwhelmed by the intense despair and psychotic anxiety that my patient couldn't bear to be in touch with. This experience, more than any other, helped me understand the potential value of supervision and helped reframe it for me as something of indispensable help and support, rather than the persecuting and testing experience I had previously felt and feared it to be.

I wanted the opportunity to think about this part of my training further and explore it through hearing about the experiences of other trainees during their trainings. I briefly considered the idea of "effectiveness" in supervision and wondered if there could be a way of linking patient outcomes to efficacy of supervision in a quantitative or mixed research method, but decided this was too complex for this small-scale study. Instead, I chose to focus closely on trainees' experiences and use a qualitative approach as most appropriate to that (Turpin et al., 1997).

I was intrigued by the multi-perspectives of supervision; something that happens between two people actively engaged in thinking about an absent third. The area felt rich for exploration through a psychoanalytically informed lens and held within it the possibility that what could be learned from the investigation might have parallels in and applications for other teaching and therapeutic relationships.

I favoured an open and exploratory approach to the research task, adopting the ‘discovery-oriented’ mind-set of the qualitative researcher (McLeod, 2015, p. 95) rather than focusing on testing a specific hypothesis, understanding that questions would develop as part of an iterative research process. Salient questions in my mind, though, were around specific incidents of supervision that might have felt helpful or unhelpful, wondering about the qualitative differences between case management supervision and intensive case supervision, and how supervision might help develop a trainee’s professional identity.

The aims of this research project are,

1. To gather phenomenological data that captures the experience of child and adolescent psychotherapists engaged in supervision during their training.
2. To contribute to the evidence-base of empirical research involving psychoanalytic supervision and the child and adolescent psychotherapy training.
3. To understand the clinical implications of the project’s findings on future practice.

Overview of the Thesis

The Literature Review section outlines my systematic approach to analysing the existing literature on my phenomenon of interest and summarises findings in a thematic narrative. The Research Methods section describes the project design, gathering of participants, and my method of data analysis. I then present my Findings, giving room to the individual voices of participants, followed by a Discussion of findings with reflections and implications for future practice. My thesis finishes with some concluding remarks about the strengths and limitations of this project and how it might be usefully developed in further research.

Literature Review

Introduction

I understood that conducting a systematic literature review as a research methodology in its own right – a comprehensive study and interpretation of the literature and body of research on a particular topic following a defined set of protocols – was essential to developing the direction my research into supervision should take, and for understanding and thinking about any new insights or relevant information this study gave rise to meaningfully, in the context of other already existing information and beyond what my own individual experience led me to believe (Aveyard, 2014).

Alongside wanting to appreciate the context of the general evidence-base for the historic practice and inclusion of supervision in training linked to its usefulness for good practice and attempts (if any) to quantify its effectiveness and impact on treatment outcomes, I had a number of related research questions, as set out in my Introduction, into the more granular detail of what happens in the supervisory process, from the perspective of both supervisor and supervisee, that gives it its centrality in psychotherapeutic work; the boundaries of supervision; what constitutes an experience of ‘good enough’ supervision; and, the lifespan of supervision. I wanted to learn from other trainees about specific incidents of supervision that might have felt helpful or unhelpful to them, how they might differentiate and distinguish between the qualitative aspects of case management and intensive supervision, and how they might have understood the supervision experience as playing a role in developing their achieving a professional identity.

Some of my questions, for example around the history of supervision and its inclusion in the development of the psychotherapeutic training model, might usefully be answered by a literature review; others, for example around more specific incidents or factors that might promote or frustrate the supervisory experience, might be more appropriately answered by participant interview.

I favoured a ‘systematic approach’ to my literature review rather than a ‘narrative approach’ (Aveyard, 2014). Whilst appreciating that a full systematic review of the literature was beyond the scope of this study and of me as novice researcher, I sought to apply the general principles and

guidelines of the Cochrane Collaboration (outlined in Aveyard, 2014) in a systematic manner, aiming to achieve findings that held validity on the basis that a set of search protocols had been followed in a rigorous manner and could be reliably repeated, and that search protocols had to some degree removed undue selection bias of material included in the review linked to prior knowledge and personal experience of the phenomenon of interest due to my position as current trainee in the child and adolescent psychoanalytic psychotherapy training.

Identifying my Research Question

Arising out of my cluster of related research questions as outlined above, I developed a research question that I could begin to put to the literature (White, 2009). My research question was,

What is the role of clinical supervision in supporting and developing clinical confidence and a sense of growing clinical capacity in trainees during their child and adolescent psychoanalytic psychotherapy training?

I understood this research question as incorporating my areas of research interest and the study's aims and objectives, namely: ideas around trainees' developing professional identity; how supervision might (or might not) play a part in facilitating professional growth and confidence; understanding of the role of supervision in clinical work and the treatment of children and adolescents; and whether it was felt or could be evidenced as having a positive impact on patient outcomes.

Method for Arriving at the Findings of the Literature Review

A preliminary search on the online bibliographic database PEP Archive yielded minimal results, so I searched the PsycInfo and PsycArticles databases. Searches using only 'supervision' generated a wealth of unrelated papers from many diverse disciplines, so I performed a complex search using 'clinical' and 'supervision'. I re-ran this combined with a second search around the discipline-specific concepts of 'psychodynamic', 'psychoanalytic' or 'psychotherapy'. These searches, and the truncations used in each, are outlined in Table 1.

This generated a more relevant, if rather small, set of results which were screened using the inclusion criteria detailed in Table 2.

The overall methodology and search strategy for the literature review, with the number of articles at each stage, is represented in the PRISMA diagram below (Figure 1).

Keywords	Alternative words/truncation
1 st search:	
clinical supervision	searched as clinic* AND supervis*
combined with using [search with AND]	
2 nd search:	
psychodynamic	searched as psychodynamic OR psychoanal* OR
psychoanalytic	psychotherap*
psychotherapy	

Table 1 Literature search terms

Inclusion	Exclusion	Rationale
Papers written in English		English is the only language of literature reviewer
	Patients aged over 25	Papers should concern the treatment of children and adolescents, i.e. those aged 25 and under

	Non-psychoanalytic psychotherapy, eg. behavioural or cognitive therapy, stated as main classification of treatment	Papers should concern psychotherapy as predominant discipline within which treatment is offered
Linked full text available		Literature reviewer should be able to read papers

Table 2 *Inclusion and exclusion criteria*

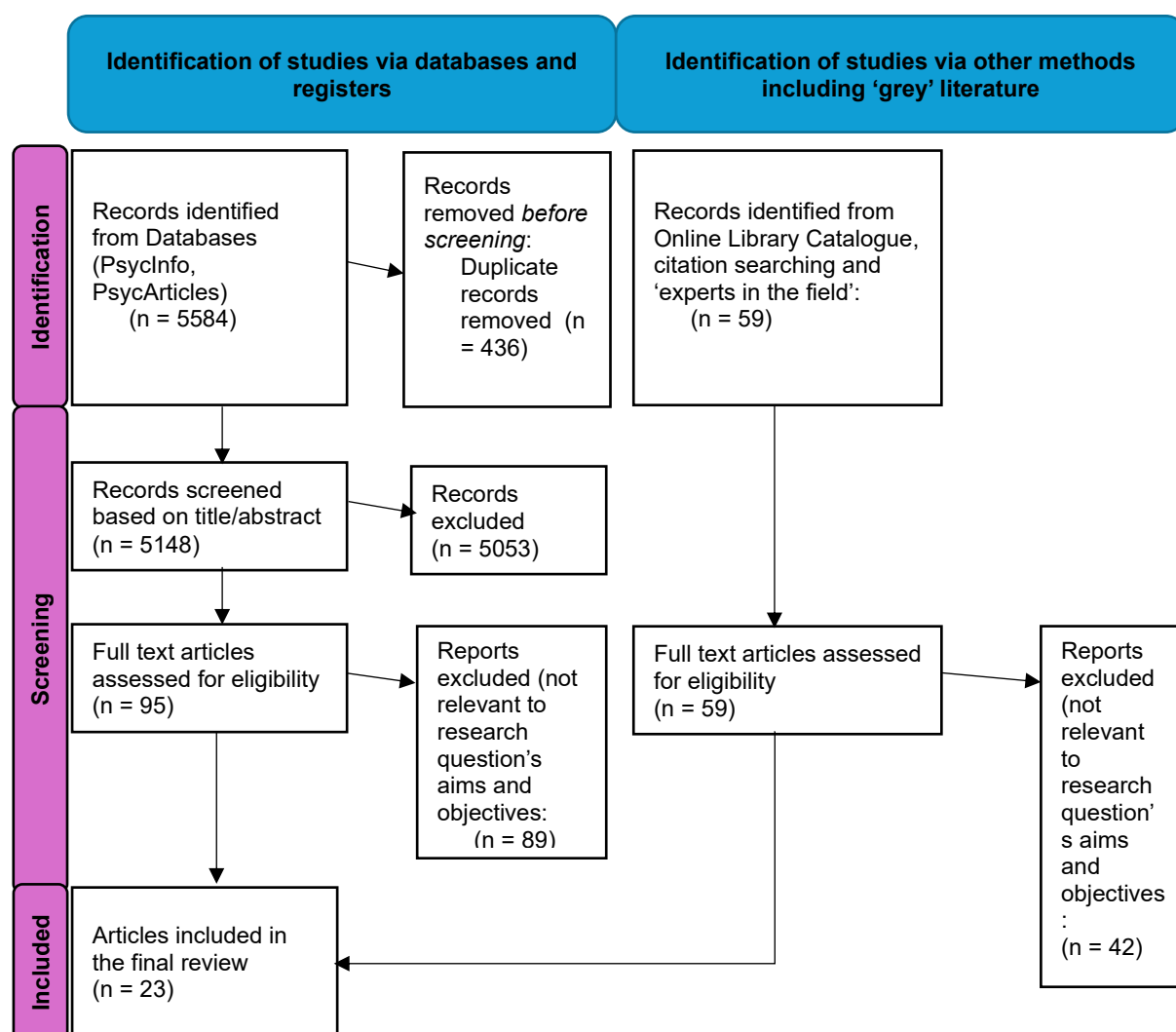


Figure 1 *Literature search strategy represented as PRISMA diagram*

Once my set of predefined inclusion and exclusion criteria were applied, according to the systematic approach set out in Aveyard (2014), results numbered 95. I then worked through each abstract to assess eligibility for inclusion based on relevance to my research question, aims and objectives.

Articles on PsycInfo and PsycArticles that were eligible for inclusion based on age of patient, treatment method and relevance to my research question numbered less than 10, suggesting that I needed to look beyond what was digitised in order to conduct a full literature review into my area of interest. I understood that the PsycInfo and PsycArticles databases held peer-reviewed research articles and journal articles but not books, suggesting that my search for articles about my phenomenon of interest might need to be expanded outside the scope of these digital databases. This would mean including in my literature review book chapters and articles that would rank at only Level 5 of the five levels of research evidence in Greenhalgh's 'traditional hierarchy of evidence' (2014), defined as 'case studies, anecdote, and personal opinion'. Though not ideal as the basis of a systematic literature review, this spoke to the opinion-based nature of writing on the subject, its under-researched quality, and the need for empirical studies gathering fresh data in response to specific research questions.

I conducted a second search, using the same search terms listed in Table 1, this time of my training organisation's online library catalogue. When I applied the exclusion criteria relating to patient age, results were too small to be of any reasonable use, so I was required to include articles relating to work and trainings associated with adults as well as children and adolescents. As with my PsycInfo and PsycArticles search, I worked through titles and available abstracts assessing eligibility for inclusion based on relevance to my research question, aims and objectives. I selected papers relevant to psychoanalytic supervision and its place in treatment and training and employed a referencing method, searching within studies and reference lists of relevant papers to expand what I came across further. I noticed when I felt I had reached saturation point; similar papers were being referenced, similar themes were emerging.

Finally, I followed Greenhalgh's advice (2014) and made use of 'experts in the field' to locate 'grey' or 'fugitive' literature not indexed in any source. Asking 'experts in the field' which papers they consulted or recommended to others about my phenomenon of interest also served to check the validity of my search (and there was a good match in terms of what experts cited and articles already included in my results).

I recorded my second search findings in a Word table, organised under section headings of 'general writing about psychotherapy supervision', 'writing about psychotherapy supervision in relation to learning/training', 'writing about outcome research', and 'writing about psychoanalytic supervision and the treatment of children/adolescents' (Appendix 1). Results of this second search numbered 59. Results spanned from 1948 to 2021, written by professionals from the disciplines of psychology, counselling and psychodynamic psychotherapy, psychoanalytic psychotherapy, psychoanalysis and psychiatry. I read all relevant papers and conducted a 'critical appraisal' of them using Aveyard's 'six questions to trigger critical thinking' (2014, adapted from Woolliams et al., 2009), thinking about their various strengths and weaknesses. Though subjective to some degree, I attempted a systematic and structured approach to my critical appraisal, ranking articles on a scale of 1-5 for eligibility in terms of quality and rigour of thinking, and on a scale of 1-5 for relevance to my study. When deciding which papers to include in my review, I prioritized papers that had been published in peer-reviewed journals. I considered excluding historic articles more than 30 years old but this felt arbitrary. I felt they held seminal importance and addressed one of my aims, namely to understand the historic context and development of the central role of supervision in psychoanalytic training, something that the literature – as opposed to participant interviews – could best answer.

I made a final selection and obtained hard copies of 23 articles for full review, appraisal and analysis (Appendix 2). These articles are included in the following thematic synthesis of literature review findings. Some are given more attention in the narrative below on the basis of their relevance to my research aims and objectives.

Findings of the Literature Review

The literature gives a background and context for our present-day model of the clinical supervision of treatment and patient care and, to a lesser extent, how it came to be included in formal psychotherapy training.

From psychoanalysis' inception, Freud focused on the analysis of his followers rather than their supervision (though one might wonder whether the boundaries of personal analysis extended to discussion of patients). Sparse references to formal training, for example the shortest chapter (at only three pages) of *Analysis terminable and interminable* (1937) written a couple of years before his death, suggest he gave little thought to the formal development of psychoanalysis as an organised profession. He seems to have favoured practical "learning from" rather than theoretical "learning about", commenting that one can't 'hope to learn the noble game of chess from books' (1913, p. 123), and that 'theoretical instruction in analysis fails to penetrate deep enough and carries no conviction' (1925, p. 273f).

Freud makes no reference to the supervisory relationship in his *Standard Edition* apart from obliquely, with Little Hans's father (1909). Freud's contemporaries reference his light-touch supervisory approach; Bernfeld recounting Freud saying to him in 1922, 'Go right ahead. You certainly will have difficulties. When you get into trouble, we will see what we can do about it' (Bernfeld, 1952).

Matters of technique were consequently vague, including the thorny issue of transference; how to work with it, and how to interpret it. Critical thinking about supervision was eclipsed by the need to develop understanding of transference and countertransference, considered the most difficult aspect of an analyst's work (Strachey, 1934) and crucially redefined by Heimann when she proposed that, rather than ignoring one's emotional reactions they should be regarded as the essential 'instrument of research into the patient's unconscious' (1950, p. 81). Racker (1968) was amongst the first to write about 'the neurotic part of countertransference that disturbs the analyst's work' (p. 106) and the need to observe it in oneself in the analysis and supervision of candidates.

The first paper setting out the basis for psychoanalytic supervision as part of training is Balint's *On the psycho-analytic training system* (1948). The lack of published, peer-reviewed writing about something so fundamental as professional training – equated by Balint, perhaps somewhat grandiosely, with 'not only the future of our profession and of our science, but also the destiny of mankind' (1948, p. 1) – was already noteworthy. Balint attributes this collective inattention to defensiveness on the part of training providers; that any 'justified criticism' would cast aspersions on the quality of their own training and risk investigation into the efficacy of psychoanalysis itself.

That being said, the gradual accrual of literature on supervision over time contains certain ideas that emerge and take shape as issues of importance. I have clustered these under the following themes:

- Intersections between supervision, analysis and treatment
- Power dynamics in supervision during training: from dependency to autonomy
- Three-dimensionality and play in supervision
- Containing and understanding patients' communications
- Thinking about assessing teaching and learning outcomes in supervision
- Supervision and research

Intersections between Supervision, Analysis and Treatment

Growing awareness of countertransference feelings as a means of gaining understanding of the patient (Heimann, 1950) raised the question of what belonged to the patient and usefully informed practical work, and what belonged in the therapist's own analysis.

This tension of how supervision and analysis intersected manifested originally in the contentious debate between the Hungarian school (Kovacs, 1936) and the Viennese school (Bibring, 1937) over whether the same analyst should hold responsibility for both analysis and supervision during training. The British school ruled in 1947 that 'the analyst undertaking the student's personal analysis does not undertake the supervision of his cases'. Balint criticised this unevidenced 'dogmatic compulsory ruling ... without any further published discussion ... not the result of carefully planned

and controlled observations' (1948, p. 5); however, the ruling set the path for an attempt to delineate and separate the psychic space of the patient from that of the trainee therapist.

In *The informational value of the supervisor's emotional experiences* (1955), Searles broadens the field of clinical experience and available countertransference data to include supervisor-therapist as well as therapist-patient, introducing the possibility of transference of communications from the patient to the supervisor unconsciously via the therapist. Using clinical evidence from the multi-perspectives of supervisor, supervisee and group discussion of work with adult schizophrenic patients, he theorises that the emotions experienced by a supervisor 'often provide valuable clarification of processes currently characterizing the relationship between the supervisee and the patient' (1955, p. 157). He brings the supervisor into the emotional dynamic as third person in what he calls 'the reflection process': 'the processes at work currently in the *relationship between* patient and therapist are often reflected in the *relationship between* therapist and supervisor' (1955, p. 157).

This is the origin of what was subsequently termed "parallel process", although some clinicians consider that this term misrepresents Searles' original idea. Ogden, for example, states the relationship between the analytic process and the supervisory process is 'anything but parallel: the two processes live in muscular tension with one another and are all the time recontextualizing and altering one another' (2005, p. 1268f).

Searles considers an aspect of a supervisor's task is to point out to the therapist 'evidences of countertransference phenomena, and perhaps to function to a degree as an auxiliary analyst in exploration of their sources' (1955, p. 157-8), something made more manageable because 'the supervisor's emotions are rarely so intense as those of the therapist, and usually much less intense than those of the patient' (1955, p. 158). Noticing the countertransference in the supervisory relationship allows access to unconscious emotional dynamics:

often the very ones which have been causing difficulty in the therapeutic relationship and, because heretofore unrecognized by the supervisee, have not been consciously, verbally reported by him to the supervisor. (1955, p. 157)

Working through therapeutically in supervision on 'miniature scale' allows the therapist to carry over understanding 'into his relationship with the patient, and eventually the patient is thereby enabled to accomplish an intrapsychic resolution of the problem' (1955, p. 173).

In *Working through in the countertransference revisited: experiences of supervision* (2018), Pick reflects on supervisees' countertransference in supervision and the complicated work of needing 'to break down the "split" between the concept of pathological countertransference (the analyst's problem) and countertransference as a communication' (2018, p. 61). The recurrent theme of what belongs where (Heimann, 1950; Racker, 1968), and the riddle of 'whose problems are we dealing with' (2018, p. 56) is grappled with as she demonstrates how merged and 'intertwined these problems may become' (2018, p. 61). The analyst's challenge of understanding their patient – and what they really need help with in supervision – is overwhelming if what is being projected and communicated is 'too close to the bone, too close to the reality of the analyst's current experience' (2018, p. 56). In supervision, the supervisee should feel able to make use of the support of a supervisor to rid themselves of unmanageable feelings, using them as their own 'good breast' (Klein, 1946; Bion, 1962) to help make tolerable what they alone cannot contain. In this way, the painful experience, though perhaps still painful, can at least be shared; for 'in the loneliness of the human condition sharing an experience with another is hugely meaningful' (Hans Thorner, quoted in Pick, 2018, p. 59).

Power Dynamics in Supervision during Training: From Dependency to Autonomy

Writers consider responsibility for learning, and the balance of power in the supervisory relationship. Rather than remaining in a state of passive dependency on the authority of caregivers – an infantile state of mind heightened during a training – Balint challenges training providers and trainees to be critical and evaluative, and not to accept dogma 'strongly reminiscent of the primitive

initiation ceremonies' (1948, p. 5). He warns that, especially in supervision, too much submissiveness from the one and too much authoritative enforcement from the other risks an unconscious 'super-ego introgression': forcing the candidate 'to identify himself with his initiator ... and to build up from these identifications a strong super-ego which will influence him all his life (1948, p. 5). Balint sets out an alternative aim of training; that trainees:

should develop a strong critical ego, capable of bearing considerable strains, free from an unnecessary identification, and from any automatic transference or thinking patterns ... both critical and liberal at the same time. (1948, p. 5-6)

Balint cautions supervisors against demanding that their trainees develop in their own image, just as Freud had cautioned against the 'arrogance' of the analyst that would 'convert into our property the patient' (1918, p. 398).

In the 1960s, Ekstein presented extensively about psychoanalytic education. In *Concerning the teaching and learning of psychoanalysis* (1967), he considers how to create a system of teaching and learning that not only 'serves the perpetuation of institutional power' but also 'develops students of psychoanalysis who can further its growth and development' (p. 317-8). He challenges a privileged, exclusive professional identity, citing Reik's (1936) assertion that 'psychoanalysts cannot be made; they are born that way', in favour of a more inclusive and egalitarian learning experience open to anyone prepared to work through considerable difficulty (1967, p. 324).

For Ekstein, like Freud before him, 'one must train young psychoanalysts not via technical prescriptions but by permitting them to take the initiative, to be actively engaged with the work, and then to face the difficulties which will emerge' (1967, p. 314). Supervisors need to take a backseat and allow a degree of free rein; the role of supervision being:

to help the candidate to understand the case ... and that the 'understanding of the case' is sufficient for technical action. The candidate who understands the case will know what to do since that 'ergibt sich von selbst' ['follows by itself'] (1967, p. 316).

Ultimately, the goal of training is to enable trainees to move from dependency – on, to a degree, Searles' 'auxiliary analyst' (1955) – to competent autonomous practitioners. In *The internal supervisor* (1985), Casement explores through case examples of work with adults the need for a therapist to develop for themselves '*insight* within the momentum of the analytic process' beyond the '*hindsight* on what has been missed in an earlier session ... [and the] *foresight* in relation to what may be yet encountered' (p. 30) that an external supervisor provides. Casement suggests that If supervision remains located outside the therapist's own mind, there is a danger that trainees 'lean too heavily upon the advice or comments of a supervisor, which creates a barrier between ... therapist [and] patient' (p. 30).

Playfulness and Three-Dimensionality in Supervision

Invoking Winnicott's theory of transitional and potential space, Casement wanted trainees to develop the capacity for a playful dissociating of the 'observing ego' from the 'experiencing ego':

to find within themselves (as patient) that island of contemplation – from which they could observe with their analyst what they were experiencing in the transference. (1985, p. 31)

Casement stresses the importance of supervisory movement between multiple positions simultaneously within the mind of the therapist. Through spontaneous reflection and trial identifications, turning something around and playfully imagining how different interpretations might be given, heard and responded to, trainees 'learn to watch themselves as well as the patient, now using this island of intellectual contemplation as the mental space within which the internal supervisor can begin to operate' (1985, p. 32).

In *Reflections on the theory and practice of supervision* (1986), Pedder also cites Winnicott and ideas about play, extending his statement that 'psychotherapy has to do with two people playing together' (Winnicott, 1971) to include the idea that supervision has to do with two people playing around with ideas together.

For Pedder, a supervisor should be as the 'Gardener' (Fleming (1967), the primary function of which is not to pour in knowledge (as the 'Jug'), nor to mould into one's own image (as the

'Potter'), but to facilitate and 'promote growth in people' (1986, p. 2). Growth and development build upon internal objects and Pedder (again making use of Winnicott, 1958) maintains:

the capacity to work alone as a therapist is based on the experience of having been alone in the presence of someone (i.e. originally analyst and/or supervisor) (1986, p. 4).

Pedder considers the practical requirements of supervision (frame, setting, boundaries) necessary for playfulness. He considers the differences between individual and group supervision, and which is less likely to encourage regression in the student that would increase unhelpful transferences. He draws on Balint's work to advocate that supervision should not engender 'dependence on the leader, with all the problems of idealisation and consequent envy of the expert' (1986, p. 8) but instead foster expressive, playful free-association to the patient in 'a free and friendly atmosphere' where therapists 'feel free to be themselves', encouraged to have 'the courage of [their] own stupidity' (Balint, quoted by Pedder, 1986, p. 8).

Therapist and supervisor playing with thoughts about the patient involves a triangulation of therapeutic encounters which Rustin examines closely in *Observation, understanding and interpretation: the story of a supervision* (1998). She examines her role as supervisor in relation to the treatment pair of therapist and patient, and how the addition of her supervisory 'third' mind links to the opening-up of three-dimensional growth within the mind of the child-patient.

Evidenced by a rare written account of the supervision of a 4-year-old boy with severe childhood psychosis, Rustin describes the parallel process of emerging understanding for therapist and patient facilitated by the supervisor's distance from the 'immediate impact of the clinical encounter' (1998, p. 434). The confused experience in the room of an internal world 'wholly in pieces' (1998, p. 435) is observed in fine detail and then recorded with countertransference feelings for supervision (as "process notes"), helping the therapist to gather up their experience and 'to feel there was some shape to the mass of material in the sessions' (1998, p. 437), and by extension the child-patient.

Rustin likens supervision, particularly in its early stages, to the 'restorative conversation between parents about a sleepless or anxious baby, in which meaning can emerge' (1998, p. 438). The 'background presence of a third person' (1998, p. 433) serves as the reflective and supportive 'other' might in a parental couple, facilitating three core functions of supervision: acceptance of the patient's hatred as well as their love; counteracting the projections of primitive communication that hinder thinking; and, helping bear the anxiety of responsibility of infantile dependence.

Away from the crucible of the 'empirical researcher at work in the consulting-room' (1998, p. 445), supervision safeguards 'the therapist's access to her own mind, her freedom to think ... to separate out patient and therapist as independent beings (1998, p. 447). This space to think, made possible by the supervisory 'third', is essential for both therapist and patient because 'to gain autonomy a patient requires an autonomous therapist' (1998, p. 447).

Like Rustin, Mander in *Dyads and triads: some thoughts on the nature of therapy supervision* (1998) views supervision as a 'distinct professional activity' that is, because of its multi-dimensionality, 'in some ways more complex than therapy' (1998, p. 53). He calls out the 'conspiracy of silence and certainly a marginalisation of supervision, except in training' (1998, p. 55-6) by so many clinical papers and theoretical discussions not crediting the contribution of supervision to success and progress in psychotherapeutic work with patients. He notes an exception to this as Casement (1985) who references his consultations with Winnicott and Heimann. However, Mander questions whether Casement's (1985) notions of the 'internal supervisor' and 'island of contemplation' are in the maelstrom of anxiety, unconscious projections and defences from both therapist and patient realistically possible.

Instead, says Mander, 'therapeutic dyads need to be opened up periodically to supervisory triads in order to function ethically and creatively' (1998, p. 56). Mander uses the analogy of the shift from 'dependent dyadic relationship with the feeding mother to the increasingly more autonomous three- and multi-person relationships in the family' (1998, p. 56-7). Like Rustin, he stresses the need to step out of the therapist-patient/mother-infant couple and the encapsulated two-ness evocative

of primary maternal preoccupation (Winnicott, 1956), and spend time with a third to better reflect on therapy:

What matters is that there is space, analytic space, which the therapist can enter, and use as a safe container, a thinking base, a rehearsal stage, together with another, and where he or she can deliberately step outside the closed vessel of the therapeutic dyad, allowing a third person to look at the process (1998, p. 57).

Mander, too, conceptualises supervision as a Winnicottian potential space; ‘the intermediate area between mother and child in which their interaction – in health – is one of playful creativity’ (1998, p. 57) influenced by the third person of the patient *in absentia*.

Extending this playful creativity, Ogden, in *On psychoanalytic supervision* (2005), theorizes the analytic relationship and the supervisory relationship as forms of guided dreaming, both of which involve unconscious psychological work performed on lived emotional experience. The role of the supervisor is to facilitate and guide the ‘dreaming aspects of the analytic relationship’ (2005, p. 1278), helping the supervisee dream elements that they have previously been only partially able (‘interrupted dreams’, Ogden, 2004) or almost entirely unable (‘undreamt dreams’, Ogden, 2004) to dream.

For Ogden, the patient in supervision is by necessity not the patient in reality but a creation or ‘fiction’ that ‘the analyst “dreams up” ... in the supervisory setting’ (2005, p. 1267). Supervision becomes a form of dreamwork, a conjuring-up or playing-with-thoughts in which:

the combined effort of the analyst and supervisor bring[s] to life in the supervision what is true to the analyst’s experience of what is occurring at a conscious, preconscious and unconscious level in the analytic relationship (2005, p. 1268).

Ogden is clear that his use of the word ‘fiction’ does not constitute a ‘lie’, just as ‘dreams cannot lie – they may disguise, but they are incapable of being dishonest’ (2005, p. 1275).

Dreaming is a vulnerable state of being that requires a secure and safe environment in which to happen. Just as Pedder (1986) considers the practical pre-requisites of playfulness, Ogden sees the

role of supervisor as acting as guardian of the dream by providing a safe and secure boundary around this work:

the supervisory frame is a felt presence that affords the supervisee a sense of security that his efforts at being honest in the presence of the supervisor will be treated humanely, respectfully and confidentially (2005, p. 1269).

Containing and Understanding Patients' Communications

In *Initiating and developing a psychoanalytic approach to children* (1991), Sutton reflects on his experience, post-qualification, of providing psychoanalytic supervision to members of multi-disciplinary teams (including nursing, social work and occupational therapy professionals) in inpatient settings. Using clinical examples to evidence his thinking, he argues that a psychoanalytic approach in supervision – even when the person being supervised has not undergone a psychoanalytic training – and the encouragement of thinking about and speaking to the transference relationship, can transform the therapeutic space from one which ‘attempts to prohibit problematic behaviour’ to one where the behaviour ‘can become no longer necessary, since the intense and primitive anxieties driving it have been accepted, understood and contained’ (1991, p. 249).

Sutton acknowledges that getting to the unconscious ‘underlying feelings’ is not always possible and depends on the therapist’s capacity to bear extreme emotions on behalf of their patient. There will be limits to what can be tolerated, both of the ‘negative transference’ or rather, ‘the very positive presence of hostile and aggressive feelings towards the therapist’ (1991, p. 251), and of the ‘positive transference’ and what this stirs in the therapist of a fear of the ‘longing for a good-enough parent, and a consequent feeling of guilt that he is offering the child only therapy, not actual parental care’ (1991, p. 252). A supervisor’s help to reflect on these strong feelings, especially in the absence of significant personal therapy (as is usual in a multi-disciplinary team), is essential.

Sutton considers how the reluctance to delve fully into the complicated and painful nature of the transference relationship – settling for something of a ‘mutual idealisation’ (Meltzer, 1967) instead – can avoid genuine working-through of problems. Linked to teaching/learning outcomes in

supervision, this might happen between therapist and patient but also between therapist and supervisor during training; the 'productive experience [of] something supportive but challenging and promoting of development' might sometimes not occur (1991, p. 253).

Supervision: a container-contained approach (Ungar & Busch de Ahumada, 2001) is a rare co-written account by supervisor/supervisee that emphasises the mutual experience of a 'two-tiered, container-contained model' (p. 72) for supervision of work with a child. Authors position themselves at the forefront of the 'unfolding of the wider understanding of the analytic process, continuing from the sixties' and the 'explicit passage from a one-person to a two-person psychology in the approach to the handling of psychoanalytic supervision' (2001, p. 72). Authors illustrate a supervisory 'learning alliance' (Fleming & Benedek, 1966; Haesler, 1993) operating in parallel to the therapeutic alliance, evidenced through recorded analytic sessions, patient's drawings, and notes taken after the supervisory sessions.

Evoking Rustin (1998), a core function of psychoanalytic supervision is discussed as 'emotional containment' of the unconscious anxieties arising in the 'interacting domains of the analytic and supervisory sessions' and the resultant 'evolution of the clinical process from an initial state of fragmentation and massive enactment, through incipient ... individuation amid emotional turbulence to ... resultant genuine symbol-formation' (2001, p. 71). This function of containment as 'facilitating attitude' is considered by Ungar & Busch de Ahumada as more helpful, supportive and, ultimately, instructive to the supervisee than didactic correcting; 'the converse, directive teaching approach [of supervisor] tends to increase the paranoid anxieties in the supervisory situation at the expense of containment' (2001, p. 80).

Ungar & Busch de Ahumada think about the necessary distance of the supervisor from material and acknowledge that the supervisee 'feels, and knows, more than what she has managed to "think through"' (2001, p. 79). There is a need, fulfilled by supervision, to 'be both "outside" and "inside" the psychic turbulence' (2001, p. 80) of a session to grasp fully all dimensions of the therapeutic encounter and the various levels encompassed by making the unconscious conscious.

The importance of containment is also emphasised in Emanuel et al.'s report on the supervision of time-limited psychotherapy as part of a research project exploring individual versus group psychotherapy with sexually abused girls aged 6-14. *Supervision of therapy of sexually abused girls* (2002) reflects on and evidences the supervisory process in the individual psychotherapy part of the research project, and states the primary task of supervision particularly in such challenging and complex work as being 'to deal with the emotional impact these girls [make] upon their therapists' (2002, p. 587). The report concludes that supervision is an 'essential feature of the successful use of psychoanalytic psychotherapy in the treatment of sexually abused children' (2002, p. 581).

Authors conceptualise the therapist's experience of being subjected to strong primitive projections of infantile anxiety that fundamentally affect their ability to think as analogous to the experience of a mother with a new baby. In cases where early infantile containment has not been adequate, supervision provides an additional circle of containment in which both understanding and knowledge of how and when to respond appropriately can be gained. Supervision can offer a child in psychotherapeutic treatment: 'undivided attention from a receptive person who will remain preoccupied with it even while absent, and who will work hard on trying to understand its communications' (2002, p. 587), providing an experience of feeling understood, held in mind and contained (Bion, 1962) that might previously have been denied or unavailable.

Thinking about Assessing Teaching and Learning Outcomes in Supervision

Crick reflects on the learning variables of supervision during her training in *Good supervision: on the experience of being supervised* (1991). The paper gives rare voice to the supervisee experience, about which she notes there is 'very little' documented. Crick differentiates supervision during psychoanalytic psychotherapy training from post-qualification supervision or more generic supervision of clinical work and highlights the 'specific features' at play during training; 'the student's adolescent position in relation to the training, the pains of learning, and the discomforts of being assessed' (1991, p. 236). The primitive feelings evoked – which could impact on effective clinical work and training outcomes – are made manageable by 'the student's analysis, the containing

function of the training institution, and the qualities of the supervision experiences during training' (1991, p. 236).

The task is a complex one, and Crick argues that supervision needs attunement to the student's ambiguous 'developmental stage' something like a training adolescence – 'just about fully grown but not yet entitled to take an adult identity' (1991, p. 236) – with all its contradictory and paradoxical demands, as well as responsiveness to where a student is in their development at any particular point of their training. The wrong level of input before a student is ready for it will not be felt as helpful 'but rather will give them a persecutory experience which undermines the establishment of a good, firm basis, necessary if one is to learn from experience' (1991, p. 238).

Likewise, the tension between supervision being a *didactic* space for a student to take in new ideas versus being a *dialectical* space for developing internal capacities is something requiring willingness in the supervisor to move between styles according to a student's needs, similar to understanding varying 'states of mind'.

This need for flexibility and role-responsiveness in the supervisor is taken up in Haesler's paper, *Adequate distance in the relationship between supervisor and supervisee – the position of the supervisor between "teacher" and "analyst"* (1993). He states the supervisor's core functions as 'unobtrusive teacher' capable of creating 'an atmosphere of openness and trust with the candidate', and 'unobtrusive analyst' able to take up and interpret the 'dynamic resonance' of countertransference issues active in the psychoanalytical process supervised. Haesler discusses the 'difficult balance [a supervisor] has to maintain between the two' in order to fulfil the role of an 'unobtrusive supervisor' (1993, p. 6).

He calls the shared task of supervision a 'learning alliance' (1993, p. 3); a 'reflective dialogue' that requires a trainee to 'take in and reflect upon, rather than to imitate' (1993, p. 2). As a teaching process it 'excludes any form of indoctrination, of "teaching" according to criteria of "right or wrong", or of restricting the candidate to just one perspective' (1993, p. 2). Instead, the supervisory process is an experiential learning process that aims to 'transmit psychoanalytical knowledge not by *knowing*

better but by knowing differently' (1993, p. 2). Supervision, to Haesler, becomes an iterative research project of its own; a training in how to 'further controversial thinking ... directed by interest in the unknown yet to be discovered' (1993, p. 2-3).

Haesler explores reasons for supervision reaching impasse. These might lie within the personality of the supervisee, for example, the 'resonance phenomenon within the candidate' that personal analysis hasn't been able to tackle (1993, p. 6) or the tendency to 'feel narcissistically wounded by being shown something they have not yet seen' (1993, p. 4). These might also lie within the personality of the supervisor: competition with the 'third' person of the supervisee's analyst and identification with the 'super-' part of supervision can draw a supervisor into struggles around 'issues of superiority, power and destructive narcissism, by becoming pedagogic and getting lost in categories of "right" or "wrong"' (1993, p. 7). These constantly threaten to jeopardise the optimal learning distance, requiring the supervisor to 'permanently and carefully review his position as *analyst to himself*' (1993, p. 8).

Mander (1998) similarly discusses the oedipal dangers of opening therapy up from 'the therapeutic twosome to the supervisory threesome' with its ever-present dangers of behaviour that might undermine the task and one or other participant 'perverting or turning play and work into a sadistic power game, narcissistic gratification, or destructive sabotage of agreed contract and co-operation' (1998, p. 59). He advocates that a 'truly scrupulous' supervisor should be in supervision themselves (1998, p. 60) to avoid becoming caught up in Mattinson's (1975) concept of 'oedipal tangling'.

Scharff's *Supervision in the learning matrix* (2014), gives a revealingly honest account – from a supervisor's perspective – of an unplayful and uncreative supervision experience in which a supervisee is emotionally unavailable and resistant to thinking and working in the transference, resulting in a stuck and stymied therapy/supervision. The paper credits the support of the 'learning matrix' of other supervisors and training colleagues, each with their own perspective on the supervisee, to think about ways to enable the supervisee to acknowledge their block. That the

trainee's pattern of relating repeats across different training environments – therapeutic relationships, supervision and group interaction – in 'a parallel process of fractal similarity' (2014, p. 150) means evaluating a trainee's progress and readiness can be a task shared collectively rather than a persecutory 'gatekeeping function' of the supervisor (2014, p. 148).

Supervision and Research

In terms of supervision and its place in research, there are many allusions throughout papers to the scant attention that supervision has historically received. The signs are though that this is slowly being remedied. Within our discipline there is some quantitative research showing that supervision of doctoral-level supervisees offering psychotherapy during psychology training contributes significantly to patient outcomes (Callahan et al., 2009; Wrape et al., 2015), and that supervision has a positive effect on improved staff development and retention, thereby impacting on improved patient outcomes (Many et al., 2016). There is general acknowledgement of the need for further research into supervision and its impact on learning, training and patient outcomes, and increasing attempts to examine supervision and its role in the learning process using qualitative research methods.

Szecsödy researches the supervisory process, specifically how learning happens and whether it is even genuine, in *(How) Is learning possible in supervision?* (1997). He highlights the lack of requisite training for supervisors and the lack of systematic rigour in the literature, much of it 'expressing individual and idiosyncratic views as generally valid observations' (1997, p. 103). He argues the focus of studies to date has, wrongly, been on how one teaches in supervision (something relatively easily studied by examining the 'aims, intentions, and concerns' of the teacher) rather than on how one learns. Like Balint fifty years before him, he finds it intriguing that supervision, used universally by all training institutions, 'is hardly questioned in regard to its usefulness. There are few studies about the "ill effects" of supervision' (1997, p. 103).

Learning is, compared to teaching, 'more subtle: it is difficult to determine if it has occurred, if it is functional [or] illusory' (1997, p. 108). Szecsödy acknowledges that for trainees, just as for their

patients, 'parallel to the wish to learn and change, there is the fear of the unknown and a tendency to stay with the accustomed and to remain untouched by change' (1997, p. 108). In his study examining transcripts of recorded supervisory sessions and interviews of supervisors and trainees, he identifies learning difficulties and categorizes them according to *lack* (of experience, skill, and knowledge) or *conflict* (referring to the defensive avoidance of information). In the study, instances occurred whereby supervisors supplemented trainees' *lack* in a manner they could use, but work was 'often influenced by *conflicts* connected to the ambiguity and complexity of their task' (1997, p. 110). Crucially, 'all trainees retained an insecurity and vulnerability and had a tendency to react defensively' (1997, p. 111). Resonating with other writers – notably, Balint's 'super-ego introversion' (1948), Pedder's 'Gardener' supervisor (1986) and Haesler's 'unobtrusive supervisor' (1993) – Szecsödy found that 'learning did occur most frequently when the supervisor kept an equidistant position' (1997, p. 112).

Though not conducted within the fields of psychoanalysis or child and adolescent psychotherapy, Kilminster & Jolly's (2000) systematic literature review of research with medical students found that 'the supervision relationship is probably the single most important factor for the "effectiveness" of supervision, more important than the supervisory methods used', and proposed that 'trainee behaviours and attitudes towards supervision require more investigation'. Pin-pointing the primary importance of this 'supervision relationship' with its myriad implications for good clinical safeguarding, effective learning during training, and professional standards of patient care, the report highlights the ongoing clinical need for it to be better understood. In essence, the supervision relationship is 'an interpersonal exchange' (Kilminster & Jolly, 2000) but there is little research into the nature and quality of that exchange and trainees' behaviour around supervision. Authors find evidence that medical students try to maintain a defensive illusion of competence in supervision at the expense of learning, perceiving 'one-to-one consultations as problematic and risky situations in which they struggled for a balance between the opportunity to learn and the needs to perform in and manage the consultation process' (quoting Somers et al., 1994). These behaviours risk

contributing to a supervisory 'exchange' that is unaligned and consequently not 'effective'.

Interestingly, authors point to evidence that self-rated improvement by psychotherapy patients was 'significantly greater when the supervisor and supervisee's ... theoretical orientations were congruent' (quoting Hipp et al., 1995).

Zaslavsky, Nunes & Eizirik's *Approaching countertransference in psychoanalytical supervision: a qualitative investigation* (2005) is a rare example of qualitative research into psychoanalytic supervision. Beginning with a comprehensive review of the literature on supervision, specifically focused on the application of theoretical understanding of the transference and countertransference phenomena to the supervisory process, authors present a discussion of findings following semi-structured interviews with both supervisors and supervisees concerning the approach to countertransference in psychoanalytic supervision.

Researchers point to the paucity of research into the place of supervision in psychoanalytic teaching and learning:

Few studies systematise the instruction and the apprenticeship in psychoanalytical technique in supervision (Zaslavsky et al., 2003). Though supervision may be utilised in practically all the institutions of psychoanalytical education, it is rarely researched (Szecsödy, 1990).

They cite methodological difficulties and 'a lack of research instruments capable of investigating the proposed objectives quantitatively' (2005, p. 1102) as reasons for this.

The study bears out one of the recurring debates in the literature; 'how to know the boundaries and differentiate what is looked at in the supervision and what is taken to the supervisee's personal analysis' (2005, p. 1122). In their research they evidence the hard balancing-act of analyst-supervisor, noticing 'parapraxes [in interviews] when the supervisor referred to the supervisee as a patient' (2005, p. 1122). The study evidences sensitivity to role-appropriateness as a fundamental difficulty of the supervisory work.

The person of the analyst is in constant tension in the complex clinical and therapeutic constellation: 'The analyst is aware of understanding and giving meanings to the patient; in

supervision, he needs to reposition himself as an agent of teaching' (2005, p. 1123). Considering this complexity, the study concludes with a recommendation that psychoanalytic institutions develop their training for supervisors 'through courses and supervision of the supervision, as a means of perfecting their training and maintaining the boundaries between supervision and analysis' (2005, p. 1123).

On psychoanalytic supervision: avoiding omniscience, encouraging play (2013), a co-written discussive dialogue between the supervisor-supervisee pair of Vastardis & Phillips, reflects on the importance of supervision in aiding an awareness not just in the surface 'here and now' but in the 'lurking dangers' (2013, p. 108) of things to come; crucially, the enactments of unwanted and unacknowledged countertransference feelings.

Echoing Pedder's (1986) and Mander's (1998) use of Winnicottian concepts, they liken their own experience of supervision to 'a playful conversation in which one idea sparked another' (2013, p. 106) in the pursuit of understanding that happens in the 'overlap of two areas of playing' (Winnicott, 1968, p. 591). The task of the supervisor, like mother, is to provide the safe space for this to happen but – also like the infant-mother couple – supervision demands an active involvement from both parties for healthy development to occur.

Authors reference Omand's paper questioning who should shoulder responsibility for learning in supervision; '[it] involves a relationship; a supervisor cannot function effectively without a supervisee who is prepared to think about their role and take responsibility for their part in the process of supervision' (Omand, 2009, p. 2), suggesting the achievement of a sense of shared endeavour is, in itself, an important developmental marker of supervision:

[S]omething about [the supervisor's] attentive presence and focus on his patient and the material ... makes this possible ... like the child 'alone in the presence of the mother' (Winnicott, 1958) getting on with his thinking in the environment created by your presence and the relationship between the two of you. I think of the stage in development when a child achieves 'joint attention' – 'joint references': looks at an object, at mother, and then at

mother-looking-at-object. ... We think of this as important developmentally, a triangular space in which something new arises' (2013, p. 110).

The task for the supervisor is 'allowing time for the supervisee to find his own voice, so that he can avoid developing a "false self" way of being a therapist' (2013, p. 117). The delayed gratification of their capacity to wait and allow development to occur is the vicarious pleasure in seeing genuine learning occur: 'If only we wait, the [supervisee] arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever' (Winnicott, 1969, p. 111).

Vastardis & Phillips discuss the 'environment' or frame of supervision and the varieties this might take depending on the particular setting and necessities of the clinical situation; from the very strict frame of supervision described by Langs (1994, 1997), to something more accepting of the realities of collegiate multi-disciplinary workspaces of modern-day psychoanalytic psychotherapists (Wood, 2007).

Conclusion

My review of the literature found that the quantity of writing on psychoanalytic supervision is regularly acknowledged to be relatively small compared to other areas. As indicated in the methods of this literature review, what writing there is features low in the research 'hierarchy of evidence' (Greenhalgh, 2014). However, what there is feels cumulatively significant and deeply thought through.

Much of the writing about supervision includes either an explicit reference to the central role of supervision as a part of training or implies a belief in the importance of the function of supervision in the ongoing development of a therapist's psychoanalytic thinking and understanding. There are some references to the defensiveness of supervisors to allow in-depth examination of the supervision process and allusions to a guardedness of the phenomenon of interest.

All writing had in mind the impact of supervision on treatment and how variable experiences in supervision might hinder a therapist's ability to think about their patient or might facilitate the

working through of a therapeutic impasse. Supervision seems to be considered by clinicians, on the basis of this review of the literature, an important factor in providing good patient care.

The story of supervision is predominantly told from the perspective of supervisors and training analysts. Joint accounts of supervision from both supervisor/supervisee perspective are very rare, and the voice of the supervisee is extremely rare. There is no account in the findings of this literature review that focuses on the experience of supervision as a part of a child and adolescent psychoanalytic psychotherapy training. I will consider, based on the Findings of this study, why this might be and consider some of the possible reasons for this in my Discussion section.

There are clearly gaps in the literature and further research is needed to create a robust evidence-base from which the continued provision of clinical psychoanalytic supervision can be argued, and the costs and time involved to under-resourced CAMHS services justified. I think there is clearly scope for further research into the nature of the supervisor/supervisee relationship holding in mind key psychoanalytic concepts of transference, the super-ego, internal objects and containment. I also think there is a need for more research into how this 'interpersonal exchange' might facilitate an 'effective' learning experience in training and therefore best possible patient outcomes.

It is this gap, specifically that of the supervisee voice during a child and adolescent psychoanalytic psychotherapy training, that my research project hopes to make a contribution towards.

Research Methods

Aims and Objectives

As outlined in my Introduction, my objective in conducting this research project is to develop understanding and explore the meaning of the experience of the intensive case supervision that forms such a significant part in terms of time and emphasis, but also assessment of clinical competence, of the child and adolescent psychoanalytic psychotherapy training.

Supervision is a joint venture between supervisor and supervisee but my Literature Review highlighted the scarcity of articles that give equal voice to both experiences. As a trainee currently on the child and adolescent psychotherapy training, I want to address this scarcity and rectify the absence of the trainee supervisee voice to some degree.

Having posed the question, *What is the role of clinical supervision in supporting and developing clinical confidence and a sense of growing clinical capacity in trainees during their child and adolescent psychoanalytic psychotherapy training?*, and conducted a systematic review of the literature to understand the themes that emerge from peer-reviewed publications, I wanted to gather fresh data to learn more about: particular examples or instances of the supervisory experience during training that might have felt helpful or unhelpful; how particular experiences during supervision might help or hinder the development of a trainee's professional identity; the function supervision serves for trainees in relation to their clinical work with children and adolescents; and, what the qualitative experience of psychoanalytic supervision is that is different from *ad hoc* case management and more generic supervision.

As stated in my Introduction, my aims in this research project are,

1. To gather phenomenological data that captures the experience of child and adolescent psychotherapists engaged in supervision during their training.
2. To contribute to the evidence-base of empirical research involving psychoanalytic supervision and the child and adolescent psychotherapy training.
3. To understand the clinical implications of the project's findings on future practice.

Having conducted a systematic literature review based on the research question, that situated this research within the wider body of literature and empirical research, I continued to address these research aims by developing my research design and selecting a qualitative research method that best met my stated aims.

Frame of Research

As part of the child and adolescent psychotherapy training, trainees receive and engage in various forms of supervision that offer different opportunities for learning relationships and clinical development. The focus of this research project, as stated in my Introduction, is on a specific type of supervision; that of the intensive case supervision received as part of the clinical training of child and adolescent psychotherapists.

There are other forms of supervision provided during training. These include a weekly small supervision group that makes up an important part of the non-clinical training day and is facilitated by an experienced supervisor, to which trainees take turns in bringing process notes of sessions with their once-weekly individual psychotherapy patients for discussion. Trainees also receive once-weekly service supervision facilitated by the lead or senior child psychotherapist in the particular clinic in which they are gaining their clinical experience. The provision of this service supervision can vary depending on each particular service and its particular resource. It may take the form of individual or group supervision, depending on the ratio of qualified Band 8a clinicians to trainees in a particular service. The style of this supervision can also vary according to each particular facilitator and local team culture. It may be that process notes are brought, or it may be that cases are more informally 'spoken to' and a more general case discussion held, and it also provides an important space for addressing matters of risk and safeguarding.

Though these are both important aspects of the training, my research project seeks to explore in depth supervisees' and supervisors' experience specifically of intensive case supervision. As part of defining the research frame and the specific phenomenon of interest being explored, it might be helpful to set out the protocol and procedure around this specific provision. During the four

years of clinical training, child and adolescent psychotherapy trainees undertake three training cases (Under-5, Latency and Adolescent) covering the three developmental stages of childhood. Trainees see each of their training cases for intensive three-times weekly individual psychotherapy, and are required to see two of their training cases for a minimum of one year and one of their training cases for a minimum of two years. Trainees are allocated an intensive case supervisor for each of their training cases; one of these will be their tutor, and two will be chosen by the trainee in discussion with their tutor. Trainees meet with each of these supervisors for weekly intensive case supervision over the duration of each training case. This supervision ordinarily requires a trainee to bring a process note (or 'write-up') of one session from the previous week's work for close reading and discussion. Each intensive case supervisor will provide termly feedback to a trainee's tutor, and supervisors are required to 'sign-off' each training case before a trainee can complete their training and achieve qualified status. The regularity and intensity of the contact between trainees and their intensive case supervisors mean these are likely to be felt as the most 'intensive' relationships during the training, bar that of a trainee's relationship with their analyst.

Selecting a Research Method

The nature of my inquiry required a qualitative, rather than a quantitative, research approach. I understood that a phenomenological approach or stance, 'distinctive in aiming to develop a description of the "essence" or essential features of an experience' (McLeod, 2015), was appropriate to my research aims. IPA was developed by Jonathan Smith and his colleagues (Smith et al., 2022) in the 1990s as a variant of the long-established qualitative method of grounded theory (constructing a set of themes or categories that are grounded in lived experience). Grounded theory and its variants, like IPA, have become especially popular and influential in health research as a means of giving voice to marginalised groups of people (McLeod, 2015). I consider IPA then as coming from a suitable qualitative tradition and being an applicable experiential research method for addressing the stated aim of capturing and interpreting the particular experience of the largely

unheard voice of trainee child and adolescent psychotherapists engaged in supervision, as distinct to qualified clinicians or experienced supervisors.

IPA is a practical choice for a small-scale research study like this one, as well as for a first-time project conducted by a novice researcher as it allowed me to follow the clear set of guidelines in Smith et al. (2022). The research design of IPA favours small samples and prioritises case-by-case analysis, giving priority to the idiographic particularity of each participant voice and how this agrees and differs across cases. IPA also allows for the double hermeneutic of the researcher position and incorporates researcher reflexivity and pre-existing theoretical concepts within the analytical process (McLeod, 2015).

Study Design

Developing what I learned from conducting a review of the literature, I wanted my study design to reflect the quality of supervision as an ‘interpersonal exchange’ (Kilminster & Jolly, 2000); a particular dynamic that has the significance of an essential or defining aspect of supervision. To explore the meaning of this two-person encounter, I thought my study should create space for both parties to be heard and understood in semi-structured interviews. To what degree their voices matched or mis-matched would be an aspect of data analysis. My personal involvement in the study, most obviously through my own experience of supervision during training, was contained and reflected upon within a research journal along with thoughts and associations that occurred to me at various points during the project.

In seeking both perspectives of supervisor and supervisee, my study aimed to emulate some extant, if rare, articles from the literature review; for example, Searles’ theory of ‘parallel process’ (1955) developed from the multi-perspectives of supervisor, supervisee and group discussion, Rustin’s (1998) close observation of her role in relation to her supervisee’s work with a child, and Ungar & Busch de Ahumada’s (2001) article co-written as a joint endeavour of supervisor and supervisee.

Ethics

Ethical approval for this study was granted through the Tavistock's Research Ethics Committee (TREC) on 2 November 2022 (Appendix 3). This formal process of seeking ethical approval safeguards the safety and welfare of participants in research, as well as helping to ensure ethical principles and standards in practice (Thomas & Hodges, 2010).

Ensuring the anonymity of participants, as well as of any case material they might speak about, was an important consideration during the process of applying for ethical approval. Participants were reminded before beginning interviews that though they might end up discussing examples of specific situations (past and present) the focus of research was on the experience of supervision in relation to those situations rather than the case material itself. This was a helpful reminder that kept participants on task and prevented too much directional drift into patient material that I would not have had ethical approval to use.

All supervisors and supervisees agreed to participate in the research and gave informed consent, including to the capture of data through audio recordings. They were given the 'right to withdraw' at any time up to three weeks after interview. Participants understood they would be given pseudonyms and anonymised, and that identifying details including any case material would be left out of transcripts.

I declared a possible conflict of interest as current trainee and supervisee, and undertook not to include in my sample any supervisors or tutors directly known to me from my own supervision or teaching relationships.

Defining my Sample

Flowing from this study design, I required a sample of both supervisors and supervisees who would be willing to talk about their individual and particular experience either of providing or receiving intensive case supervision during the child and adolescent psychotherapy training. I defined "*supervisor*" as 'experienced supervisors with 10 years' experience of providing intensive case supervision on the clinical child and adolescent psychoanalytic psychotherapy training', and

“supervisee” as ‘recently qualified child and adolescent psychoanalytic psychotherapists within 3 years of completing training’.

I thought about sampling current trainees but reasoned that their active engagement on the training would make this too live or close a topic for sufficient objectivity, as well as potentially pushing into ethical considerations such as confidentiality. Particularly in terms of feeling comfortable enough to discuss specific instances of less than helpful supervision, I considered that current trainees might likely not feel able to speak openly and unreservedly at interview. Pushing the sample to a distance of three years’ from completion of training was an attempt to promote participants’ feeling of safety and willingness for full disclosure, as well as their capacity to take up an observational stance and reflect objectively on their experience during training.

I thought about the theoretical orientation of the supervisor and supervisee, and how a difference of stance might skew data and introduce a sense of match/mis-match into data from external theoretical considerations rather than a more internal dynamic of the ‘interpersonal’ supervision experience. With this in mind, I decided to recruit participants from one training school only, so excluding prospective participants from the other four training schools within the UK. Although this meant inevitably losing the richness of multi-theoretical perspectives in interview data, I reasoned it would introduce a ‘control’ to data gathering and help focus analysis on the specificity of the experience of supervision itself.

I formulated these considerations in a set of inclusion/exclusion criteria (Appendix 4).

I aimed for a small sample size of two to three participants in each group, understanding that this small sample size (of maximum six participants) is typical of IPA studies and would ‘provide sufficient cases for the development of meaningful points of similarity and difference between participants’ (Smith et al., 2022).

Recruitment

I aimed for participants to be ‘self-selecting’ and approach the study with a willingness and readiness to share their experience of the phenomenon of interest. I hoped that this ‘opt-in’ on the part of participants would prevent attrition.

I considered issues of sameness/difference in my sample, and whether purposive sampling of participants according to age, gender, race and ethnic background would be appropriate to increase diverse and under-represented voices in the study but felt this pushed into ethical considerations such as confidentiality. Whilst I wanted to promote the inclusion of a range of participant voices, I also felt disinclined to exclude participants on the basis of age, gender, race and ethnic background. I also had to be realistic about the time constraints I was operating under. On balance, it seemed most feasible to aim for an opportunistic sample although the small-scale study design and the demographic of the profession meant that I understood from the outset that my sample might not be as diverse as I might like.

I recruited through multiple avenues. A simple but effective tool was including brief details of my research project on my internal email signature (Appendix 5). This had a good effect on publicising and calling attention to my project through ‘word of mouth’. I enlisted the help of my training organisation, the Association of Child Psychotherapists (ACP), who published the same brief details in their newsletter. These were also published on the internal email comms within my NHS Trust.

Prospective participants who responded to my call-up notices received an information letter giving further, more substantive details of the project to help them decide if they wanted to take part (Appendix 6). I asked that participants sign and return a Consent Form to confirm their wish to be included in the project (Appendix 7).

Participants fell into two groups: the “*supervisor*” group, and the “*supervisee*” group. Six potential participants for the “*supervisor*” group and three potential participants for the “*supervisee*” group responded to my call-up. All were sent the relevant participant information sheet and consent

form. Two participants from each group returned the consent form and entered the study (i.e. a total of four participants in the study).

Of the “*supervisor*” group, both consented to take part having been made aware of the project by my intensive case supervisor. Of the “*supervisee*” group, one participant responded to my call-up in the ACP Bulletin newsletter; one participant responded to my internal email signature.

To protect their confidentiality, I assigned each participant a generic pseudonym. Supervisee 1 and Supervisee 2 made up the Recently Qualified Therapists, or “*supervisee*” group. Both were child psychotherapists working in inner-city CAMHS teams and both had qualified in the previous academic year.

Supervisor 1 and Supervisor 2 made up the Experienced Psychoanalytic Supervisors, or “*supervisor*” group. Both were child psychotherapists actively engaged in supervising trainee child psychotherapists.

Both groups shared some characteristics, including sex, race and educational attainment. There were also significant differences between the two groups in terms of age, experience and professional standing. It should be noted that the sample was exclusively White European.

Participants were given a choice about interviewing in person or remotely via Zoom: three participants opted to be interviewed remotely, one participant in the “*supervisor*” group stated a strong preference for meeting in person. Interviews were conducted within the context of recent national lockdowns due to the Covid-19 pandemic and I felt it ethically appropriate to give participants a choice about this contact. On reflection, I would have preferred to hold all interviews in person, however I stand by my decision to give participants a choice about the interview setting. There is also a growing body of evidence that the use of video calls can be a productive way to conduct qualitative research (Archibald et al., 2019, Braun et al., 2017 & Hewson, 2008). On balance, though the Zoom platform offers a less intimate form of communication that must count against the IPA method, there were some advantages in terms of greater flexibility around interview scheduling and participant choice.

I remain hugely grateful to all the participants in this study for giving their time and sharing their experience. Participants were interested in the subject of the research and expressed a desire to support ongoing research in our discipline, evidencing Zaslavsky et al.'s (2003) finding of 'the existence of a growing preoccupation among psychoanalysts [and psychoanalytic psychotherapists] with researching and presenting evidence of results in a methodologically scientific format' (p. 1115).

Data Collection

I conducted semi-structured interviews with each participant individually during December 2022-January 2023. Each interview lasted between 50-60 minutes. I prepared an interview schedule of open questions and prompts (Appendix 8) that I developed in conversation with my research supervisor and in my research workshop. I aimed at questions that would facilitate an environment at interview that felt generic and broad enough to feel non-threatening and safe, and allowed enough space for participants to take the lead and communicate what they wanted of their particular experience. I tested my questions in two pilot interviews with peers and they generated satisfyingly rich responses both in terms of data and positive participant feedback.

Supervisors and supervisees had been informed prior to interview, by means of the information sheet and consent form, about the aims of the study and purpose of the interview. I thought about whether to share interview questions beforehand so that participants could come prepared with discussion points. I considered an advantage of this might be fuller, more in-depth answers with a richer level of manifest detail. However, I wanted to avoid a more intellectualised, screened and conscious response, prioritising instead a more associative, spontaneous and unconscious response that might provide deeper latent content for analysis. Though both approaches had their advantages, I decided there was significance in this being a psychoanalytically informed study of a psychoanalytic aspect of clinical work, and that the process of open, spontaneous and free-associative unconscious communication during interview, in parallel to the therapeutic and supervision situation itself, that aimed to reach the 'private, emotional responses' of participants would be most appropriate and desirable.

I took audio recordings of all interviews and saved these as randomly numbered audio files to be kept for the duration of the project period and then deleted. Participants received a debrief letter after interview (Appendix 9).

Data Analysis

I transcribed interviews verbatim within a week of interview. I retained the audio recording and re-listened to interviews, revisiting tone and expression, as a way of fully immersing myself in the data. The discipline of transcribing was a valuable exercise and first-step in the analysis of data, forcing me to listen closely to what was said, often multiple times, and enabled an intimate knowledge of each interview and helped commit them to deep memory (McLeod, 2015).

Transcripts were then further analysed according to the 7-step method laid out in Smith et al. (2022). I printed out interviews and pasted them into separate notebooks, with page and line numbers, double spaced with wide margins either side of interview text to allow ample room for noting and annotation. As well as my research journal, I kept a column for 'bracketing off' (Fischer, 2009) thoughts and associations that occurred to me during the notation process to avoid too much premature clouding of data. The process of repeated reading, exploratory noting and constructing experiential statements (Appendix 10) was long and iterative but ultimately satisfying, as was the clustering of statements into Personal Experiential Themes (PETs) for each participant (Appendix 11, 12, 13).

Once each interview had been analysed on its own terms, the PETs within each group were looked at together to develop Group Experiential Themes (GETs) across cases (Appendix 14, 15). Finally, I conducted a further stage of cross-analysing the "*supervisor*" and "*supervisee*" GETs to develop cross-group experiential themes that aimed to capture something of the total experience of the phenomenon of interest (Appendix 16). At every stage of analysis, I allowed space for the similarities and differences in participants' experience to be retained in the Findings.

Findings

As a result of having conducted my interpretative phenomenological analysis of participant interviews, individually and then within each distinct participant group (Appendix 14 for “*supervisee*” GETs; Appendix 15 for “*supervisor*” GETs), and then performing a second-stage cross-group analysis of each set of GETs, I identified six overarching cross-group GETs that represent the Findings from the data set as a whole (Appendix 16). These cross-group GETs and Subthemes are presented in Table 3 below.

I will now set out and evidence these six cross-group GETs in further detail as they emerge from the perspective of each individual participant as well as from each group.

Cross-Group Experiential Theme 1. Understanding an Unconscious Emotional Experience

A Process that Aims to Catch the Whole Experience

All participants understood the primary task of supervision as trying to reach beyond an obvious “what it says on the tin” meaning to something more beneath the surface. All spoke to a complexity in the experience that could potentially be overlooked, misunderstood or simplified:

However much it’s a work-based focus and we might think the primary task is obvious in the supervision, the primary task is a complicated one. (Supervisor 1)

Supervision was described as a process interested in the things avoided and left out as much as the things admitted to and included, with both the discipline of the process note and the attention of the supervisor themselves functioning as a safeguard against self-selection and self-editing:

You might exclude things and not realise you’re excluding it, and that might be a real problem... I think bringing process notes is helpful because then you don’t exclude things and everything comes out, and everything you’ve overlooked as being something not very important actually might turn out to be very important. (Supervisee 1)

Understanding an unconscious emotional experience

A process that aims to catch the whole experience

Getting to an understanding

Confusion and boundaries around who the patient is

Using another person for help and support

Seeking and providing a space for containment

Another person as a reflective “third”

Risking vulnerability

Working with negative feelings

In the relationship between the patient and the therapist

In the relationship between the supervisor and the supervisee

Growing up and finding one’s own way

Conceived in thought

Starting out from total dependence

Developing one’s own authentic way

A voice of one’s own

Frustrating the “parent supervisor”

Achieving compromise

The learning experience as an attitude towards difference

The difficult reality of difference

Reassuring illusions of sameness

Increasing openness to the challenge of new ideas

Feelings about the centrality and legacy of the experience

Formative role in the training

Lasting impact of an ongoing experience

Table 3 *Cross-Group Experiential Themes and Subthemes for the Project*

One participant, Supervisee 2, made the link between editing-out and avoiding too close or frequent a contact in supervision with a wish to avoid something unbearably challenging in the therapeutic work:

I had a case that was so deadening... How could I write up even a page of this, all he did was smash, smash, smash, it felt unbearable to sit with. And I had a supervisor who really helpfully noticed, 'You never bring him', and I was able then to acknowledge why I was avoiding bringing him, I could acknowledge the sort of deadening-ness. (Supervisee 2)

Bringing details of therapeutic work was described as a personally-involving, almost intimately revealing, process that required honesty and a commitment to full transparency, or as full a transparency as one can bear. This level of personal involvement – and the defences against it – suggest the even greater significance and importance of supervision in work with more complex patients and clinical presentations.

Though all participants share a commitment to getting to a meaning beneath the surface, their roles and where they sit in relation to whose hands are on the pump are, perhaps necessarily, very different.

Working at this deep psychic level is felt by the supervisee group to be a requirement of being in intensive case supervision, expressed by Supervisee 2 almost as an forced obligation:

Psychoanalytic supervision doesn't allow you to look away from the real detail. And it's really uncomfortable and it's really exposing and it's challenging and it's brave, I think. It gets to the heart of what's going on in a way, that takes some staying with... to really think about what you're doing as well, to challenge yourself... (Supervisee 2)

Supervisees are forced into an almost visceral-feeling unpleasantness of close emotional contact with their patients. In contrast to this, the position of the supervisors is more removed, less personally involved. Instead, different to the supervisees, supervisors can be heard as the task-master in the relationship, holding instead the boundaries and expectation of the psychoanalytic task:

That's what you've got to reach... emotional responses. Private, emotional responses.

(Supervisor 1)

These differences of tone between “*supervisor*” and “*supervisee*” groups speak to the different positions held and might be heard as suggestive of various other differences, both in terms of power dynamics in the supervisory dyad and in relation to degree of influence in relation to the patient.

Getting to an Understanding

For all participants, understanding the patient or, failing that, feeling that curiosity and interest in the patient was being promoted was the ultimate task of supervision. For Supervisor 2, this took priority over matters of technique:

The aim [is] to understand. I am much more suggesting, ‘Let’s get together to understand this case’, than addressing the way the person is working. I always keep that as a very secondary aspect. One is trying to get to know better, to make a journey with the patient that gets him or her to know a bit more about the internal world... you know, what could be the meaning of a certain behaviour, a certain interaction... (Supervisor 2)

On the one hand, both supervisors understood their role as being to support a supervisee’s receptiveness, attention and curiosity, especially with the most hard-to-reach patients:

I would be aiming to help the supervisee to be in touch with their patient, to understand their patient’s communications, verbal and non-verbal... With a very silent patient, how to find a way to feel open to the communication that is actually taking place and to garner what the observational evidence is... If we can get into an infant observation state of mind with the patient, then the other material will appear. (Supervisor 1)

What I would like to do is to make the person who is presenting more interested and more curious... I feel the work is really proceeding in a fruitful way when I experience the supervisee as increasing in interest and curiosity. (Supervisor 2)

On the other hand, supervisees readily acknowledged the impact of the supervisor’s function on them and their work. For Supervisee 1, the impact of this developing interest and

understanding in intensive case supervision was felt at a deep unconscious level, evidenced by the processing of her patient's experience on their behalf through the action of her own dreamwork:

I'd had this experience with the boy that was undigested in me. It was only by digesting it with my supervisor, her doing that with me, that then I could dream it and really understand it, and it was just so powerful... It was his dream effectively, but I could only dream it after having the supervision... It certainly helped me to speak differently to him about those things (Supervisee 1)

Supervisees were aware that for some of their patients, especially the more challenging or disturbed patients, the close attention and interest they were working hard – with the help of supervision – to provide was often not replicated outside therapy. In these cases, the acceptance of their patients' communications, however perverse or disturbed, and the function of their sustained interest was considered of vital importance to further understanding and development:

It felt quite perverse to be intellectually excited about some of the stuff that was happening in sessions, that really indicated this boy's disturbance... and [my supervisor] was saying, well, thank goodness somebody's fascinated and interested in that, because if we weren't how could we work with it, and therefore this boy wouldn't get any help. (Supervisee 1)

Being able to accept and think about their patients' communications in supervision, that might initially feel quite unpalatable and anti-social, seemed to contain something enough to allow it to subside and change in quality, so that:

Over time, people became much more interested in him and I obviously became much more interested in him. And he went from just smashing things to pieces, to then having more games around destructive things, and then it went to just stories, then to him just talking about what was going on for him in his life, which he'd never done at all, to thinking about his future. (Supervisee 2)

Reaching a better understanding through supervision fulfilled the deep need of both supervisee and patient:

For the patient to feel understood is what they want more than anything else in the world.

And I think supervision quite often does help the supervisee to, you know, to get closer to an understanding of their patient. And I think that's very relieving for both parties. (Supervisor 1)

Confusion and Boundaries Around Who the Patient Is

That 'both parties' might feel relieved by the process of supervision was an important if subtle aspect of the unconscious emotional experience of supervision that recurred in different ways for participants. Identifying the actual recipient or person benefiting from supervision sometimes felt unclear and participants – particularly supervisors – often made slips of the tongue, muddling patient and supervisee, or referencing the 'patient-aspect of the therapist' (Supervisor 1).

Far from there being only one 'patient' so to speak, supervisors tried to hold in mind two individuals with competing and complementary needs:

I discover what the aim in any particular supervision is once I've got to know the person a bit, and that would involve getting to know the person and getting to know their case, and those might be two... you know, going in two different directions. (Supervisor 1)

The particular risk for the "*supervisee*" group – which was absolutely not a risk for the "*supervisor*" group – was that in bringing their patient to supervision, things necessarily become very merged:

Everything is material, whether it's material from me or her, it's all material. So one of my intensive case supervisor's favourite phrases was, 'It's all grist to the mill.' (Supervisee 1)

This overlapping of psychic space spoke to the importance of professional boundaries around the sensitive nature of the supervisor's role and issues of consent:

I think it is a very important task in supervision to pay attention to the important demarcation line between what ... derives from the chemistry between the patient and the therapist, and not to trespass into something that has to do with very personal issues of the student. (Supervisor 2)

In particular, supervisors and supervisees were conscious that supervision ran the risk of trespassing into the parallel relationship of personal analysis:

You do get quite a lot of enactments in supervision, when there's an analytic holiday or when the analyst is ill, and you become very much aware that the student is in a way telling you things that they might ordinarily tell their analyst, either consciously or unconsciously, and then you have to think what to do about that ... You work all the time with the assumption that the analyst is at work with the patient and the patient is at work with the analyst, but [pauses] supervision brings out very, very intense feelings in supervisees. (Supervisor 1)

Thinking about this parallel relationship felt – for the “*supervisee*” group, as opposed to the “*supervisor*” group – uncomfortable and carried a nasty, humiliating-feeling sense of possible violation:

What comes to mind is the feeling that as the supervisor... [pauses a while] you're also thinking about the therapist as... [pauses] not as a patient but as... [pauses as though struggling to phrase it] you're sort of analysing the therapist in a... [breaks off] That sounds quite insidious but, like, I've often had the thought that they must be sort of thinking, Right, she definitely needs to take that to her analysis... It's right that they're thinking about you in those terms, but, but... doing that in a way that isn't, urgh, becoming your therapist. (Supervisee 1)

Some sensitivity and awareness of supervisees' vulnerability and risk was known and acknowledged by the “*supervisor*” group, who were informed by deeply-held memories of their own lived experience as supervisees:

I can remember having deeply personal conversations about my situation in life, in one way or another, with one of my supervisors, and I can remember with another of them, you know, feeling extremely persecuted because I felt that what she'd seen and referred to in talking to me about my work with a patient was something that was really part of my analysis, and I felt completely exposed and incredibly upset... So I would hope that I'm

drawing on that experience to kind of find some way to be there when one is needed, but not too much. (Supervisor 1)

Cross-Group Experiential Theme 2. Using Another Person for Help and Support

Seeking and Providing a Space for Containment

The emotional challenge of the work and its psychic impact, particularly early on in training, came across clearly in the responses from the “*supervisee*” group and, again, we can hear how participants from this group hold more of the emotional burden and overwhelm than participants in the “*supervisor*” group:

I just felt flooded, sometimes literally in the room [laughs], but like also emotionally flooded ... You just felt like you’re being bombarded... You’d be in that thing of, I don’t even know how I’m going to go back in the room with this child, that was such a disaster, it was so challenging, it was so difficult, and you just feel up to here... [gestures] up to your eyebrows or whatever. (Supervisee 2)

In the face of such strong projections, the task of containment is more than the trainee alone can perform. In order to contain their patients, trainees themselves need to be contained:

The biggest thing is containing me enough to be emotionally present in the room with them ... Having brought all of that feeling and talked about it and having that contained allowed me to go back into the room with [pauses] a new kind of life in you... without it, it wouldn’t have been able to sustain itself, I wouldn’t have had the emotional resources to keep going... being able to be a new, a sort of refreshed therapist because of supervision... (Supervisee 2)

Containment of the therapist themselves is the means of surviving the emotional onslaught of working with the patient and enabling the therapist to persevere with the therapeutic task.

Supervision was universally identified by participants as the vehicle for providing containment:

A deep experience of what it is to feel contained... I would say that comes from individual supervision more than anything else. (Supervisor 1)

However, though this was acknowledged as true by both groups of participants, the “supervisee” group also voiced an important idea that this might change over time, and that their dependency on external supervision and the person of the supervisor might diminish in line with a developing internal capacity to manage something more independently and to some degree by themselves:

My intensive in fourth year still had a, a— I still felt chaotic in the room but I just had more of a foundation I guess because of all the supervision I’d taken into me. (Supervisee 2)

Another Person as a Reflective “Third”

All participants spoke of the need for distance from the immediacy of the patient encounter, and the importance of another person to reflect with about what had happened and begin to make sense of it:

...the therapist not being able to know what was happening to them, but only when there was some space afterwards, um... and somebody else to talk to about it, being able to see what had happened. (Supervisor 1)

The therapist’s mind alone was felt to be not enough. One mind on its own was felt to be a limited space in which there was a risk that things might get missed. External ‘supervision’ becomes then a safeguard against internal ‘overlooking’:

The danger of what might be overlooked if you only ever—, if a therapist only ever thought in their own mind is significant, I think. (Supervisee 1)

There was a collective and unanimously-held feeling that the process of sharing with another added value and deepened a learning experience:

You bring that [emotional experience of being in the room] to a very experienced psychoanalytic psychotherapist... to really deepen your understanding... (Supervisee 2)

An important part of this sharing with another began in the preparative thinking and writing processes underpinning the supervisory encounter. These processes of bringing something forth into a more external place outside the mind had significant value of their own:

Just the process of having to think things through so deeply to be able to talk about it in supervision is enriching as well. Cos I think you also do that when, when you're thinking to yourself and writing down notes, that the same sort of processing... you haven't just come out of the room and left it... you're raking it through your mind again and then it's another level on top of that, to actually say it out loud and re-experience things, um... aided by the presence of another person. (Supervisee 1)

Participants describe this as a process that turns something over, looks at it from another angle, allows it to be seen and re-experienced in a different way. This multi-faceted quality comes by virtue of doing the work in the joined-up and combined company of another:

Supervision is an opportunity to reflect on one's work, and putting your head together with someone else. (Supervisor 2)

This 'putting your head together' is likened to the coming together of supervisor and supervisee as a proxy parental couple to think about their patient-child. Participants suggest the union introduces something comforting that is intimated at by the patient, not known but vaguely felt:

[Supervision] is bringing very often a third, really, in the relationship with the patient... And I am surprised by the number of times that actually a student has told me that the patient said, 'You've been talking with somebody about me' [laughs]... The patient doesn't know the supervisor but they can sense something... I'm talking about the helpful moments when the patient feels better understood and feels that, you know, mother and father have been talking about him... It's a threesome, a useful threesome. (Supervisor 2)

Risking Vulnerability

Although participants in both groups shared many positive feelings about using a supervisor for help and support, there was a different, potentially negative feeling, view expressed too around the potential risks and vulnerabilities of feeling dependent on another person for help and support.

Participants in the “*supervisee*” group shared experiences of supervision that had felt unhelpful, at times simply inadequate:

It’s hard to bring a really difficult session, to read it and expose yourself... I do remember one or two times where someone had brought this really challenging patient and then we’d have five minutes and we’d, we would just– it’s just leaving it there, uncontained, unhelped, nothing added to it, just exposed to five people in the room. (Supervisee 2)

Alongside the specific moments that Supervisee 2 could remember, the process more generally of seeking help from intensive case supervision put trainees in touch with unpleasant feelings; of stupidity, not knowing, inferiority, exposure, slowness, being left unhelped, and being left out. Supervisee 1 spoke of the liability to be in some way wounded and:

the importance of never being made to feel like an idiot... that of course, everybody, everybody has been a first-year trainee once, or a pre-trainee once... and it’s still interesting to hear about the material because there’s something inherently fascinating about the material, even if the person is making a series of rookie errors... I suppose it’s holding that balance of power in a way that is thoughtful. (Supervisee 1)

Unlike the supervisees, participants in the “*supervisor*” group did not name their own vulnerability or any sense of risk to themselves linked to their role in the offering of help and support. However, Supervisor 1 was aware of the potentially negative impact of their experience and what it might stir up in a less experienced trainee:

I think I go too quickly sometimes. I think my mind is quite quick, I’ve been doing this for a long time... and that’s not helpful cos of course it makes people feel left behind and they haven’t got it. So I think that’s something I have to kind of keep an eye on. I think I talk too much... I love child psychotherapy and I love it when people get it, and I think it’s difficult not to be delighted and enthusiastic about people who have got it and make other people feel, you know, that they haven’t. (Supervisor 1)

These potentially negative responses that one individual in the supervisory relationship can stir up in the other link to the next experiential theme, in particular working with negative feelings in the relationship between the supervisor and the supervisee.

Cross-Group Experiential Theme 3. Working with Negative Feelings

In the Relationship Between the Patient and the Therapist

Findings evidence a general sense shared by all participants of supervision being the means in which to develop understanding of an unconscious emotional experience, and of being a place – in the person of the supervisor – to provide containment and support.

Separate to this general feeling, participants communicated something about the specific quality of which communications they felt needed most help with in therapeutic work, and that they thought intensive case supervision could provide a helpful space for; namely, the negative feelings evoked in the transference.

Intensive case supervision was identified as an important place to capture and think about feelings that might ordinarily be denied or acted into; feelings of dislike, detachment, misunderstanding, hatred, and rejection:

I think one of the things that is really the hardest thing within psychoanalytic work with patients you know, whatever the patient, whoever the patient is, is for the therapist to bear the negative transference. And I think that's one of the things that is very, very important in supervision. And that you can help the supervisee really to see how they are seen by the patient, which may be very negative, without feeling that they actually [emphasizes] are very negative... Not to feel defined by the patient's vision of them. And not to feel that they have to fight the patient's vision of them by proving, I really am nice, I really do understand...

(Supervisor 1)

A supervisor understanding, through their empathy and long experience working with the transference, that a therapist might not in reality always like their patient, or might struggle to feel they want to work with them, felt an authentic and powerful moment of truth-sharing:

I think at times some patients evoke very strong feelings of hatred... I try perhaps to put myself in the shoes of the trainee. You know, the sort of child with mucus always running down their nose... I said, If I were you, I would find this moment in the session really not attractive, and I would find it a bit difficult to love this child... I mean, with patients who have got either faecal behaviour you know, or sort of wallow in swear words, and not to make the student feel that in that moment they would feel like hugging a child because one really doesn't feel that way... (Supervisor 2)

Though participants in the *"supervisor"* group shared their readiness to work with these unattractive or difficult aspects of a patient, participants in the *"supervisee"* group held a wariness about exposing less than positive feelings about patients to their supervisors. This difference between the two groups, possibly linked to the assessing function of the intensive case supervisor and a trainee's anxieties about how they are coming across and being perceived, suggests implicitly the potential for a misalignment in supervision and the potential of 'masking' some of the emotional range of the therapeutic encounter. Supervisee data evidences that it requires a significant degree of trust to feel that a negative response to a patient can be heard by a supervisor, and not taken as a reflection on the caring capacity of the trainee therapist themselves:

I suddenly realised in talking about the girl I was presenting, um... an adolescent young person, I just was suddenly like, God, you know, I don't care about this girl... and, and, it was really like a sort of shocking, a distinct thing... and that was so... it's unlike me as a person... And then my supervisor was like, 'Yeah, actually you've been talking about her differently to how you would another young person and we can think about it.' Because it's, I suppose it's—yeah, an aspect of it is about the containment that you receive from your supervisor, so that I felt like I could say that and I wasn't going to be... she wasn't going to be like, 'Oh my goodness, what a horrible therapist here, doesn't care about her patient...' (Supervisee 1)

In fact, rather than causing a misalignment, a negative response might be felt alike by both supervisee and supervisor, bringing to mind again the very porous quality of the intensive supervisory encounter:

I think the main tool is that I use my once-removed countertransference... the patient was trying to make himself unloveable and he couldn't help it. We had to understand that aspect, but I had to acknowledge that he was unloveable to me as well. (Supervisor 2)

This transparent and open truth-telling – only possible if it feels safe enough to risk telling the truth – can be heard as an important establishing of the reality of a child's presentation, almost like a clinical fact, and therefore the beginning of a basis for meaningful change:

His mum didn't even notice, like she didn't even see it, and would just talk to him in this sort of sickly sweet voice and everything was very like, Oh, he's so lovely... You know, he was, he did have nice bits about him, he was a nice boy in some ways, but he was also [an] extremely destructive boy who would, you know, really quite violently beat people up or destroy rooms... But mum couldn't tolerate it and I think there was maybe a repetition of me ignoring the destruction a bit and not really taking it on board and just being bored by it and not really wanting to take notice of it. And actually by looking at it right in the face and really talking about it, something could shift. (Supervisee 2)

Participants agreed that the bearing and understanding of negative feelings in the countertransference, far from being unkind or not appropriate in a helping professional, is in the service of the child. Once acknowledged, meaning can be made and steps towards understanding pave a path towards repair and recovery:

...to try and understand together why some children seem to have a great capacity, if they haven't been very loveable and very likeable maybe as babies, to [be unloveable]– ...and this child had not been liked at all by his mother, she didn't want to have a baby, for some reason, she took the pregnancy to term then immediately gave her child to her mother... Where I managed myself to perceive that there was something appealing and likeable in a

not very likeable patient and I managed to share it with a supervisee and to see that something was changing in relationships... to be able to get over that threshold together with the student I think is probably one of the moments when I feel helpful, more helpful, yes. (Supervisor 2)

The 'shift' or change in the fundamental quality of their relating arrived at by the capacity to work with negative feelings is described as transformative for the patient:

I do think that when a combined effort of the student's and mine to find something likeable even in the frog, you know, so that it was possible for the frog to be kissed [laughs]... I think did the frog a lot of good, yes. (Supervisor 2)

We might wonder about the clinical implications of this and how the capacity to tolerate this aspect of the work in intensive case supervision might support authentic long-lasting change versus something inauthentic, and avoid enactments of unconscious feelings that haven't been sufficiently got hold of, for example, treatment breakdown or even staff sickness and absenteeism.

In the Relationship Between the Supervisor and the Supervisee

How negative feelings arising in the patient are managed and thought about in supervision was readily thought about by participants in both groups as a helpful aspect of the supervisory process. Less resolved were participants' thoughts about the negative feelings arising in the relationship between supervisor and supervisee. This represents then a difference in which particular negative feelings can be safely managed in intensive case supervision.

Without choosing to dwell on it at length, participants could acknowledge the role of power dynamics in the supervisory relationship and the different position they occupied within that dynamic. The dynamic felt predicated on the supervisee's perception of their supervisor's superiority (based to some degree in unavoidable reality), with all the associated resentments that entailed. Supervisors were mindful of needing rather actively to resist where this positioned them, and how it might de-skill and limit what they could provide:

My way of supervising is trying not to be supervising but as much as possible undervising.

(Supervisor 2)

It's a bit easy for an experienced supervisor like me to be idealized, it's really easy... you know, 'You've got so much experience, of [emphasizes] course you understand, or of [emphasizes] course you never had these horrible difficulties that we have now'... So neither to be trapped in the position of being actually not understanding because of being put in a superior position, or to join up with the patient-aspect of the therapist really, the supervisee, to jointly complain about it... and then you miss what actually you [emphasizes] can do.

Because there's always something you can do (Supervisor 1)

Both supervisors spoke of the danger of being felt as persecuting, demanding or judgemental but tended not to attribute these qualities to themselves:

I don't think I am persecuting, I think if you talked to my supervisees they would very rarely say they felt got at, whereas I certainly do know supervisors who are felt to be very persecuting. I don't think I am. I think I manage to avoid that. (Supervisor 1)

Both supervisors indicated in their responses that not wanting to be felt as judgemental or persecuting by their supervisees had a direct influence on supervisory style and method. Discussions about technique were identified as more liable to stir persecutory feelings, and these were consciously side-stepped by supervisors in favour of something less provocative, safer-feeling and more collaborative, namely conversations designed to help supervisees develop understanding:

I try to get people to talk... I establish a dialogue so that, you know, we talk... And obviously some people might raise a point of technique and the important thing is to do that— try to avoid any finger-pointing mistakes... If you take on a judgmental attitude you just start getting presentations that are manipulated and are not truthful... I am much more trying to suggest, 'Let's get together to understand this case' than addressing the way the person is working. I keep always that as a very secondary aspect, maybe suggesting at the end that, you know, this could have been done differently... but really being very careful in not being in

any way judgmental, even if I feel the technique perhaps, you know, could have been better used. (Supervisor 2)

Supervisors acknowledged that despite conscious best intentions not to be overly harsh, this might be a live aspect of the transference needing regular review:

It is important for supervisors to also have occasions to meet with one another and to have an idea of, you know, how they work and of doubts they have about the way they work, because it's not that it's written in tablets of stone how one approaches supervision. And I think that can be particularly helpful in discovering that one might have still some judgmental aspects in one's approach, that one is not aware of... (Supervisor 2)

Whilst both groups were to some degree mindful of the risk and impinging impact of negative feelings in supervision, only the "supervisee" group spoke of their hope and wish to get in touch with a more positive-feeling transference between supervisor and supervisee. Neither supervisor addressed how they might communicate positive feelings and affirmation to supervisees, leaving me to wonder if they ever did. This omission by the "*supervisor*" group meant the longing for positive feelings and the wish for affirmation in supervision – and perhaps even praise of a trainee's growing skill – was left being held solely by the "supervisee" group:

You can at times feel fragile around being told you're not doing it quite right... I guess I like to be – I wanted to do well, and I always felt I was falling short... I think it's helpful when the supervisor makes clear to you what they value about you, and when they say, 'Oh, I really liked how you said that, that's really good.' And I think that's just how I probably respond and learn, is when someone can like positively reinforce the good bits... But I think there's a lack of that on the training, of, 'You're doing well', or like, you know, 'That's good, well done'... It's not that common, you know, considering it's a learning environment. (Supervisee 2)

Cross-Group Experiential Theme 4. Growing Up and Finding One's Own Way

Conceived in Thought

Running throughout all participants' contributions was a more or less explicit idea, expressed in various different ways that I shall set out, of supervision as a maturational process.

This maturational process begins in the creative coupling of psychoanalytic supervisor and psychoanalyst; their shared theoretical model of the mind sparking into life and enabling the development of another generation of clinician:

...the sense for the trainee of their being a... shared responsibility. There's one supervisor and there's one analyst and they're doing it together, that is– the making of a clinician who can think in that way, um... Not that they all are talking to each other because that's not how it is, but nonetheless they are thinking and speaking from the same fundamental framework where emotionality and the importance of the unconscious is allowed for. (Supervisor 1)

This psychoanalytic couple of analyst and supervisor between them hold a space within which there is the potential for a supervisee to explore the unconscious emotional life of their patients.

Starting Out from Total Dependence

The “*supervisee*” group recalled feelings of vulnerability and total dependency at the start of the training process. In this, they communicated something different to the “*supervisor*” group that spoke to their very particular moment in their development towards becoming qualified child psychotherapists. At this point in time, during the training, they both doubted the existence of their innate capacity, almost unable to rely on their own mental functioning. Instead, they preferred that the supervisor might take over and manage things on their behalf:

I was feeling most vulnerable at the beginning of the training... Starting with the training you're just like, 'I just don't know what I'm doing at all, so please, just tell me how to be a child psychotherapist, please', um... (Supervisee 2)

I felt that I couldn't adequately explain... as though actually it would be much better if they could have sat next to me in the room, and they could have seen it as well, or if we could have videoed that and we could have seen it together. (Supervisee 1)

This unreal sense of their own incapacity – trainees in fact enter the training with extensive pre-clinical experience – forces a regression to something very infantile, putting supervisees into a position of pseudo-helplessness. Desiring to be wrapped up in their care, they demand a total blanketing response from their supervisors, passively and unquestioningly accepted:

I guess in the first year I probably just did exactly what someone was saying to me, you know, so if they said, say it like this, I would go in and I would say it like that... (Supervisee 2)

We've all, I think I've definitely, been in the situation where I've like written down verbatim what the supervisor [said]... and attempted to say it back to the patient. (Supervisee 1)

For Supervisee 2, this 'verbatim' exchange had a reductive and very concrete feel to it like a mathematical equation:

[Pleading] Tell me how to get better in a really clear, straightforward way... I think I prefer it if someone said, 'Oh, a way you could take this further is if you say x, y and z'... and I'd be like, brilliant. (Supervisee 2)

Though this concreteness and perhaps the solidity it implied in fantasy was something desperately longed for by supervisees, at the same time they knew the reality was often inadequate for both them and their patients:

I think about 50-50 in terms of whether that works or not. Sometimes I think, yes, brilliant, I've remembered it right and I've applied it in the right moment, and then other moments I've thought, Oh, hang on, I've said those words and they weren't the right words for this moment with us. (Supervisee 1)

Developing One's Own Authentic Way

As they develop through the training, the "*supervisee*" group communicates the particularity of their experience and their evolving relationship with supervision; speaking of taking back into themselves some of the functioning projected wholesale onto their supervisors. This represents a significantly different experience and attitude towards the supervisory relationship on the part of the "*supervisee*" group, one that is dynamically changing and developing and, in this way, is entirely

different to the reliably stable and consistent attitude of the supervisor. This shift in the supervisee includes a willingness for appraisal and more critical thinking about suggestions from others:

I found myself often questioning, Is this really what's right for me and her in the room? Is this really the right thing?... Because it would be wrong to just sort of universally or without question accept the supervisor's knowledge without having any filtering of, well, actually, I'm the one sitting in the room with this girl... (Supervisee 1)

Supervisees come to feel able to find their own way with help from supervisors but also their peers. This takes on more of a risk-taking, experimental feel:

...seeing other people do it which is also really enriching, seeing your peers do things a slightly different way and go, Oh, I might try it like that... (Supervisee 2)

Supervisees describe moving from a rather formulaic starting position to something more authentic feeling linked to what they as individuals can absorb and take in, even if that meant that some of the "feed" got left behind:

You know I couldn't actually take, take all of it up. Which I guess is a shame, but I also had to find my own way of doing it, which fitted with who I was. (Supervisee 2)

Supervisees themselves understood this tension between teaching and authentic growth and development as part of the complexity of supervision:

It's how to teach without... how to teach by— encouraging something in the therapist, the trainee, to flourish rather than putting it in there where it could be— just rattle around and not be taken in in a digested way. (Supervisee 1)

A Voice of One's Own

This growth and development is perhaps most noticeable, most audible, in a supervisee's use of language, diction and tone. Supervisors spoke emphatically about not wanting to hear themselves in their supervisees' work, as though being taken up in that concrete way would be a mark of supervisory failure rather than achievement:

I try not to give a script that would be recited just to make— to please me. (Supervisor 2)

That is one of the worst things, when you hear yourself being parroted. Or when you've got – this is also ghastly when it happens – when you've got somebody who comes for a supervision and you can hear who they've had supervision with, and they're just spouting somebody else... most upsetting. You've really got to get beyond projective identification to introjective identification, and it takes time, a lot of time. (Supervisor 1)

Supervisees also understood this learning process as one that by necessity takes time and involves the careful negotiation and fitting together of aspects of themselves with aspects of their supervisor into something harmonious:

As time went on I guess I learned how to find my own words to say the same idea, but just I developed my own language I guess which fitted with the way I spoke... [In the beginning] it didn't really come from me it came from someone else. But then, yeah, as time went on I felt like I could find ways of saying the things they were telling me to say that felt close enough to what they were saying but close enough to my own voice. (Supervisee 2)

Supervisors are not undergoing the same learning journey as their supervisees. Though the supervisor and supervisee experience of intensive case supervision is therefore markedly different in this particular respect of learning, they are linked in a symbiotic alliance, wherein the attentive, attuned and conversational opportunities of supervision become the perfect crucible for developing this nuanced particularity of voice that is of such benefit to the patient:

In terms of developing a particular individual voice as a therapist, I think individual supervision's very important for that. At the beginning, you know, people think they... they've got an idea of what they want to say to their patient but they haven't really got a voice of their own with which to say it. And the years of training, one hopes, kind of lead to that, so that they do all sound distinctive rather than a standard issue, 'Oh, this is what child psychotherapists say', which would be very deadly... You really want people to get beyond that and, you know, to actually talk from themselves and talk to this particular patient about our particular moment. (Supervisor 1)

The supervisee's achievement of developing a voice of their own, and the creative possibilities this ushers in for communication, linking and shared understanding and meaning-making, could be thought of as mirroring that of the developing infant and could be thought of as a developmental milestone indicative of achieving training competency.

Frustrating the "Parent Supervisor"

The maturational process of supervision during the training facilitates for supervisees a move away from helplessness towards an increasing sense of their capacity, mirroring the development of a young child. It also contained for the supervisee group a more adolescent feeling developmental instinct, that of rejecting or wanting to turn away from the authority of the supervisor:

At times I found a way to say, 'No, I'm not, I'm not going to say that' – which could feel really difficult at times and I only really managed to explicitly say that in fourth year... I wouldn't have challenged that in the first year, I think I'd have just gone along and either ignored it completely or clumsily said it in a really anxious sort of way and mumbled it or something.

(Supervisee 2)

The adolescent instinct to forge a path for oneself away from parental authority sits in tension with the desire (and need) to please, something particularly alive in the teaching relationship and professional gate-keeping role of supervision:

I wanted to keep in with my supervisor and be a good little student rather than – well, which might have been in opposition to what was best clinically... (Supervisee 1)

Developing one's own authentic way as a clinician can leave the supervisee feeling they might have upset their well-meaning supervisor, or done damage to them or to their own prospects:

Sometimes it was difficult cos I could feel like I wasn't able to fully do what she was asking me to do, or there was some disappointment or frustration that I wasn't moving in the way that she really wanted me to... In the first year I think if I felt like I was disappointing someone or not fulfilling it, I would have felt like I was failing in some way whereas I felt less

like that in final year and like, Yeah, ok, well I'm not going to be a mirror image of you...

(Supervisee 2)

These anxieties lessen over the time of the training, perhaps as the supervisee finds their worries are not borne out by reality and as they come to feel that their supervisor shares this wish for them not to be simply a 'mirror image'.

Achieving Compromise

Participants shared a sense that over the course of the training a developmental process is taking place that results in a compromise that both supervisees and supervisors, occupying their very different positions, can accept: the making of a clinician who embodies psychoanalytic knowledge and experience enough to satisfy the parental authority, but in a way that feels genuinely inhabited and authentically taken up by the new generation of clinician.

In Supervisee 2's words, 'close enough to what they were saying but close enough to my own voice', or in Supervisor 1's words, 'there when one is needed, but not too much'.

Cross-Group Experiential Theme 5. The Learning Experience as an Attitude Towards Difference

The Difficult Reality of Difference

The question of sameness and difference, and how this affected the supervisory relationship felt an uncomfortable one, and arguably unethical, for participants to engage in head-on and answer directly. Responses tended to close down conversation, either by naming specific characteristics that made both supervisor and supervisee easily identifiable, or because pushing deeper into the topic risked provoking participants' anger:

I am completely fed up with this talk about differences. There have always been differences since the beginning of time. I have been very aware of them... And the idea that these things were not spoken about is enraging, absolutely enraging to me. (Supervisor 1)

Supervisors spoke more generally of historic differences in relation to the training programme, for example, more inclusive changes to the entry requirements for selection of trainees:

[In the past,] everybody had a very privileged educational background... the nature of where trainees are coming from educationally [now] is totally different. (Supervisor 1)

Theoretical difference, and the potential for this to undermine the training experience, was also expressed:

I had a request to supervise somebody that had a very Lacanian background and I found that really difficult because there was very little knowledge of the transference and, for me, working with the transference is an essential... In some cases, when an essential ingredient is in contrast, then I think I can't be a good supervisor. (Supervisor 2)

But though these rather arm's-length differences could be acknowledged, getting closer to any nuance about supervisors' experience of the role of difference in supervision was challenging.

The starting point for thinking about the topic for the "*supervisee*" group was the unbridgeable-feeling gulf of time and generational difference, as though they inhabited different worlds that didn't intersect and were potentially unrelatable:

My first two intensive case supervisors were of the kind of... what I would describe as old guard... Old, older women who trained a long time ago who, um... who I think are brilliant, have brilliant minds, but were possibly working in different times... I think we've got very different caseloads now than when our-- the old guard of supervisors were trainees.

(Supervisee 1)

This also served the function of keeping the topic at arm's length, as though so far out of date as to make any meaningful thinking a waste of time.

That being said, feelings about difference and its role in the learning experience emerged over the course of participants interviews in a latent way, linking to the role and function that difference plays in fantasy, particularly as it relates to feelings about separateness, the unknown and newly perceived "other", and paranoid anxieties about what they potentially introduce.

Reassuring Illusions of Sameness

Co-existing with the feeling that supervisors were miles apart from them in terms of age, generation and lived experience was a strong pull in supervisees to see them as very much the same as themselves, almost one of the family:

We didn't have such big differences a lot of the time... you know sometimes I felt like my supervisors felt like... oh, they could be similar to my mum's friends [laughs]... you know, there was a familiarity like a person I know or have spoken to before, so there was a comfortableness... (Supervisee 2)

The "*supervisee*" group spoke repeatedly of 'fit' and 'match', as though wanting strongly to feel a comfortable connection that didn't agitate or trouble them too much:

[It was] particularly helpful at the beginning of the training to feel like the match was good... it felt really important that there was a really good fit. (Supervisee 2)

The desire for good 'fit' or 'match' was a preoccupation with the "*supervisee*" group but not for the "*supervisor*" group. It related to a wish in them to feel in clinical alignment with their supervisors and was linked by participants to managing feelings of vulnerability and worries about judgement. The easy acceptability of the supervisor could be heard as a projection of supervisees' own desire to be accepted and tolerated, not criticised or cast out:

It helped me feel less judged when I was feeling most vulnerable at the beginning of the training... and, and... capable and like I had something to offer... (Supervisee 2)

Supervisees seemed to crave an illusion of sameness, almost a merged psychic 'oneness' with their supervisors, both minds tuned in to the same frequency and exclusively occupied in thinking about the patient:

She was so invested in this boy... in the way I was. (Supervisee 1)

The amount of times I've said something and then the supervisor's said, 'Well, it's making me think about such and such', and then I'll say, 'Oh yeah, well, that actually happened' ... so clearly we're very much on the same wavelength. (Supervisee 1)

Supervisees could admit that this illusion, though serving a function for them especially at the start of training, needed to be relinquished and moved away from in order for them to develop; that the sense of comfortableness, though reassuring at some level, perhaps wasn't necessarily helpful to them:

There was a comfortableness which was helpful on the one hand, but maybe I didn't challenge... (Supervisee 2)

Increasing Openness to the Challenge of New Ideas

The sense of needing to challenge something that might otherwise get very stuck-feeling and might be anti-developmental was an important theme.

Participants in the "*supervisee*" group, who we have already acknowledged have a very different developmental and learning task to the participants in the "*supervisor*" group, noticed that their capacity to challenge and be challenged shifted over the course of the training. This growing capacity meant the psychic agitation and stimulation of others' no longer felt threatening or critical, but as something to be valued and welcomed:

I really valued having, later on particularly... having people who really thought very differently... My second intensive case, she had a very different stance and— she challenged me to say and try out lots of different things that I might not have done instinctively and they didn't feel natural and... I did try them out and actually quite a lot of things I then took on as my own and I've really valued it. I was grateful to have the different experience because I can take some of that now. (Supervisee 2)

Alongside this growing appreciation of what others can offer came more capacity to know and tolerate something of others' experience. Supervisees could admit that their pre-conceptions about their supervisors did not equate to the reality of them:

What we were doing was just looking at what happened in the room, and that was the same whether it's, you know, whether it was forty years ago or now... what we were looking at was pretty unchanging I guess, thinking about the unconscious... And also they were supervisors

who weren't sort of stuck in their— it felt like they had adapted... we were talking about today's CAMHS work, today's patient caseload... we weren't pretending to be Melanie Klein... But maybe that was a bit of my preconception. (Supervisee 1)

Though engaged in a very separate and different task in intensive supervision, there was some acknowledgment from Supervisor 2 that supervisors too could benefit and learn from different perspectives during supervision. In so doing, supervisors evidenced a capability to tolerate different styles and perspectives, humility to the supervisee's insight into their patient, and the capacity to prioritise that over their own preconceived ideas:

I think the student was more sensitive about the need for this patient of hers to use mighty defences because he had mighty anxieties than I was at the time... the student helped me in a way to modify my, my attitude... I think my technique in this is changed, changed ages ago... (Supervisor 2)

Cross-Group Experiential Theme 6. Feelings about the Centrality and Legacy of the Experience

Formative Role in the Training

I think it's the kind of whole foundations really of the training, really... I think without it you'd just be a nice person in the room. (Supervisee 2)

Both participants in the "*supervisee*" group credited supervision as playing a fundamental and formative role in their development over the course of the child and adolescent psychotherapy training, placing it above any other experience on the clinical training besides the clinical work itself:

The experience of the work and thinking about the work is paramount. (Supervisee 1)

Although acknowledging the demand and time-consuming commitment required by intensive case supervision, participants in the "*supervisor*" group held firm to their understanding of supervision as something of great value; the psychoanalytic crucible, so to speak, in which learning and development take place:

I think that the really close detail of... both what's said but also all that's observed, um... is absolutely gold dust within work with children and adolescents. And I think that the amount

of time that people have to spend writing process notes in the training is really, really worth it. (Supervisor 1)

All participants thought the learning from experience that happens during psychoanalytic supervision was of more value than other more “taught” parts of the training, for example theory. In fact, participants valued psychoanalytic supervision as a space in which to develop an applied understanding of theory in practice. Supervision therefore felt an especially meaningful teaching/learning experience, providing an opportunity to coalesce theoretical ideas with a lived experience of the work in a self-reflective and observational, containing environment:

In my opinion, theory is better assimilated when it is assimilated through finding it useful, to understand better a case... I do think that individual supervision, when there is a combination of discussing the material and formulating hypotheses that make the material more understandable, on the basis of ideas – not just theories but, you know, ideas – that can be quite useful. (Supervisor 2)

I think actually to integrate theory takes more years than the training lasts... But I think the sort of theory that’s implicit in good supervision and a deep experience of analysis is the kind of theory that I really rate the most high. (Supervisor 1)

It's such a central part of the experience, of just how you construct a sense of what psychotherapy actually is, or what children are... what the experience of being a person is... I don't think you could do that just reading a book. (Supervisee 1)

Participants tended to differentiate the “learning about” sort of knowledge, that they attributed to ‘theory’, from the “learning from” experience that they gained in supervision. This “learning from” experience was held as more meaningful and valuable to them:

I think you could do this work without knowing about any theory if you had supervision because theory just gives stuff names... and it's the experience of it that's important. (Supervisee 1)

Both the supervisor and supervisee group identified psychoanalytic supervision as the keystone of the training and the transformative phenomenon that enabled them to become professionally qualified child psychotherapists:

I felt I learned the most from supervision, by far. (Supervisor 1)

Lasting Impact of an Ongoing Experience

For all participants, the child and adolescent psychotherapy training and their experience of supervision as part of it was something historic that they were reflecting on after a passage of time. For the supervisee group, supervision on the training was a recent memory; for the supervisor group, the recollections stretched back over decades.

Supervisees remained in touch with it as a solid internal structure that helped them, offered support, and on which they relied to do their work:

It's something to hold onto in those desperate moments, so that it's not just you and them and chaos... that there's something else, um... It's not that it makes you feel safe in the moment necessarily, but it gives you something to grip onto... Without [it], I wouldn't be able to do the job. (Supervisee 2)

Supervisors were in touch with deeply held memories of an experience that had lasted and sustained them in a profound and unforgettable way:

I remember my own with dramatic intensity... It's unforgettable, really unforgettable I think. (Supervisor 1)

Far from having the nostalgic quality of something belonging to the past and now fondly idealised, psychoanalytic supervision felt very much to be enduring and alive in participants' minds, something that lived and breathed, internal and external to them, and an ongoing part of their professional identity as child psychotherapists:

I went on having supervision all my life. I still do. And I don't actually think it's possible to do psychoanalytic work unless you do do. Not really. (Supervisor 1)

Supervisees spoke with a very real sense of loss about the felt difference of what they now received in terms of supervision post-qualification versus the abundance that they had during training. Supervision and their supervisors were, palpably, felt to be close and important figures in their minds, and the connection with them a painfully precious relationship. At times during interviews getting in touch with that felt raw, hard to acknowledge, and not yet fully mourned.

Having conducted this interpretative phenomenological analysis on its own terms, I will now go on to my Discussion section in which I will evaluate these Findings against the Literature Review as well as my own experience of supervision during training.

Discussion and Conclusion

I will now review the Findings, thinking about how to interpret the data from participants' interviews, how they might correlate and differ from what emerged from my review of the literature, and how they relate to psychoanalytic theory more generally. Throughout this Discussion section I will have a mind to the clinical implications of this research and how any findings might be usefully incorporated into clinical practice or developed through further research.

It should be remembered that the parameters of my research frame are around the distinct and specific phenomenon of interest, as set out in my Research Methods section, of intensive case supervision received as part of the clinical training of child and adolescent psychotherapists. This is a very specific type of supervision at a very particular time in the development of a child psychotherapist, and this specificity inevitably impacts upon the generalisability of the following findings and how the outcomes of this research may relate to other types of supervision.

I have set the themes from the literature review side-by-side with the themes from the Findings in Table 7 so they can be easily reviewed together. My process of mapping them against each other can be seen in Appendix 17. I will now consider each Findings theme in turn.

Understanding an Unconscious Emotional Experience

The theme that emerged from participant interviews of 'Understanding an unconscious emotional experience' clearly correlates to the theme in extant literature of 'Containing and understanding patients' communications'; that by being able to "catch the whole experience" with the help of supervision, a therapist might be aided in "getting to an understanding" of therapeutic process and of their patient.

This subtheme, of an aim in the reflective thinking of supervision to "catch the whole experience", strongly evokes the all-encompassing sense of 'transference: the total situation' (Joseph, 1985), bringing in the influence of transference in supervision. This, along with the subtheme of "confusion and boundaries around who the patient is", correlates this Findings theme

to the other theme in extant literature of ‘Intersections between supervision, analysis and treatment’.

I suggest that this triangulation bears out the idea of parallel process in supervision first referenced by Searles – ‘the processes at work currently in the *relationship between* patient and therapist are often reflected in the *relationship between* therapist and supervisor’ (1955, p. 157) – and confirms the confusion and interplay within the therapeutic “understanding an unconscious emotional experience” in supervision of supervisor/analyst and supervisee/patient. In my interview data, as in Zaslavsky, Nunes & Eizirik’s (2005, p. 1122), both supervisors made slips and confused the various persons of trainee therapist and patient in the supervisory constellation. Supervisees seemed to take up readily the ‘patient position’ sometimes almost as a necessary function of their therapeutic role, including dreaming their patient’s dream (evoking Ogden’s ‘undreamt dreams’, 2004): ‘it was his dream effectively’ (Supervisee 1). It seems unsurprising then that, ‘You do get quite a lot of enactments in supervision’ (Supervisor 1); perhaps more curious is why you don’t get more.

The Findings of this research support an idea that the primary task of supervision is more complex than that most frequently stated in the literature as ‘Containing and understanding patients’ communications’. In the words of one participant:

However much it’s a work-based focus and we might think the primary task is obvious in the supervision, the primary task is a complicated one. (Supervisor 1)

This complication, both explicitly and implicitly communicated by participants, could be a strong factor in why supervision is an under-discussed and under-researched subject. Feedback I received informally from a supervisor after conducting interviews suggested a reluctance to take part in research because of confidentiality concerns about the identifiability of supervisees. They shared (in personal communication) their feeling that research risked pushing into private and very sensitive territory, possibly unconscious to the supervisee. Namely, that what they openly and consciously think supervision is about and what they, perhaps unconsciously, really want from it are two different things. They held the view, explicitly stated, that supervision is not about the patient but about the

supervisee; not about the difficulties of the patient, but about the difficulties of the supervisee. This opinion, communicated privately and outside the scope of the research, was possibly also privately-held by participants in my 'supervisor group' but – though they alluded to the multiplicity of the task:

Literature Review themes	Findings themes
Theme 1. Intersections between supervision, analysis and treatment	<p>Cross-Group Experiential Theme 1.</p> <p>Understanding an unconscious emotional experience</p> <p>A process that aims to catch the whole experience</p> <p>Getting to an understanding</p> <p>Confusion and boundaries around who the patient is</p>
Theme 2. Power dynamics in supervision during training: from dependency to autonomy	<p>Cross-Group Experiential Theme 2. Using another person for help and support</p> <p>Seeking and providing a space for containment</p> <p>Another person as a reflective “third”</p> <p>Risking vulnerability</p>
Theme 3. Three-dimensionality and play in supervision	<p>Cross-Group Experiential Theme 3. Working with negative feelings</p> <p>In the relationship between the patient and the therapist</p>

	In the relationship between the supervisor and the supervisee
Theme 4. Containing and understanding patients' communications	<p>Cross-Group Experiential Theme 4. Growing up and finding one's own way</p> <p>Conceived in thought</p> <p>Starting out from total dependence</p> <p>Developing one's own authentic way</p> <p>A voice of one's own</p> <p>Frustrating the "parent supervisor"</p> <p>Achieving compromise</p>
Theme 5. Thinking about assessing teaching and learning outcomes in supervision	<p>Cross-Group Experiential Theme 5. The learning experience as an attitude towards difference</p> <p>The difficult reality of difference</p> <p>Reassuring illusions of sameness</p> <p>Increasing openness to the challenge of new ideas</p>
	<p>Cross-Group Experiential Theme 6. Feelings about the centrality and legacy of the experience</p> <p>Formative role in the training</p> <p>Lasting impact of an ongoing experience</p>

Table 4 *Summary of Literature Review themes and Findings themes*

‘getting to know the person and getting to know their case, and those might be ... going in two different directions’ (Supervisor 1) – was not disclosed to me on record as part of this research.

This potential guardedness in interviews and sensitivity to the safeguarding of the supervisee’s confidentiality – and what they may unwittingly reveal about themselves without their consciously-informed consent – throws up serious considerations about the ethics of research in this area and perhaps draws attention to the intrinsic limitations of this research in its current research design.

The guardedness, silence and difficulty in exposing ‘what you’ve got to reach... emotional responses... private, emotional responses’ (Supervisor 1) speaks, I think, to something happening in multiple parallels throughout all psychic life; that there is at the root of all human interactions – both internal and external – an instinct to avoid, leave out and, to some degree, not know. Participants identify supervision as a means of halting and providing redress to the inevitability that ‘you might exclude things and not realise you’re excluding it’ (Supervisee 1), suggesting the crucial role of supervision as a way of *focusing the eye onto* and therefore the necessary antidote to the widely acknowledged psychic phenomenon of ‘turning a blind eye’ (Steiner, 1985).

It might be worth noticing that this interplay and confusion in the supervisory constellation and the complicating phenomenon of parallel process brings to mind the early structuring of supervision as touched on in the literature review, *vis-à-vis* the debate over whether supervision should be provided by a person different to or the same as one’s analyst. Balint’s (1948) original challenge to the unevidenced autonomous British-school ruling has never been addressed in the literature as far as I could find. The argument still stands potentially then; that if the supervisor and analyst were the same person (giving up the fifth day of analysis to a discussion of clinical work), the tension between interpreting the countertransference and distinguishing the interplay of what belongs to whom in supervision would more easily be known, whilst still providing a stable analytic frame and a deep understanding of supervisee’s states of mind and developmental resonances to

their patient. This might also be a subject for further research if study design and methods enabled it.

Another point for further research is that this study was designed to gather multiple perspectives on a multi-perspective process, but it is evident with hindsight that the study design has failed to incorporate the missing “third” of the training analyst – ‘you work all the time with the assumption that the analyst is at work with the patient and the patient is at work with the analyst’ (Supervisor 1). Quite possibly, there might be a lot of meaningful supervision occurring in the personal analysis of trainees, and that this space might be being used to talk deeply about their responses to patients and the strong identifications that are stirred up in them. Adding this missing “third” perspective to a follow-up study would bring in and represent the total situation of supervision during child and adolescent psychotherapy training.

Using Another Person for Help and Support

The theme that emerges from participant interviews of ‘Using another person for help and support’ with its subtheme of “seeking and providing a space for containment” correlates to the task-focused theme in extant literature of ‘Containing and understanding patients’ communications’. Simply put, through the process of supervision and reflective thinking, supervisees are looking for someone to help them manage the emotional challenge and difficulty of, and further their understanding of, the therapeutic encounter. However, we have established how this wish in the supervisee – to be helped with difficulty, contained and understood – runs parallel to and is matched by a similar corresponding wish in the patient, leading to the emergence and potential enactment of the ‘patient-aspect of the therapist’ (Supervisor 1). This further evidences how the dynamic of parallel process is established and facilitated by the supervisory encounter; that the motivation to seek help and support from another person in supervision is a transposition or displacement onto supervision of the goal and motivation for therapy originating in the patient. Though ostensibly located in the person of the patient, coming into close therapeutic contact with an essential desire and psychic need – ‘for the patient to feel understood is what they want more than anything else in

the world' (Supervisor 1) – unwittingly activates and finds resonance with a corresponding desire and need in the therapist. The resonance holds such strong reverberations through the therapeutic and supervisory structures because we might think of this desire and need as lying at the root of the human condition.

The subtheme of another person as “reflective ‘third’” correlates to the theme in extant literature of ‘Three-dimensionality and play in supervision’. The Findings of this research support an idea that meaningful therapeutic understanding develops as a consequence of a “third” position, both to some degree externally in the person of a supervisor, and internally in terms of a more expansive and playful intra-psychic three-dimensionality. In this regard, this research is in line with (though it did not form part of the literature review) Meltzer’s theoretical writing about distance and dimensionality in internal and external early object relationships (1967). Participants’ experience in the room with the patient and the sense of psychic overwhelm – ‘I just felt flooded... emotionally flooded’ (Supervisee 2) – evokes ideas of colonisation and adhesive merger, and the essential need for space and separation, of being helped to become themselves again and recover their own mind in order to think objectively about their patient: ‘It’s only when you step away that it feels safer and, “Oh, ok, that makes sense now”’ (Supervisee 2); ‘only when there was some space afterwards... being able to see what had happened’ (Supervisor 1). This also brings to mind Britton’s theoretical writing about ‘triangular space’ as a requisite for creativity and development (2004).

It is interesting to notice that play in supervision, and its relation to three-dimensionality, is a theme of the literature review but not of the Findings. There is an idea of wanting to foster in the supervisee a developing curiosity in their patient, and a collaborative sense of ‘putting our heads together to try to understand’ (Supervisor 2) that evokes Pedder’s (1986) ‘playing around with ideas’, but this seems to be the extent of expressed playfulness. This could be considered especially interesting considering this research was conducted specifically with child and adolescent psychotherapists, rather than those working with adults.

"Supervisee" participants were drawn exclusively from one particular training school and Findings may possibly have had a different emphasis if the study were repeated with supervisees from one of the other four training schools within the UK, possibly with a different theoretical stance. Also, the concept of 'play' wasn't explicitly included in interview questions, and this might inevitably have accounted to some degree for its omission from participants' responses. However, I wonder whether the absence of 'play' in data also links to the focus of this study being supervision *during training*; something that is assessed and therefore evokes strong persecutory anxieties, rather than supervision more generally. The literature review spoke to the implicit understanding that a feeling of safety and security is necessary for play (specifically referring to the importance of a stable supervisory frame). This external scaffolding (of time-keeping, expectations, reliability etc.) was also referred to by participants in this research as a prerequisite for good supervision, but they focused more on these as important aspects of containment, rather than as a facilitating environment for play. This might tell us something about where participants sit as recently qualified trainees on a professional developmental line; still needing containment from infantile anxieties, not having yet reached the point of being able to play. This brings up another possible parallel process specific to this participant sample and their clinical work with the most emotionally disturbed children; namely that the therapeutic and supervisory task might be less to interpret and engage in existing play than to enable the trainee supervisee and patient to get to a place of enough safety and security in order to be able to begin to play.

Rather than playfulness, a particular emphasis of participants' responses was the subtheme "risking vulnerability" in the process of seeking help and support from another person. This notion of vulnerability correlates to the theme in extant literature of 'Power dynamics in supervision during training: from dependency to autonomy'. The Findings of this research therefore bring together three thematic strands from the extant literature – of developing understanding, three-dimensionality, and power dynamics – supporting an understanding that these are connected and inter-related aspects that arise out of and factor within the relationship between self and other, specifically in relation to

the giving and receiving of help and support to learn. Again, this theme is important to consider in relation to the dynamic of parallel process in the psychotherapeutic treatment of vulnerable children and adolescents by helping professionals.

Working with Negative Feelings

The theme that emerged in participant interviews of 'Working with negative feelings in the relationship between the patient and the therapist' could be understood as a specific aspect of the theme in extant literature of 'Containing and understanding patients' communications', however, participants' emphasis on "negative" feelings is out of kilter with the general tone of the literature.

A search through my literature review chapter brings up only one explicit reference to 'negative transference' (Sutton, 1991). I am not claiming that a search through what I have represented of the literature should be taken as evidence of the literature as a whole. But I suggest that participants' contributions indicate an interesting anomaly between the focus given to negative feelings in supervision in the literature, and the extent to which they preoccupy supervisors and supervisees in clinical practice. This is an aspect of supervision that seems to be, perhaps understandably, under-revealed and under-written about. The reference to 'negative transference' (Sutton, 1991) in my literature review chapter relates to patient transference to the therapist, not supervisee transference to the supervisor. Though the potential for negative feelings in the relationship between supervisor and supervisee emerges as a subtheme in this study, it is not discussed in depth in the literature nor is the negative countertransference, both of therapist and supervisor.

This research suggests then that further investigation of the negative transference and countertransference, and how they might manifest in clinical supervision could be an interesting area of future research. Bearing in mind both that 'you do get quite a lot of enactments in supervision' (Supervisor 1) and the established dynamic of parallel process, further investigation into how a supervisor's potential negative countertransference towards a supervisee is managed might be an

important avenue of further research, and of clinical interest in terms of its negative impact not just on the supervisee but, unconsciously via the therapist, on the patient.

In a parallel of the therapist's struggle 'not to feel that they have to fight the patient's vision of them by proving, I really am nice, I really do understand' (Supervisor 1), supervisors talk of their responses to the unwelcome suspicion of negative feelings; speaking of how they 'manage to avoid that' (Supervisor 1) or side-step the provocative and potentially persecuting relationship by 'trying not to be supervising but... undervising' (Supervisor 2). They link conscious modifications in their supervisory style – holding themselves back and not allowing themselves free rein, avoiding potentially competitive group processes, and not addressing matters of technique – with an active desire not to come across as persecuting. This study shows that, as it does in psychotherapeutic work, the conscious and unconscious action of 'negative feelings' and the uncomfortableness they provoke has a central place in the supervisory system.

This study suggests it might not be enough to state, 'I don't think my trainees feel I'm persecuting' (Supervisor 1). Instead, it might be helpful to understand and openly acknowledge the starting point of a supervisory relationship; that to a greater or lesser degree the trainee unconsciously feels persecutory anxieties about their supervisor, especially in the context of a training environment. Just as in psychotherapeutic work with patients, these "negative feelings" have the potential to impact training and treatment outcomes and might be better actively acknowledged and worked through than avoided.

In the context of multi-disciplinary working, this capacity to acknowledge and understand the role of negative feelings in psychotherapeutic work with children and its supervision is an unusual strength of the child and adolescent psychotherapy discipline. I think this relates to participants' sense of what sets them apart; that without this capacity to look deeply at uncomfortable and unpleasant truths, 'You'd just be being a nice lady in the room really' (Supervisee 2).

It also links to the qualities of honesty and authenticity that participants value in supervision and by extension psychotherapeutic work in general, whereby aspects of the self are allowed to emerge, be tolerated and not rejected: 'I felt like I could say that and... she wasn't going to be like, "Oh my goodness, what a horrible [person]" (Supervisee 1). Deeply private, and unexpected, parts of ourselves are allowed to be known: 'it was really like a sort of shocking thing... that was so unlike me as a person' (Supervisee 1). This capacity for uncomfortable and unwanted parts of the supervisee to be tolerated in supervision runs alongside, in another parallel process, a capacity for uncomfortable and unwanted parts of the patient to be tolerated in the consulting room, not just avoided or glossed over by guilt-driven and inauthentic responses; 'not to make the student feel that in that moment they would feel like hugging a child because one really doesn't feel that way...' (Supervisor 2). Supervision that can permit negative as well as positive feelings offers the basis for honest, insightful understanding and, consequently, authentic and long-lasting change.

A criticism sometimes levelled at the child and adolescent psychotherapy discipline is that we can spend too much time working in the negative transference. Alongside the capacity to work with negative feelings, it is worth noting the caveat in participant data related to the lack of affirmative or positive feedback in supervision. In data there was a suggestion that over-emphasising this aspect of the work might come at the expense of losing something valuable that might be gained by promoting ordinary positive feelings in the transference: 'You can at times feel fragile... I think it's helpful when the supervisor makes clear to you what they value about you, and when they say, 'Oh, I really liked how you said that, that's really good'... when someone can like positively reinforce the good bits' (Supervisee 2). It could be held in mind how this might also parallel something important to remember in therapeutic interactions and work with children and young people, who themselves might be in clinical need of affirmative care and supportive bolstering of fragile, under-developed ego-strength.

Growing Up and Finding One's Own Way

'Growing up and finding one's own way' emerges as a prominent theme of interviews, suggesting it has a central significance to participants' sense of the task and their felt experience of supervision as a maturational process. The theme intrinsically references ideas of creativity, play and playfulness discussed earlier, and brings to mind Winnicott's notion of potential space and his theoretical writing on maturational processes and the facilitating environment (1965). The theme relates, in particular its subthemes of "starting out from total dependence" and "frustrating the 'parent supervisor'", to the theme in the extant literature review of 'Power dynamics in supervision during training: from dependency to autonomy', though I would argue that the prominence of this theme in these research findings indicates it has not so far been given as much close attention as it might warrant.

The rich theme in Findings of the complicated developmental journey of "growing up" that a trainee needs to navigate in supervision during training correlates to just one explicit reference in the literature review to a trainee's 'adolescent position in relation to the training ... just about fully grown but not yet entitled to take an adult identity' (Crick, 1991). Importantly, this reference in the literature links the 'student's adolescent position' and their developmental task to 'the pains of learning, and the discomforts of being assessed' (Crick, 1991, p. 236), creating a correlation between the Findings theme of 'Growing up and finding one's own way' and the theme from the literature of 'Assessing teaching and learning outcomes in supervision'.

This research evidences the intersect between one of the imperative tasks in supervision of 'growing up and finding one's own way' and the context and environment of this task, namely 'power dynamics in supervision during training' and 'assessing teaching and learning outcomes in supervision'. Research findings when considered in relation to the extant literature speak to and evidence the fragility and sensitivity of the trainee supervisee position, and highlight the need for further research into this aspect of psychotherapeutic training, not least because of the impact on clinical treatment:

I wanted to keep in with my supervisor and be a good little student rather than— well, which might have been in opposition to what was best clinically. (Supervisee 1)

The Findings of this research suggest that important subthemes relating to developing in an authentic feeling way, finding one's own voice in the therapeutic encounter, and managing and resolving conflict and tension in supervision to reach a state of compromise with internal parental objects are not sufficiently addressed in the extant literature. This research suggests that more research is needed in these areas, and that the subtle and nuanced identifications at work in supervision – perhaps most especially when supervisees are engaged in therapeutic work with children and adolescents – could usefully be explored further.

Research findings concur with the view in literature (Ekstein, 1967; Pedder, 1986) that supervision is felt to be going well when it promotes the innate capacities of the trainee supervisee, and that the role of the teacher/supervisor is 'to teach by stimulating the candidate's own capacity to increase learning via insight' (Ekstein, 1967, p. 327) or in Supervisee 1's words, 'to teach by encouraging something in the trainee to flourish rather than putting it in there where it could just rattle around'. Observational insight, forged in the experience of conducting infant and young child observations prior to clinical training, is held by participants as an important source of internal and instinctual knowledge – 'if we can get into an infant observation state of mind with the patient then the other material will appear' (Supervisor 1) – and hints at the parallel that what we might objectively observe in an infant engaged in their developmental journey relates to what we might observe of our own infant state of mind as we engage in the developmental process of supervision.

Findings raise central questions about how to supervise and facilitate a supervisee's reliance on their own innate capacities without being a tyrannical feeling presence in the room. Participants give a significant level of attention to the need to internalise something of the supervisor's capacity but to make it their own rather than simply copying it. This challenge of the supervisory task for both parties relates to the important psychoanalytic concept of separateness, and the need to experience

the supervisor as separate (with all the attendant frustrations, anxieties and envy that provokes) rather than to be in a state of merger with them.

Though it might attract “negative feelings” and a frustrated response in the supervisee – ‘please just tell me how to be a child psychotherapist, please... tell me how to get better in a really clear, straightforward way’ (Supervisee 2) – the supervisor can facilitate the supervisee’s reliance on their own developing capacities by maintaining a boundaried distance and offering a space for the supervisee to be supported but not taken over; ‘to be there when one is needed, but not too much’ (Supervisor 1). Again, this links to the Winnicottian concept of the developing capacity to manage alone linked to the reliance on an internalised source of strength and nourishment (1971). Different supervisors will have differing capacities to do this, just as different supervisees will push against the boundary of the supervision space to differing extents.

Findings then speak to the importance of a robust supervisory frame, and suggest that a supervisory style more aligned with holding a space for explorative thinking and less aligned with answering direct questions and addressing specific matters of technique might be more facilitating of effective supervision. Further research into how this important theme manifests in clinical practice and how differences in supervisory style translate into differences in patient outcomes would be extremely interesting to pursue if study design allowed.

The Learning Experience as an Attitude Towards Difference

There is in the extant literature a notable silence on issues of sameness and difference and how these impact on the supervisory relationship. This reflects perhaps the historic focus in psychoanalysis on the internal world, at the expense of thinking about how external factors inevitably contribute to the agglomeration of objects and their nature within the internal world.

This research and the Findings’ theme of ‘the learning experience as an attitude towards difference’ introduces thoughts about newness and the ‘other’ representing something alien to ourselves, sameness and difference and how they manifest in supervision in relation to the experience of learning. Familiarity and confidence developed over time during training, and the

corresponding fading away of an instinctive dislike of newness is shown to lead to a greater degree of tolerance and preparedness to see the other person as a separate being with a different mind from which new ideas might be learned.

Though research was able to delve into some thinking about difference and sameness at this broad and theoretical level, it was evident from participant responses that discussing difference in a more specific way as it related to actuals of their supervision felt hugely problematic and unethical in terms of identifiability and confidentiality. As interviewer, I shared with some participants an uncomfortable feeling that because the pool of supervisors is objectively very homogeneous – particularly in terms of the protected characteristics of race, gender and sexuality – sharing their real experience of difference in clinical work and the intersect with the supervisory relationship was unsafe both for them and for those they might speak about. I think this in itself could be read and understood as testament to the sad lack of diversity within the profession of child and adolescent psychotherapy, and the stifling quality that ‘oneness’, merger and a lack of difference inflict on creative thought.

The Findings of this research suggest that further research exploring attitudes towards difference in supervision in a more focused way is needed and could be clinically and ethically very important for understanding good supervision, training and treatment outcomes. It would be important to wonder as part of further research to what degree the question of difference, and attitudes towards it, amplifies and exacerbates the triangulations that this research has established, especially those that involve issues of development in supervision in relation to power, and how conflict and negative countertransference in supervision is managed.

Feelings about the Centrality and Legacy of the Experience

The theme that emerged from participant interviews of ‘Feelings about the centrality and legacy of the experience’ does not correlate with any of the themes from the review of the literature, possibly because such personally held and emotionally subjective feelings rightly remain outside the scope of research and rigorous clinical writing.

The theme gives voice to a universally-held attitude towards supervision amongst participants: that they hold supervision in mind as a formative experience during training, and one that retains a lasting impact on them throughout their professional career.

I considered leaving the theme out of this discussion as being not sufficiently valid for taking forward to any clinical implication, but decided upon reflection that it should be allowed to stand as an important participant communication to notice, especially as it has a bearing on participants' clinical confidence and felt capacity as practitioners.

Participants in the supervisee group, both newly qualified child and adolescent psychotherapists working in Band 7 roles, expressed their feeling of reliance on supervision: 'without [it], I wouldn't be able to do the job' (Supervisee 2). Interestingly, participants in the experienced supervisor group also expressed a need for supervision, long after what might be deemed clinically necessary: 'I still [have supervision]. And I don't actually think it's possible to do psychoanalytic work unless you do' (Supervisor 1). This research then aligns with Rustin (1998) and Mander (1998), and challenges Casement's (1985) notion of the 'internal supervisor'. Even if psychoanalytic supervision could take place on an intra-psychic 'island of contemplation', should it? This research does not concur with the idea that the 'internal supervisor' should be a professional goal but would suggest that an external supervisory frame should continue throughout clinical life and at all levels of professional experience.

This research does not address the question of online supervision which I deemed a separate project of its own and too large to incorporate within the scope of this small-scale study. However, follow-up research into the impact of increasingly shifting the supervisory frame to online working on the themes under discussion, particularly on its felt centrality and long-lasting impact, would be interesting to conduct. There is increasing research into the impact of online work and another avenue for further research might be conducting a qualitative meta-synthesis of these research findings with findings from other relevant studies.

Reflections

Inevitably, my active engagement in the process of supervision during the child and adolescent psychotherapy training will have skewed the data and participants' responses to some degree. The theme of cross-generational "growing up" that was present in findings much more strongly than the literature review could be thought about as emerging in relation to the specifics of my own age and position as trainee in relation to participants. It is reasonable to think this factor, and how participants in both groups identified parts of themselves with and in opposition to it, might have amplified this theme. Quite possibly, if interviewed by someone not engaged in the training or closer in age to the experienced supervisor group, this theme would not have emerged quite so strongly.

Participants unanimously affirmed psychoanalytic supervision as the cornerstone, almost prerequisite, of the child and adolescent psychotherapy training. Though undeniably important, the uniformity of this belief lent a certain feeling of homogeneity to participant data and their individual voices. The lack of much conflict, disparity and disagreement in participants' data suggested a tendency towards what might be termed nostalgic idealisation that might usefully be thought about a little further. Small acknowledgements of disagreement cemented a cosy idea that supervision is a universally good thing, the moments of conflict being only irritating aberrations and anomalies in an otherwise virtuous feeling relationship. There was a marked absence of resistance to the task, ambivalent feelings, and ordinary acknowledgement that supervision can at times be confusing, frustrating, or sometimes simply a tedious feeling chore.

In this sense it is possible that Findings parallel something in the literature of 'publication bias'; that cases showing clear benefit of an intervention are more likely to be published than those which do not (Aveyard, 2014). It may be the case that to some degree those participants putting themselves forward to discuss their experience of supervision are inevitably more likely to have a positive story to tell.

Likely the degree of this homogeneity could also be linked to the function of me as interviewer, and a wish to offer me an affirmative view of the supervisory experience participants

understood me to be dependent on. Perhaps unconsciously participants sought to protect me from the “negative feelings” more openly and readily expressed in relation to – and perhaps to some extent displaced onto – patients. On my side, a certain degree of deference to the experienced supervisors and training structures themselves might have influenced how I heard and responded to participants communications; the ‘mutual idealisation’ (Meltzer, 1967) discussed by Sutton (1991) as a reluctance to delve fully into the complicated and painful nature of the transference relationship. The power dynamics implicit in a trainee supervisee interviewing an experienced supervisor about supervision seem ripe for a deferential environment in which objective critique becomes complicated and difficult, and could be thought of as a limitation of this study.

Another limitation might be considered my inclusion criteria, that might have skewed data towards amplifying the positive regard for supervision. My intention for setting a criteria of within three years’ since qualifying for the supervisee group was to ensure a capacity for objective reflection on a training experience given some distance from it. In retrospect, I think three years might not provide enough time to have fully fledged from the ‘adolescent position’ of training. Evidences of ordinary aggression, so necessary in terms of adolescent development away from parental figures, are hard to find in the data, suggesting that the developmental task of separating has not yet been reached and participants are still in a somewhat dependent position in relation to supervisors and supervision. Interestingly, both participants in the “*supervisee*” group were in their first year of newly qualified professional life, becoming in a sense a self-selected sample that spoke to a post-qualification state of mind of clinging-on to something felt as much missed and not yet fully mourned and let go. If this research were to be repeated, I would suggest inclusion criteria for the “*supervisee*” group of at least five years’ since qualifying might ensure greater capacity to objectively observe their experience.

The homogenous feeling synchronicity in data and absence of difference of opinion also brings to mind my uncomfortable awareness of an absence of difference in the sample. Of all topics discussed in interviews, the question of difference and how it arises in supervision felt the most

uncomfortable and least pleasant to dwell on. I wonder if this relates to some degree of uncomfortable awareness of the lack of diversity in the “*supervisor*” group and some guilty defensiveness to more open acknowledgment of this, further creating the impression of supervision as a protected or ‘defended subject’ (Hollway, 2009). Though issues of identifiability and confidentiality would be highly complex and need careful thinking about in order to meet ethical approval, this research has pinpointed that further research into the experience of supervision during training specifically for trainees from minority backgrounds and of different genders is much needed. Repeating this research with a more diverse sample of participants and comparing the results to test the validity and reliability of these research findings would be very valuable.

I think the general sense of something being protected – whether the system itself, those within it, or our memories of it – is also linked to the need for participants to preserve for themselves a ‘good object’, and how this might link to the nature of the therapeutic work they undertake. Findings from this research and from the literature review all evidence supervision as a place of containment, holding within it so many projections both from patients and from supervisees. It could be thought of then as a place harbouring deep anxiety, and something of a haven of respite from disturbing and difficult work. I wonder to what extent participants’ positive regard for supervision might speak to the need for a psychic split and a desire for a ‘good object’ that is allowed to stand unchallenged (Klein, 1946). We might all want and need to retain within us a private and protected place, especially in the professional context of so much observational insight. Supervision might offer us that place as a necessary and permissible ‘psychic retreat’ (Steiner, 1993).

I think there are intrinsic complications and limitations arising from the multi-perspectival design of this research, and something about the joined up bringing together of the supervisor and supervisee voice that, though interesting in itself, pushed too close into very confused and overlapping internal boundaries between treatment, supervision and analysis. The design of this research project sought to hear both voices and give equal weight to both sides of a dyadic partnership which, in its intention, could be considered a strength. However, what the Findings

suggest is that the relationship is not equally weighted and is not a partnership of two equitable professionals, but rather one necessarily more junior and inexperienced than the other. The research design then forces together two aspects and voices that might possibly more usefully be examined apart. This research suggests that future projects might purposely investigate the supervisor and supervisee experience separately, and seek to correlate and cross-refer findings at a later point through qualitative meta-synthesis rather than as part of the same research project itself.

Clinical Implications

This research indicates that the diversity of the supervisor pool could usefully be more actively monitored and broadened to include greater representation of minority groups. Promoting diversity and actively encouraging different opinions within supervision relates to plurality and creativity of thought and would, research indicates, support creative playfulness and facilitate growth and development in the supervisee.

Power dynamics are a factor in supervision. It is a system that, this research indicates, places a trainee supervisee in a dependent position in relation to a supervisor who represents parental authority. The tendency to deference and compliance and how this might stifle authentic growth and development, especially in the context of an assessing and gate-keeping function, should be held in mind.

This research indicates a disinclination to disrupt, challenge or bring conflict into the supervisor relationship. How this impacts on the inclusion, or not, of differences of all sorts – differences of opinions as well as external differences – and the hard to acknowledge “negative feelings” felt differences might provoke is hard to reveal to thought and articulate. This research supports a view that it is attendant on the person of the supervisor to introduce thinking about difference into the supervision matrix and explicitly allow it into the supervision contract as a permissible subject for discussion. This research indicates that if a supervisor is unwilling to do this, it will be extremely hard for a supervisee to feel able to bring these ideas for thinking about.

There are clear parallels between the task of supervision and the task of psychotherapy, and this research evidences the many ways personal analysis, psychotherapeutic treatment and supervision intersect. Effective supervision, as with effective psychotherapeutic treatment, relies on the patient's (or trainee's) capacity to take in and assimilate a 'good object'. These experiences are inevitably linked to the earliest experiences of caregivers by patient (and trainee). This research evidences how supervision has the potential to intrude into the internal world of the supervisee and trespass across the boundary of personal analysis. This indicates that issues of consent, confidentiality and boundaries should be at the forefront of supervisors' minds, as well as enquiring whether a supervisee is in personal analysis. For trainees required to be in analysis during the training process, these blurred boundaries and resultant enactments might be safely navigated. But this research does indicate implications for the provision of supervision to multi-disciplinary colleagues not in analysis, as well as for ongoing supervision following the end of training and analysis.

Conclusion

The complexity of the phenomenon of parallel process and the confusion and interplay of the characters in the supervisory constellation suggests that the stated and acknowledged task of supervision could be broadened to incorporate an understanding of this more complicated systemic matrix in a new definition of supervision as: 'Containing and understanding patients' *and supervisees'* communications'.

This research supports an idea that a developing understanding gained through a "third" position brings awareness of separateness and heightened persecutory anxieties in respect of feelings of reliance and vulnerability, and that not attending sufficiently to these power dynamics in the therapeutic relationship – both between therapist/patient and between supervisor/supervisee – will have a negative impact on psychic three-dimensionality, playfulness and the capacity to develop creatively. Consequently, this research suggests a clinical goal of supervision could be understood and stated explicitly as one of seeking *'to empower the supervisee and develop their growing*

autonomy in therapeutic work'. Just as might be considered the case in psychoanalytic treatment with children and young people, this growing empowerment and move from dependency to autonomy – most tangibly heard in a trainee's developing 'a voice of one's own' – could be considered an important indicator of developing competency and measure of good outcome in professional training and whether 'functional' learning (Szecsödy, 1997) has occurred in a supervision. A recommendation of this research to support the empowerment of trainee supervisees might be to re-examine how feedback from supervision is formally communicated. Rather than communication of feedback being primarily between supervisor and tutor and only subsequently shared with the trainee – systemically keeping the trainee in a junior 'child'-like position – the feedback process could be re-modelled on standard practice in clinical work whereby therapeutic progress is discussed in the first instance between clinician and patient before being shared with the wider network in review meetings. This might re-position trainees in the learning matrix, and increase their sense of agency and power within the training system. It might also have positive implications for trust and shared responsibility for the supervisory task, as well as reducing some of the persecutory anxieties that research indicates are a factor in hindering creative playfulness in supervision.

Finally, unless we are prepared to believe that supervisors are not capable of feeling a negative countertransference towards their supervisees, research suggests that there is an absence of open acknowledgement and thinking about this subject. This absence of thinking space might suggest the concrete absence of formal structures around managing supervisors' negative feelings about their supervisees. It could be an important ethical and clinical implication of this research to safeguard against unhelpful enactments by putting in place provision to contain and think about supervisors' negative feelings and to manage them as and when they arise, perhaps albeit rarely, and to put in place more structure around the supervision of supervision.

Final Reflective Paragraph

As I named in my Introduction to this thesis, I think my wish to research intensive supervision in this level of depth came about in large part because of the lifeline of support I felt my own intensive supervision had offered me during the turbulence of my training working with significant levels of disturbance in young children and their families.

Now qualified, I can see with hindsight that my experience of supervision during the child and adolescent psychotherapy training helped me formulate an understanding of my patients in a way that nothing else did. This stated task, 'to formulate an understanding of my patients', might sound simple, obvious and easy; but I think it is anything but. I have come to know that it is the core aspect of the job of a child and adolescent psychotherapist; a fundamental part of what makes our training so specialist and our clinical skills so valuable. To withstand receive massive unconscious projections that can feel overwhelming in their emotional complexity; to set them down on paper and then discuss them with another person so they can be sorted through, untangled, and a way through the crisis begin to be found; to bring shape and structure through the organising function of the mind and thinking in conjunction with another, so that a plan of action can begin to be made: this is what I have taken from my experience of intensive supervision during my training. In my view, this function of supervision and the supervisory alliance, that originates in the unconscious and only with significant work over a period of time begins to become consciously known, far outweighs in importance and depth any conscious teaching of technique.

I have found undertaking this research project an extremely rich and rewarding experience that has supplemented and enhanced my theoretical and practical learning during the training. Hearing participants speak of an experience we collectively shared – I as researcher with them as participants – with profound respect and deep gratitude, that sometimes bordered on something I might describe as *love*, was a pleasure. This 'collectivism', though, poses a challenge to me (and the research) in relation to *difference* which is something I wonder if I struggled to know how to include.

My reflection of feeling pleasure at hearing feelings I believed collectively shared puts me in mind of supervisees describing their feelings early on in training; of wanting to be closely attuned

and in harmony. I look back now and wonder to what degree I needed to hear the sound of positive affirmation as a trainee myself, and wonder about the limits of my own capacity then to hear discord when, as rookie trainee, I felt I had my 'back against the wall' (Rustin, 2001). I will take with me this challenge to myself; to seek out now more actively and purposively voices of difference and notes of discord, because they will inevitably bring depth and richness to my overall tone of understanding.

The potential limitations of what I could hear at this particular moment aside, I think there is significant value to this research, and that it examines very important themes of development and identity in relation to the child and adolescent psychotherapy training. It speaks to a distinct developmental moment, and the potential facilitating (or not) position of the supervisor *in loco parentis* at a uniquely vulnerable moment of *not knowing* in a student's learning journey. It raises an interesting question about the degree to which play, and all that that word represents for child and adolescent psychotherapists, is possible within intensive supervision during training, and proposes a notion of playfulness as a possible developmental marker of healthy inter-relating and well-functioning supervision.

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Appendix 1 Word table of literature review findings

General writing about psychotherapy supervision

Author	Date	Journal/Book Title	Publication details	Chapter/Paper	Broad topic that it fits in (in my lit.rev.)	Score 1-5 for quality (how clear, how specific, any evidence?, is thinking rigorous?)	Score 1-5 for relevance to my study	Any notes? (eg. really good bit on p.22)
Vastardis, M., & Phillips, G.	2013	Winnicott's Children (pp. 133-150).	London: Routledge.	On psychoanalytic supervision: Avoiding omniscience, encouraging play.				On tutor's supervision workshop list
Ogden, T. H.	2005	<i>The International Journal of Psychoanalysis</i>	86(5), 1265-1280	On psychoanalytic supervision		1	1	On tutor's supervision workshop list
Pick, I. B.	2018	Authenticity in the Psychoanalytic Encounter (pp. 48-62).	London: Routledge.	Working through in the countertransference revisited: Experiences of supervision		1	1	On tutor's supervision workshop list
Omand, L.	2010	<i>Psychodynamic Practice</i>	16(4), 377-392	What makes for good supervision and whose responsibility is it anyway?		2	3	On tutor's supervision workshop list (won a prize). Not included. Good clear but focused on counselling rather

								than psychoanalytic training
Davids, M. F.	2003	The internal racist.	<i>Bulletin of the British Psychoanalytical Society</i> , 39(4)	pp. 1-15.				On tutor's supervision workshop list
Morgan, H.	2007	Issues of 'Race' in Psychoanalytic Psychotherapy. Whose problem is it anyway?						On tutor's supervision workshop list
Oelsner, M.	1999	About supervision: an interview with Donald Meltzer	Interview transcript. Originally published in Psicoanalysis, the Spanish language journal of the Buenos Aires Psychoanalytical Association					
M.H. Rock (ed.)	1997	Psychodynamic supervision: perspectives of the supervisor and the supervisee	New Jersey and London: Jason Aronson Inc.	Introduction, Psychodynamic supervision: perspectives of the supervisor and the supervisee	Historical basis for psychoanalytic supervision as part of training	2	1	Good summary review of literature (poss. out of date though?) 'Reports from supervisees about their personal experience in supervision are few and far between ...

								reports from supervisors about their private experience of the work are even harder to find. ... the literature on psychodynamically oriented supervision is anemic ... extraordinary paucity of first person, subjective accounts' (p.4)
Balint, M.	1948	International Journal of Psycho-Analysis	29: 163-173	On the psychoanalytic training system	Historical basis for psychoanalytic supervision as part of training	TBC	TBC	Critically calls early concept of supervision 'superego training' FOUNDING PRINCIPLE PAPER
Barnat, B.	1980	Psychotherapy supervision: theory research, and practice	A.K. Hess, ed. New York: Wiley	Psychotherapy supervision and the duality of experience	Supervisee perspective on supervision	TBC	TBC	TBC
Fiscalini, J.	1985	Contemporary Psychoanalysis	21:591-608	On supervisory parataxis and dialogue	Supervisee perspective on supervision	TBC	TBC	TBC
Gaoni, B. and Neuman, M.	1974	American Journal of Psychotherapy	28: 108-114	Supervision from the point of view of the supervisee	Supervisee perspective on supervision	TBC	TBC	TBC

Rosiello, F.	1989	Contemporary Psychotherapy Review	5: 54-70	Affective elements in supervision and parallel process	Supervisee perspective on supervision	TBC	TBC	TBC
Searles, H.	1955	Collected papers on schizophrenia	New York: International Universities Press, 1965	The informational value of the supervisor's emotional experience	Rare supervisor perspective on supervision	TBC	TBC	Origin of 'parallel process'. The first to notice and identify the transference of unconscious communications from the patient to the supervisor via the therapist in situations where the latter remains impervious, ignorant or resistant to these. This paper written only a few years after Paula Heimann published her important paper on countertransference in 1949/50. "Reflection processes" in supervision
Searles, H.	1962	Collected papers on schizophrenia	New York: International Universities Press, 1965	Problems of psychoanalytic supervision	Rare supervisor perspective on supervision	TBC	TBC	TBC

Grinberg, L.	1970	International Journal of Psycho-Analysis	51: 371-374	The problems of supervision in psychoanalytic education	Psychoanalytic supervision as part of training	TBC	TBC	States basic idea of supervision 'one of the main goals of supervision is to teach the student the necessary knowledge and skill to perform his therapeutic work as well as possible'
Fleming J. and Benedek, T.	1966	Psychoanalytic supervision	New York: Grune and Stratton		Psychoanalytic supervision as part of training	Very old	1	'supervisor tended to take over the case ... he expect[ed] his student to learn by imitation' Important milestone in documenting the supervisory process using data of audiotape recordings
Ekstein and Wallerstein	1958	The teaching and learning of psychotherapy	New York: International Universities Press, 1972			Very old	1	Important monograph on the supervisory process, particularly in relation to psychiatric training. Attempts to set out the nature of the experience and its role in the education of psychiatrist (but no data from the supervision presented)

Ekstein	1969	J. Amer. Psychoanal. Assn.	17:312-332	Concerning the teaching and learning of psychotherapy				Could be interesting, linked to above START WITH THIS OVER THE BOOK Founding principle text
Wallerstein	1981	Becoming a psychoanalyst	New York: International Universities Press.				1	Landmark text. But data only reflects supervisor impressions (although supervisee does contribute their version of the experience)
Varghese, F.T.	2006	Psychotherapy supervision and consultation in clinical practice, Ed. J. H. Gold	Lanham, Boulder, New York, Toronto and Oxford: Jason Aronson	Discussing the undiscussable: the limits of supervision	How differences are thought about in supervision	3	3	Need to protect the 'core' or 'true' self and the sensitivity of addressing aspects of difference in supervision, pp. 60-1 'pretransference' of patient's view towards a clinician based on viewed difference even before therapy begun p.70
Clemens, N.A.	2006	Psychotherapy supervision and consultation in clinical practice, Ed. J. H. Gold	Lanham, Boulder, New York, Toronto and Oxford: Jason Aronson	Supervising psychodynamic psychotherapy	Supervising trainees during training	4	4	Good on the 'evolving identity as a therapist' (pp. 46-7)

Shmukler, D.	2017	Supervision in psychoanalysis and psychotherapy: a case study and clinical guide	London and New York: Routledge	Supervision: finding the missing ingredient	Case study of effect of supervision on clinical work	4	4	Adult work
Lago, C. and Thompson, J.	1997	Supervision of psychotherapy and counselling: making a place to think, Ed. Shipton, G.	Buckingham and Philadelphia: Open University Press	The triangle with curved sides: sensitivity to issues of race and culture in supervision	How differences are thought about in supervision	TBC	TBC	
Edwards, D.	1997	Supervision of psychotherapy and counselling: making a place to think, Ed. Shipton, G.	Buckingham and Philadelphia: Open University Press	Supervision today: the psychoanalytic legacy	Historical basis for psychoanalytic supervision as part of training	2	2	Good review of reasons for inclusion of supervision in training – includes variety of supervision across discipline, and p.14 notes on training of supervisors On tutor's supervision list. Decided not to include on full reading as not specifically about psychoanalytic supervision
Pedder, J.	1986	Psychoanalytic Psychotherapy	2(1): 1-12	Reflections on the theory and practice of supervision	Role of supervision in training			'supervision has a function somewhere between therapy and education'

								Both psychotherapy and supervision have the common aim of promoting growth in people
Salzberger-Wittenberg, I.	1978	Journal of Child Psychotherapy 4(4): 33-50		The use of 'here and now' experiences in a teaching conference on psychotherapy as a means of gaining insight into the nature of the helping relationship				'As therapeutic work depends so much on an individual's capacity to respond sensitively in an always changing situation it seems particularly important not to foster any sense of dependency on the teacher, but to encourage students to think for themselves. One does not wish to impart a technique so much as to develop a student's capacity to observe, to be aware of his client's and his own feelings, and to think about emotional experiences.' (p. 176)
Brightman, B.K.	1984	International Journal of Psychoanalytic Psychotherapy	10: 293-317	Narcissistic issues in the training experience of the psychotherapist	Transference relationships evoked in supervision			Links to narcissism

Searles, H.	1965		London: Hogarth Press	Collected papers on schizophrenia and related subjects	Transference relationships evoked in supervision			Supervisors also having transference response (not just supervisees)
Doehrman, M.J.	1976	Bulletin of the Menninger Clinic	40(1), January: 9-104	Parallel processes in supervision and psychotherapy	Transference relationships evoked in supervision			Supervisors also having transference response (not just supervisees)
Alonso, A.	2000	Journal of Psychotherapy Practice and Research	9 (2000): 55-61	On being skilled and deskilled as a psychotherapy supervisor	Supervisor perspective and experience			The balance between teaching and therapy: 'the supervisor, in effect, must listen with a clinician's ear and speak with a teacher's mouth.' (p.55)
Gabbard, G.O.	2004	Long-term psychodynamic psychotherapy: a basic text	Washington, D.C.: American Psychiatric Publishing, pp. 173-87					"The effective use of supervision during one's training year sets the tone for ongoing consultation throughout one's professional life. Therapist's should develop an attitude that they do not have to solve every problem on their own. ... Consultants who are not immersed in the heat of the transference-countertransference

								dynamics bring an outside perspective to the dyad that is enormously valuable when one is stuck at an impasse with a patient. (pp. 184-5)
Sarnat, J. E.	2010	Psychotherapy: theory, research, practice, training	47(1), 20-27	Key competencies of the psychodynamic psychotherapist and how to teach them in supervision				
Sarnat, J. E.	2012	Journal of Contemporary Psychotherapy	42(3), 151-160	Supervising psychoanalytic psychotherapy: present knowledge, pressing needs, future possibilities	Parallel process / relational model of supervision			Patient-therapist and supervisee-supervisor as two reciprocally influential dyads (links to self-processing supervision model of Langs)
Langs, R.	1994	Doing supervision and being supervised	London: Karnac Books		Models of supervision (standard communicative model which accounts for unconscious p. 41 vs. self-processing supervision model p. 42 which accounts for supervisor	4	1	Basic supervisory parameters set out on pp. 12-14 (similar to broad research questions): 'wide scope of these questions, and the uncertain response that many of them evoke in most readers, tells us that supervision is a territory that is, as

					relationship as well)			yet, poorly explored and only vaguely mapped.' Unconscious dynamics between supervisor/supervisee rarely accounted for (pp. 17-8)
Dewald, P. A.	1987	Learning process in psychoanalytic supervision: complexities and challenges. A case illustration.	Conneticut: International Universities Press		Case history of a training supervision	4	1	Rare data of a training supervisory experience
Beinart, H. and Clohessy, S.	2017		New Jersey and Chichester: John Wiley & Sons Ltd	Effective supervisory relationships: best evidence and practice		3	5	Outcome research. Relates to psychology (some thinking about psychodynamic supervision). Interesting discussion of evidence base for 'effectiveness' of supervision in 'Outcomes and Measurement' chapter (pp. 43-55)
Mander, G.	1998	Clarkson, P. (ed.) Supervision. Psychoanalytic and Jungian perspectives	London: Whurr Publishers Ltd	'Dyads and triads: some thoughts on the nature of therapy supervision' (pp. 53-63)	Oedipal aspects of supervision	2	1	Need to step out of oedipal couple, or primary maternal preoccupation, and spend time with a third in order to

								better reflect on therapy; 'what matters is that there is space, analytic space, which the therapist can enter, and use as a safe container, a thinking base, a rehearsal stage, together with another, and where he or she can deliberately step outside the closed vessel of the therapeutic dyad, allowing a third person to look at the process.' (p. 57)
Haesler, L.	1993	International Journal of Psycho-analysis	74: 547-55	Adequate distance in the relationship between supervisor and supervisee			TBC	Warns of difficulties in 'candidates who, because of specific aspects of their personality, show a tendency not to learn, to feel narcissistically wounded by being shown something they have not yet seen or reflected upon or that they do not yet know' (p. 550)

Mattinson, J.	1975	The reflection process in casework supervision	London: Tavistock		Oedipal aspects of supervision		1	She discovered reluctance of experience supervisors to present their clinical work (cited in Mander, p. 60). 'Oedipal tangling' concept. 'Without distance there can be no difference, or, if there is too much similarity there can be only fusion'. Links to Ron Britton's "Missing Link", becoming a witness rather than participant
Szezsödy, I.	1997	Martindale, B. et al. (eds.) Supervision and its vicissitudes	London: Karnac Books	'(How) Is learning possible in supervision?'		1	1	
Williams, A.	1995	Visual and active supervision: roles, focus, technique	New York and London: W. W. Norton and Company			3	5	
Scharff, J.	2014	Clinical supervision of psychoanalytic psychotherapy	London: Karnac Books Ltd	'Supervision in the learning matrix'	Place of supervision in training/learning	1	1	Lovely link between supervision and chaos theory, making sense of inchoate matter (links to alpha function); 'The

								patient-therapist relationship brought to a supervision setting comes in contact with the powerful organizing system of the supervisor's greater experience and superior knowledge that operates like a <i>strange attractor</i> .' (p. 148). Chapter includes vignettes of a case history of supervision
Arlow, J.	1963	The supervisory situation	Journal of the American Psychoanalytic Association, 11: 576-594					
Stewart, J.	2002	Supervising psychotherapy (eds. Driver, C. & Martin, E.)	London: Sage Publications	'The interface between teaching and supervision'			5	Applies to psychodynamic psychotherapy
Crick, P.	1991	Psychoanalytic Psychotherapy	5:3, 235-245	'Good supervision: on the experience of being supervised'		1	1	Bang on topic

Writing about psychotherapy supervision in relation to learning/training

Casement, P.	1985	On learning from the patient	London: Tavistock. pp. 29-56	'The internal supervisor'	Becoming a therapist, learning from a supervisor, has roots in developing 'an island of intellectual contemplation' (p.31) during personal analysis, ie. the experience of being a patient themselves	1	1	Writes about the development of 'internal supervisor' during training, process of internalization. Credits consultations with Winnicott and Heimann on particular problems to help shift treatment. 'nursing triad', 'internalized support/supervisor'
Salzberger-Wittenberg, I. et al.	1992		London: Routledge	The emotional experience of learning and teaching	Transference relationships evoked in supervision			Attitudes towards teacher/pupil
Rubinstein, L. (ed.)	2007	Talking about supervision. 10 questions, 10 analysts = 100 answers.	London: The International Psychoanalytical Association		Supervisors personal response to questions about providing supervision	2	3	Very interesting raw, personal responses by supervisors to structured interview questions. Not included because specifically about analytic supervision during adult analytic training, not child or psychotherapy training. Pp. 115-6 makes points about the unconscious

								communications in supervision and the less talked about need for supervisors to take account of their CT responses to trainee
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Writing about outcome research – all except two are psychology or psychiatry discipline

Tugendrajch, S.K. et al.	2021	The Clinical Supervisor	Vol. 40, No. 1, 68-87	'What is the evidence for supervision best practices?'	Review of outcome studies (found 26) that examined the relationship between supervision elements and therapist/patient outcomes	1	1	Very recent, outcome measure. States need for 'further study of the relationship between recommended best practices in supervision and meaningful therapist, supervisor, and client outcomes.'
Zaslavsky, J., Nunes, M.L.T., and Eizirik, C.L.	2005	International Journal of Psychoanalysis	86:4, 1099-1131	'Approaching countertransference in psychoanalytic supervision: a qualitative investigation'				

Tuckett, D.	1993	International Journal of Psychoanalysis	74: 1175-1189	'Some thoughts on the presentation and discussion of the clinical material of psychoanalysis'				Not specifically on supervision
Malkin, B. et al.		Dissertation Abstracts International, Vol. 79(7-B)(E)		'Supervision effects on psychotherapy outcome: seeking 'super' supervisors'		4	4	Dissertation project linking patient outcomes to supervision
Wrape, E.R. et al.	2015	Training and Education in Professional Psychology	Vol. 9(1), pp. 35-43	'An exploration of faculty supervisor variables and their impact on client outcomes'		4	3	'Additional research is strongly encouraged in this understudied area, with particular attention to examining the role of supervisor training and supervisory competence.'

Writing about psychoanalytic supervision and the treatment of children/adolescents

Rustin, M.	1998	Journal of Child Psychotherapy, 24(3), pp. 433-448	Taylor & Francis	'Observation, understanding and interpretation: the story of a supervision'		1	1	Describes supervision of a 4-year old boy. Examines supervisor's role in relation to the treatment dyad,
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								linked to Oedipal preoccupations and the opening up of three-dimensional growth in child
Emanuel, R., Miller, L., Rustin, M.	2002	Clinical Child Psychology and Psychiatry	7(4), 581-594	'Supervision of therapy of sexually abused girls'	Psychoanalytic supervision and the treatment of children/adolescents	1	1	Discussion of supervision in complex time- limited work On tutor's supervision workshop list
Many, M.M. et al.	2016	Infant Mental Health Journal	Vol. 37(6), pp. 717-727	'Creating a "nest" of emotional safety: reflective supervision in a child-parent psychotherapy case'		3	4	Not psychoanalytic. Reflective supervision, parallel process
Ungar, V.R. et al.	2001	The International Journal of Psychoanalysis	Vol. 82(1), pp. 71-81	'Supervision: a container- contained approach'		1	1	Containment of unconscious anxieties as a function to help contain the emotional turbulence of work. Clinical material of 7- year-old girl with severe learning blocks

Sutton, A.	1991	Psychoanalytic Psychotherapy	Vol. 5(3), pp. 247-259	'Initiating and developing a psychoanalytic approach to children'		1	1	Enactments in supervision because of 'developmental resonance'. Therapy (and supervision) not developing beyond the stage of 'mutual idealisation'
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Appendix 2 Alphabetical list of articles for appraisal and analysis following assessment for eligibility

Author. (Year of publication). Title.

Balint. (1948). On the psycho-analytic training system.

Callahan. (2009). Exploring the contribution of supervisors to intervention outcomes.

Casement. (1985). The internal supervisor.

Crick. (1991). Good supervision: on the experience of being supervised.

Emanuel. (2002). Supervision of therapy of sexually abused girls.

Ekstein. (1969). Concerning the teaching and learning of psychoanalysis.

Haesler. (1993). Adequate distance in the relationship between supervisor and supervisee – the position of the supervisor between ‘teacher’ and ‘analyst’.

Kilminster. (2000). Effective supervision in clinical practice settings: a literature review.

Malkin. (2018). Supervision effects on psychotherapy outcome: seeking ‘super’ supervisors.

Mander. (1998). Dyads and triads: some thoughts on the nature of therapy supervision.

Many. (2016). Creating a “nest” of emotional safety: reflective supervision in a child-parent psychotherapy case.

Ogden. (2005). On psychoanalytic supervision.

Pedder. (1986). Reflections on the theory and practice of supervision.

Pick. (2018). Working through in the countertransference revisited: experiences of supervision.

Rustin. (1998). Observation, understanding and interpretation: the story of a supervision.

Scharff. (2014). Supervision in the learning matrix.

Searles. (1955). The informational value of the supervisor’s emotional experiences.

Sutton. (1991). Initiating and developing a psychoanalytic approach to children.

Szecsödy. (1997). (How) Is learning possible in supervision?

Ungar. (2001). Supervision: a container-contained approach.

Vastardis. (2013). On psychoanalytic supervision: avoiding omniscience, encouraging play.

Wrape. (2015). An exploration of faculty supervisor variables and their impact on client outcomes.

Zaslavsky. (2005). Approaching countertransference in psychoanalytical supervision: a qualitative investigation.

Appendix 3 Ethical Approval Granted by TREC

The Tavistock and Portman NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Helena Whatley

By Email

2 November 2022

Dear Helena,

Re: Trust Research Ethics Application

Title: A qualitative exploration of clinical supervision during child and adolescent psychoanalytic psychotherapy training

Thank you for sending your response to the conditions set by the Assessor with regards to your

TREC application. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,



Paru Jeram
Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Appendix 4 Inclusion/Exclusion Criteria for the Selection of Participant Sample

- Participants must be English speaking.
- Participants must have trained in the same training school. *(This aims to remove variances in theoretical standpoint that might immediately create a divergence in thinking and thereby skew the data.)*
- 'Recently qualified' will be defined as 'within 3 years of completion of training' at the point of being selected for the study. *(This aims to promote participants' capacity to take up an 'observational stance' and reflect on the experience of receiving supervision as part of their training and how it helped them to train and become a qualified clinician.)*
- 'Experienced psychoanalytic supervisors' will be defined as 'supervisors who have offered clinical psychoanalytic supervision for at least ten years'. *(This aims to ensure those interviewed have significant experience of giving supervision as part of a training over time and will best be able to speak to how it facilitates learning and becoming a qualified clinician.)*

Appendix 5 Brief details of project used in email signature/ACP email/internal Tavistock comms**Would you like to take part in a research study thinking about the experience of psychoanalytic supervision in clinical training?**

I am undertaking a doctoral research study as part of my Child and Adolescent Psychoanalytic Psychotherapy (M80) training at the Tavistock Clinic exploring experiences of receiving and providing supervision as part of the process of training. Participants will be invited to take part in an interview lasting up to an hour, either face to face at the Tavistock or online as they prefer.

If you are a recently qualified child psychotherapist (within 3 years of completing training) or an experienced supervisor (with 10 years' experience of providing clinical psychoanalytic supervision) and would like to find out more about the study, I would be glad to hear from you. Please email me at hwhately@tavi-port.nhs.uk for further information.

Appendix 6 Information Letter

A qualitative exploration of intensive case supervision during child and adolescent psychoanalytic psychotherapy training

You have been given this information sheet to help you decide whether you would like to take part in a research project. This information sheet describes the study and explains what will be involved if you do decide to take part.

What is the purpose of this study?

In this study, I hope to understand more about experiences of, and learning from, psychoanalytic supervision in clinical training. In my interviews with experienced psychoanalytic supervisors who offer intensive case supervision on the child and adolescent psychoanalytic psychotherapy training I will asking you about the experience of providing supervision as part of the process of training to become a qualified child and adolescent psychoanalytic psychotherapist.

Who is conducting the study?

My name is Helena Whately and I will be conducting this research study.

I am a doctoral trainee child and adolescent psychotherapist working for South Camden Community CAMHS Open Minded, part of the Tavistock and Portman NHS Foundation Trust. I also have an honorary training placement in the Mildred Creak Unit at Great Ormond Street Hospital, part of the Great Ormond Street Hospital for Children NHS Foundation Trust. I am training to become a child and adolescent psychoanalytic psychotherapist at the Tavistock and Portman Centre. This project is sponsored and supported by the Tavistock and Portman Centre and has ethical approval from the Tavistock and Portman Trust Research Ethics Committee. This course is overseen and certified by the University of Essex.

What's the purpose of and background to this research?

This is a small-scale research project exploring the experience of clinical psychoanalytic supervision during training, for both supervisors and supervisees. I am inviting people to tell me what they think happens in psychoanalytic supervision, and how they think psychoanalytic supervision – as distinct from the teaching of theory, clinical case work, and the experience of personal analysis – facilitates the learning experience on the child and adolescent psychoanalytic psychotherapy (M80) training.

What will participating in this project involve?

The project is an exploration into how recently qualified psychoanalytic psychotherapists and experienced psychoanalytic supervisors think about supervision and what their experiences are, either of providing it or receiving it.

For this you will be invited to take part in an individual interview. This will mainly be for you to talk freely about the topic with some prompts from myself. During the discussion I will be interested to hear about how you think about supervision, what you feel the purpose and task of it is, and what you feel makes it different from other forms of learning and teaching.

Interviews will last up to 60 minutes and will be recorded for transcription and data analysis purposes. Interviews will be scheduled to take place at time convenient for you during working hours.

I am happy to conduct these interviews either on zoom or in person at the Tavistock Clinic as you prefer. If Covid regulations are in place at the time, all interviews might need to be conducted over zoom.

Do I have to take part?

No, it is completely your choice whether or not you take part in the study. If you agree to take part, you can withdraw without giving any reason at any time up to three weeks after the interview. After this point interview data will be being processed and analysed and it will not be possible to extract your data from the study.

If you decide to withdraw within the timeframe of three weeks after the point of interview, all data collected or about you it will be destroyed immediately.

What are the criteria to take part in the study?

- Participants will need to be English speaking.
- All participants will need to have trained in the same training school.
- 'Recently qualified' is defined as *within 3 years of completion of training* at the point of consenting to take part in the study.
- An 'experienced psychoanalytic supervisor' is defined as a supervisor who has *offered clinical psychoanalytic supervision for at least ten years*.

What will happen to any information I give?

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am solely responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for 5 years after the study has finished. The interview will be audio recorded and transcribed by me.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person

who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details.

Quotations from the interview transcript will be used in the write up of the project but these will be de-identified. Extracts from the interviews that are quoted in the research report will be anonymised and any identifying details will be removed. However, as this is a small-scale study it is possible that you may recognise yourself in some of the quotes used, although every effort will be made to prevent this. If any case material is discussed during the interview, I will leave any identifying details of this out of the interview transcript.

All electronic data will be stored on a password protected computer. Any paper copies will be kept in a locked filing cabinet. All audio recordings will be destroyed after completion of the project. Other data from the study will be retained, in a secure location, for 5 years.

If you would like more information on the Tavistock and Portman and GHC privacy policies please follow these links:

<https://tavistockandportman.nhs.uk/about-us/contact-us/about-this-website/your-privacy/>

<https://www.ghc.nhs.uk/privacy-notice/>

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Irene Henderson:

IHenderson@tavi-port.nhs.uk

In the very unlikely event that you say something during the interview that suggests you or someone else is at risk of harm, I would need to discuss this with you and potentially breach confidentiality.

What will happen to the results of the project?

The results of this study will be used in my Research Dissertation Project and Doctorate qualification. It may also be used in future academic presentations and publications.

I would be happy to share with you the results of the study in the form of the final completed dissertation project if you wish. Let me know if this is of interest to you.

What are the possible benefits of taking part?

There will be no direct benefits for you. However, by taking part you will have the opportunity to share your individual thoughts on a key aspect of clinical training.

Are there any risks?

No, there are no direct risks. However, I am aware that talking about anything in depth may stir up memories and feelings that might feel challenging. If needed, details of a confidential service you can access will be provided.

Who do I contact if I have any questions?

I am the main contact for the study. If you have any questions about the project or would like to discuss this further please don't hesitate to contact me to arrange a telephone call. My contact details are:

Helena Whately

Email: hwhately@tavi-port.nhs.uk

Telephone: 020 8938 2700

Address: Amptill Square, 219 Eversholt Street, London, NW1 1DR

Alternatively, any concerns or further questions can be directed to my supervisor:

Dr Jenifer Wakelyn

Email: jwakelyn@tavi-port.nhs.uk

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact Helen Shaw, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Thank you for considering taking part in this study and taking the time to read this information.

If you are willing to take part in the research please complete and return the consent form provided.

Appendix 7 Consent Form

Consent Form

Project title: **A qualitative exploration of intensive case supervision during child and adolescent psychoanalytic psychotherapy training**

Researcher: **Helena Whately**

I, _____, voluntarily agree to participate in this research project.

☐

I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

I understand that my participation in this study is voluntary and that I am free to withdraw, without giving a reason, at any time up to three weeks after the completion of the interview.

☐

I understand that the interview will be digitally recorded and transcribed as described in the participant information sheet.

☐

I understand that the information I provide will be kept confidential, unless I or someone else is deemed to be at risk.

☐

I understand that direct quotes from the audio recording may be used in this research study but will be made anonymous to the reader and held securely by the researcher.

☐

I understand that it is my responsibility to anonymise any examples referring to cases I chose to discuss during the interview.

☐

I understand that the results of this research will be published in the form of a doctoral research thesis and that they may also be used in future academic presentations and publications.

☐

Contact details:

Researcher: Helena Whately

Email: hwhately@tavi-port.nhs.uk

Supervisor: Dr Jenifer Wakelyn

Email: jwakelyn@tavi-port.nhs.uk

Participant's Name (Printed): _____

Participant's Name (Signed): _____

Date: _____

**Thank you for agreeing to take part in this study.
Your contribution is really appreciated.**

Appendix 8 Interview Schedule

Semi-structured interview schedule for recently qualified psychoanalytic child and adolescent psychotherapists

Research Study: A qualitative exploration of intensive case supervision during child and adolescent psychoanalytic psychotherapy training

Welcome: explanation of it being a semi-structured interview lasting up to 60 minutes. Offer refreshments and ask after their journey. Remind them that I would like them to talk freely about the topic of psychoanalytic supervision in clinical training and their experience of receiving it. Explain that they may end up discussing examples of specific situations (past and present) but we should focus on their experience of the supervision rather than the case material itself.

1 Warming up

- You've kindly agreed to take part in this study, and perhaps there have been moments – or a moment – in supervision that have been particularly important or influential to you, or that have really stayed in your memory... Can you tell me about them?

2 Thinking about psychoanalytic supervision

1. How would you describe what happens in psychoanalytic supervision?
 - What's the aim?
 - Has your understanding of, or approach to, supervision changed over time?
2. What needs to be in place, do you think, for supervision to work well?
 - What do you take to supervision?
3. Can differences – either visible or invisible – be thought about in supervision?
 - Either between you and your supervisor, or between you and your patients?

3 The impact of supervision

1. Can you tell me about a time in supervision when you felt really helped?
 - What was it, do you think, that happened that made it helpful?
2. Can you tell me about a time in supervision when you felt really un-helped?
 - What was it, do you think, that happened that made it un-helpful?
3. Do you think supervision helps your patients? In what way?

4 Supervision as opposed to other forms of learning

1. How would you describe the kinds of learning that are possible in, and from, supervision?
 - How is this different from other ways of learning on a training?
 - Is it possible to say which is more important – as a form of learning? (eg. theory teaching, case work, work discussion etc.)
2. What does supervision bring to the training? Or if it wasn't there, what would you lose?

Final questions and End:

1. What is distinctive, different, about psychoanalytic supervision?

Has there been anything not asked, that we haven't discussed, that you would like to mention?

Thank them for taking part.

Any questions or if they want a summary of the research findings to contact me.

Check they are ok. Signpost them to colleagues, supervisors and senior staff who are within the clinic at that time if they need support following the interview discussion.

Send debrief letter out to them.

Appendix 9 Debrief Letter

Dear xxx,

Thank you very much for taking the time to meet with me and be interviewed for my research. I am grateful for your contribution and hope the interview discussion may have been interesting for you.

If taking part in the study has raised any issues that are concerning you I hope that you can access the support network around you (colleagues in the mental health profession, supervisor, personal analyst and/or managers). If this isn't possible, you can self-refer to the national counselling charity, Mind (www.mind.org.uk).

If you have any questions or would like me to send you a summary of the project findings when I have written up the study, my contact details are:

Email: hwhately@tavi-port.nhs.uk

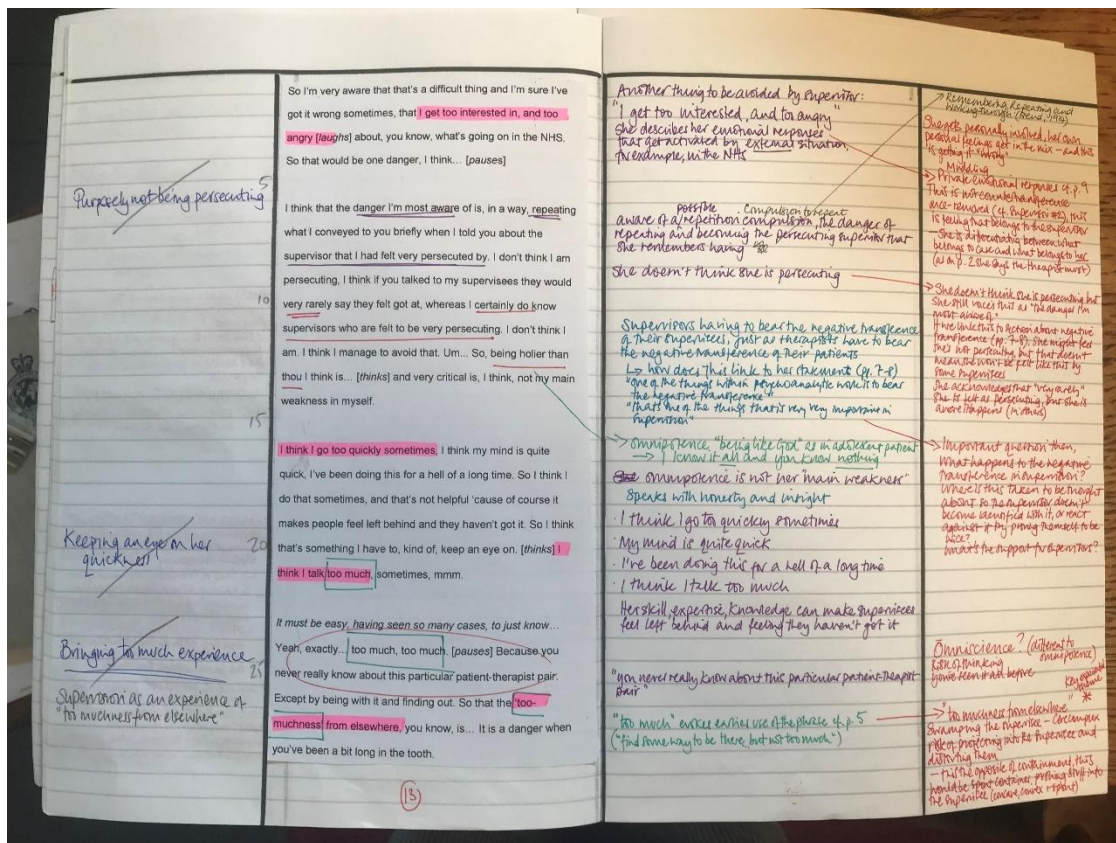
Phone: 020 8938 2700

If you have any concerns about how the study has been conducted please contact me, my supervisor Dr Jenifer Wakelyn (jwakelyn@tavi-port.nhs.uk) or Helen Shaw, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Thank you again for taking part in this research study.

Yours,

Helena Whately



Shaping her changing perception with her supervisor

helping the student [supervisor] move forward the child

perceived as different beginning to... appear but very stylishly in the patient. Because I think it is a very dangerous moment for the patient to show something more vulnerable, or to show really the needy deprived child rather than the disgusting deprived child. Because I call it the 'skunk syndrome' because in fact that keeps people away... and then you don't risk to establish painful, you know, painfully precious relationships. So, to stop... to drop that defence is very difficult and one has to begin to feel the... the first signs that the patient is giving you that there is more to him or to her... to be able to get over that threshold together with the student I think is probably one of the moments when I feel... helpful, more helpful, yes.

Conversely, can you tell me about a time in supervision when you felt really un-helpful and what it was, do you think, that might have been happening that made it un-helpful?

[pauses] Um... [pauses for a while] Well, I think... that has to bring me back to, um... a much earlier time than now where... I was influenced by something in a... [pauses] the Kleinian approach that was excessively making a bee-line for what is destructive and negative. I had received that type of supervision and that's what was very much in the Kleinian air in those days.

I felt it had been unhelpful in talking, for instance, about a disabled child who had managed... an adolescent, who had managed to get himself a car with special... it was a... a boy who had no arms so could, you know, could only drive... with very specially... uh, uh... rearranged technology in the car. But

Repelling Child

she's saying even when the experience is in the gap of the negative transference (relieved when a person is cancelled), she perceives something different beginning to appear "my angry", and can share this perception with the experience - this is helpful in her opinion

→ the emergence of a "kind" position, initially in the mind of the supervisor and then shared with the experience

Dangerous to show a need, vulnerability → better to appear as needy, vulnerable (cf. at beginning of talking)?

She's saying that the patient is involved in something very active, designed specifically to "keep people away"

Without supervision, the therapist would become another person "Kaptanay" (links to her example from pp. 4-7)

because she can acknowledge her negative transference to patient, there's a space for the therapist's negative countertransference to be expressed and thought about, not enacted

She's saying there's a need for someone else, the therapist and the patient also is not enough, having a supervisor helps, i.e. the supervisor is able to get over that threshold together with the students

NEED FOR A THIRD TO MAKE THIS WORK

cf. p. 15 and p. 16 "Kind" "needy" "vulnerable"

(Compulsion to repeat)

she recalls her own supervision

she was brought up on something that focused on the destructive and negative, that she comes to feel is unhelpful (maladaptive)

→ something maladaptive - wrong tool/technique for the job - how does this link with her metaphor of the patient with adapted car?

She's been taught a certain way, so she thought that

→ deconstructing by technique as a supervisor like this (what is supervisor?) what you keep holding and what you let go.

Respecting a different way for whilst pointing forward your own

PATIENT/STUDENT SLIP

Being forced leads to doing things in a fake way

doing NOT necessarily being forced

Well, I think that, um... I realise that very often in a seminar or in a workshop, um... because there are people who have different backgrounds and then I would say, whenever I see that there are other ways of looking at something happening, that, uh... you know, from a Kleinian point of view this could be seen as a destructive part of the patient, from a more Winnicottian point of view this would be seen as a response to something failing in the environment and when I can imagine that different people in a seminar might look at something different people and especially that the person presenting is... you know, perhaps influenced by different frame of reference...

I try to respect it and also to give some evidence that not totally blind but other ways of looking at things, and this I must say has happened in seminars quite often, uh...

In... [pauses] supervision I think... I do [pauses] make my hypothesis about what's going on, you know, clear but certainly if I sense that it is in contrast with a way of thinking about himself or herself in the student... you know, I try to make links between different ways of looking at things and I would not force a patient that was... [corrects themselves] a student who doesn't really believe very much that there can be destructive aspects through working that way because he would do it in a fake way, because, you know, I think, so...

I try to moderate other aspect to help, not to give a script that would be recited just to make... to please me... [pauses]

I think it [emphasizes] is something really to be kept in mind, I mean... I have had... in France a request for supervising somebody who realized that... had a very Lacanian

People have different backgrounds

People have different theoretical stances

"destructive part of the patient" - the death instinct

she's talking about respecting theoretical differences, whilst also giving evidence for other ways of looking at things too - possibility of multiple views (cf. p. 4, l. 10)

Space to respect the difference and allow it to stand, but also present another way of looking at things

"I try to make links between different ways of looking at things"

Linguistic slip between "student" and "patient" (cf. in supervisor #1 interview) "I would not force, not making a stance on supervisor"

"I would not force a student who doesn't really believe very much that there can be destructive aspects through working that way because he would do it in a fake way" (cf. p. 5)

"the way" is consequence of "being" a student → EMERGENCE OF A FALSE SELF in response to perceived transference

"I try to help, not to give a script that would be recited just to please me"

FALSE SELF: script that's recited to please supervisor, rather than speaking authentically for oneself.

Appendix 11 Example of Supervisor 1: Process of Clustering Experiential Statements

Time period

Precious resources

Overwhelming demands

Too-muchness

Uniqueness (of each supervisory encounter)

Getting to know (process)

Patient vs. supervisee

Facilitating 'in touch' contact

Time period

Levels of experience

Establishing a frame

Parental relationships as difficult

Time period

Levels of internal understanding

Impact of covid pandemic

Need for personal contact

Need for personal contact

Time period

Enactments in supervision

Relationship between supervision and analysis

Individualized responses

The analytic couple

Intense personal experience

Intense personal experience

Knowing from experience

Deeply personal contact

Intrusive personal contact

Memories of help

Memories of feeling exposed

Learning from experience

Finding a comfortable way of being

Too-muchness

Learning from experience

Assumptions giving way to understanding

Establishing a frame

Finding one's own way over time

Levels of understanding

Time period

(Mis)perceptions of difference

(Mis)perceptions of different generations

Assumptions resulting in misunderstandings

Privilege (educational)

Differences (educational)

Time period

Differences (racial)

Time period

Privilege (educational)

Privilege of training

Desire to be understood

Understanding being relieving

Feelings being hard to bear

Desire not to be felt as 'bad'

Feeling but not identifying

Risks of tackling (mis)perceptions

Desire to be felt as 'good'

Receptiveness to communication

Getting into infant observation state of mind

Differences (in professional trainings)

Uniqueness (of our training)

Communication beyond words

Communication beyond words

Significance of things not said

Different ways of being taught

Emotions as private things

Different ways of being brought up

Levels of contact

Reaching the emotional level

Levels of contact

Reaching the emotional level

Defenses against emotional contact

Defenses against development

Patient vs. supervisee

Defenses against knowing

Defenses against pain

Patient vs. supervisee

Impact of the external

Work of treading a fine line

Awareness of external difficulties

Ease of being idealized

Dangers of being idealized

Dangers of being idealized

Patient vs. supervisee

Idealization/denigration as threat to thinking

Internal/external tension

Desire not to be felt as persecuting

Risk of superiority

Risk of intellectual superiority

Too-muchness

Uniqueness (of each supervisory encounter)

Intrusion of too-muchness

Assumptions resulting in misunderstanding

Differences (in aptitude)

Love for the work

Delight in others' capacity

Pain of being left behind

Risk of greater experience

Risk of intellectual superiority

Too-muchness

Changes to the training (felt as wrong)

Love for the work

Shared love for the work

Difference (of each supervisory encounter)

Different ways of being taught

Love for the work

Deep containment

Broad and accommodating

Knowing from experience

Essentialness of supervision

Things seen and unseen

Deep containment (knowing from experience)

Richness of different perspectives

Pleasure of different perspectives

Playful exploration of multi-dimensionality

Deep containment

Developing a voice of one's own

Finding one's own voice over time

Finding one's authentic voice

Tuning in (to supervisee)

Tuning in (to patient)

Things said and unsaid

Patient vs. supervisee

Holding in mind the external reality

Developing a voice of one's own
Finding one's authentic voice
An inauthentic voice
Intrusion of too-muchness
Personal experience of supervision
Time period
Theory implicit in supervision
Theory implicit in analysis
Desire to instill intellectual curiosity
Much-lessness
Overwhelming demands
Privilege (of time)
Privilege (educational)
Desire to instill intellectual curiosity
Time period
Awareness of external difficulties
Much-lessness
Essentialness of supervision
Desire to help
Essentialness of supervision
Uniqueness (of each supervisory encounter)
Desire to be understood
Patient vs. supervisee
Attends carefully to the setting
Work as collaboration
Deeply personal contact
Safeguarding the setting
Meeting them where they're at
No threat of rejection
Safeguarding the supervisory encounter
Safeguarding the setting

Uniqueness (of process note)

Observations are gold dust

Things said and unsaid

Privilege (of time)

Privilege of training

Time period

Essentialness of supervision

From particular to general understanding

Finding one's self

Much-lessness

Time period

Privilege of training

Feeling it's enough

Memories of supervision

Work as analytic collaboration

Analytic parental couple

Essentialness of analytic frame

Feeling it's enough

Hope for the future

Much-lessness

Feeling it's not enough

Feeling it's not enough

Feeling it's not enough

Essentialness of supervision

Essentialness of analytic frame

Time period

(Mis)perceptions of different generations

Privilege (of time)

Impact of the external

An inauthentic voice

Analytic parental couple

Assumptions giving way to understanding

Assumptions resulting in misunderstanding

Assumptions resulting in misunderstandings

Attends carefully to the setting

Awareness of external difficulties

Awareness of external difficulties

Broad and accommodating

Changes to the training (felt as wrong)

Communication beyond words

Communication beyond words

Dangers of being idealized

Dangers of being idealized

Deep containment

Deep containment

Deep containment (knowing from experience)

Deeply personal contact

Deeply personal contact

Defenses against development

Defenses against emotional contact

Defenses against knowing

Defenses against pain

Delight in others' capacity

Desire not to be felt as 'bad'

Desire not to be felt as persecuting

Desire to be felt as 'good'

Desire to be understood

Desire to be understood

Desire to help

Desire to instill intellectual curiosity

Desire to instill intellectual curiosity

Developing a voice of one's own

Developing a voice of one's own

Difference (of each supervisory encounter)

Differences (educational)

Differences (in aptitude)

Differences (in professional trainings)

Differences (racial)

Different ways of being brought up

Different ways of being taught

Different ways of being taught

Ease of being idealized

Emotions as private things

Enactments in supervision

Essentialness of analytic frame

Essentialness of analytic frame

Essentialness of supervision

Essentialness of supervision

Essentialness of supervision

Essentialness of supervision

Essentialness of supervision

Essentialness of supervision

Establishing a frame

Establishing a frame

Facilitating 'in touch' contact

Feeling but not identifying

Feeling it's enough

Feeling it's enough

Feeling it's not enough

Feeling it's not enough

Feeling it's not enough

Feelings being hard to bear

Finding a comfortable way of being
 Finding one's authentic voice
 Finding one's authentic voice
 Finding one's own voice over time
 Finding one's own way over time
 Finding one's self
 From particular to general understanding
 Getting into infant observation state of mind
 Getting to know (process)
 Holding in mind the external reality
 Hope for the future
 Idealization/denigration as threat to thinking
 Impact of covid pandemic
 Impact of the external
 Impact of the external
 Individualized responses
 Intense personal experience
 Intense personal experience
 Internal/external tension
 Intrusion of too-muchness
 Intrusion of too-muchness
 Intrusive personal contact
 Knowing from experience
 Knowing from experience
 Learning from experience
 Learning from experience
 Levels of contact
 Levels of contact
 Levels of experience
 Levels of internal understanding
 Levels of understanding

Love for the work

Love for the work

Love for the work

Meeting them where they're at

Memories of feeling exposed

Memories of help

Memories of supervision

(Mis)perceptions of difference

(Mis)perceptions of different generations

(Mis)perceptions of different generations

Much-lessness

Much-lessness

Much-lessness

Much-lessness

Need for personal contact

Need for personal contact

No threat of rejection

Observations are gold dust

Overwhelming demands

Overwhelming demands

Pain of being left behind

Parental relationships as difficult

Patient vs. supervisee

Patient vs. supervisee

Patient vs. supervisee

Patient vs. supervisee

Patient vs. supervisee

Patient vs. supervisee

Personal experience of supervision

Playful exploration of multi-dimensionality

Pleasure of different perspectives

Precious resources

Privilege (educational)

Privilege (educational)

Privilege (educational)

Privilege (of time)

Privilege (of time)

Privilege (of time)

Privilege of training

Privilege of training

Privilege of training

Reaching the emotional level

Reaching the emotional level

Receptiveness to communication

Relationship between supervision and analysis

Richness of different perspectives

Risk of greater experience

Risk of intellectual superiority

Risk of intellectual superiority

Risk of superiority

Risks of tackling (mis)perceptions

Safeguarding the setting

Safeguarding the setting

Safeguarding the supervisory encounter

Shared love for the work

Significance of things not said

The analytic couple

Theory implicit in analysis

Theory implicit in supervision

Things said and unsaid

Things said and unsaid

Things seen and unseen

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Time period

Too-muchness

Too-muchness

Too-muchness

Too-muchness

Tuning in (to patient)

Tuning in (to supervisee)

Understanding being relieving

Uniqueness (of each supervisory encounter)

Uniqueness (of each supervisory encounter)

Uniqueness (of each supervisory encounter)

Uniqueness (of our training)

Uniqueness (of process note)

Work as analytic collaboration

Work as collaboration

Work of treading a fine line

An inauthentic voice	
Analytic parental couple	
Assumptions giving way to understanding	
Assumptions resulting in misunderstanding	2
Attends carefully to the setting	
Awareness of external difficulties	2
Broad and accommodating	
Changes to the training (felt as wrong)	
Communication beyond words	2
Dangers of being idealized	2
Deep containment	2
Deep containment (knowing from experience)	
Deeply personal contact	2
Defenses against development	
Defenses against emotional contact	
Defenses against knowing	
Defenses against pain	
Delight in others' capacity	
Desire not to be felt as 'bad'	
Desire not to be felt as persecuting	
Desire to be felt as 'good'	
Desire to be understood	2
Desire to help	

Desire to instill intellectual curiosity	2
Developing a voice of one's own	2
Difference (of each supervisory encounter)	
Differences (educational)	
Differences (in aptitude)	
Differences (in professional trainings)	
Differences (racial)	
Different ways of being brought up	
Different ways of being taught	2
Ease of being idealized	
Emotions as private things	
Enactments in supervision	
Essentialness of analytic frame	2
Essentialness of supervision	5
Establishing a frame	2
Facilitating 'in touch' contact	
Feeling but not identifying	
Feeling it's enough	2
Feeling it's not enough	3

Feelings being hard to bear	
Finding a comfortable way of being	
Finding one's authentic voice	2
Finding one's own voice over time	
Finding one's own way over time	
Finding one's self	
From particular to general understanding	
Getting into infant observation state of mind	
Getting to know (process)	
Holding in mind the external reality	
Hope for the future	
Idealization/denigration as threat to thinking	
Impact of covid pandemic	
Impact of the external	2
Individualized responses	
Intense personal experience	2
Internal/external tension	
Intrusion of too-muchness	2
Intrusive personal contact	
Knowing from experience	2
Learning from experience	2
Levels of contact	2
Levels of experience	
Levels of internal understanding	

Levels of understanding

Love for the work **3**

Meeting them where they're at

Memories of feeling exposed

Memories of help

Memories of supervision

(Mis)perceptions of difference

(Mis)perceptions of different generations **2**

Much-lessness **4**

Need for personal contact **2**

No threat of rejection

Observations are gold dust

Overwhelming demands **2**

Pain of being left behind

Parental relationships as difficult

Patient vs. supervisee **6**

Personal experience of supervision

Playful exploration of multi-dimensionality

Pleasure of different perspectives

Precious resources

Privilege (educational) 3

Privilege (of time) 3

Privilege of training 3

Reaching the emotional level 2

Receptiveness to communication

Relationship between supervision and analysis

Richness of different perspectives

Risk of greater experience

Risk of intellectual superiority 2

Risk of superiority

Risks of tackling (mis)perceptions

Safeguarding the setting 2

Safeguarding the supervisory encounter

Shared love for the work

Significance of things not said

The analytic couple

Theory implicit in analysis

Theory implicit in supervision

Things said and unsaid 2

Things seen and unseen

Time period

12

Too-muchness

4

Tuning in (to patient)

Tuning in (to supervisee)

Understanding being relieving

Uniqueness (of each supervisory encounter)

3

Uniqueness (of our training)

Uniqueness (of process note)

Work as analytic collaboration

Work as collaboration

Work of treading a fine line

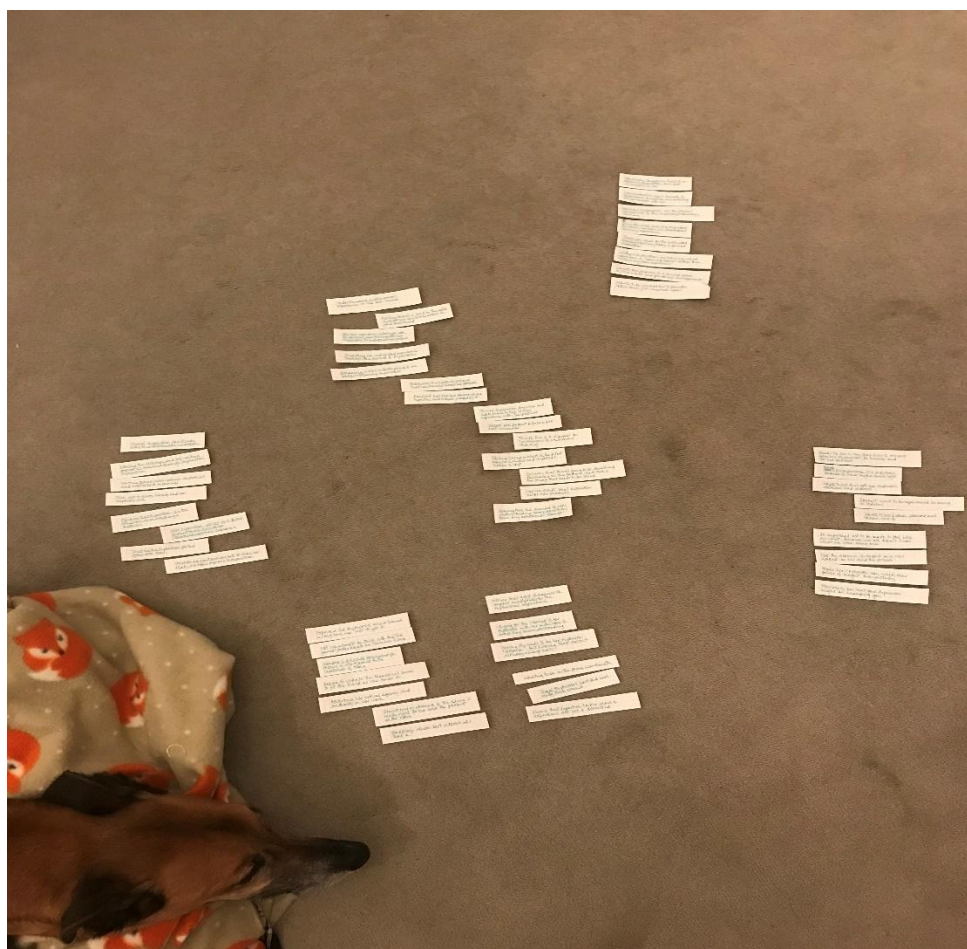
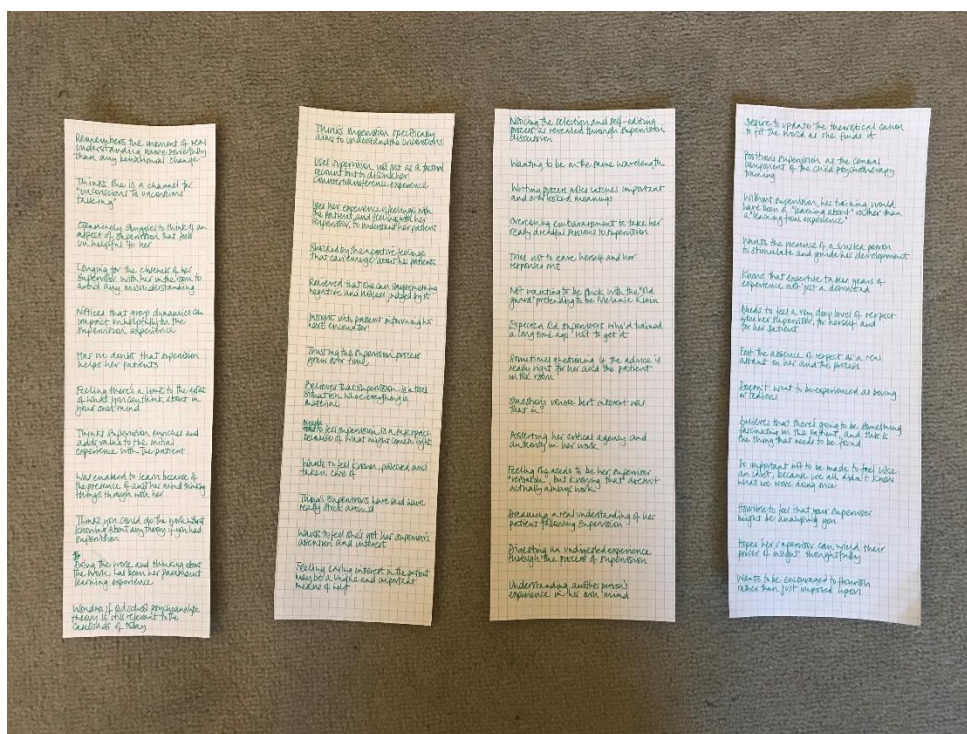
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Appendix 12 Example of Supervisee 1: Process of Clustering Experiential Statements into PETs



Appendix 13 Example of Personal Experiential Themes for Supervisee 2

Table of Personal Experiential Themes from Supervisee 2's Analysis

	Page/line	Quotes
Theme 1. Growing into her identity as a child psychotherapist through supervision		
<u>a): Developing her sense of her own capacity with the help of others</u>		
Initially felt very passive and dependent	3.13-15	<i>Starting the training you're like, I just don't know what I'm doing, please just tell me how to be a child psychotherapist</i>
Being helped to develop and deepen the skills you have	2.2-9	<i>You bring that to a very experienced psychanalytic psychotherapist... to really deepen your understanding and your skills</i>
Enriching to observe peers working differently and learn from others	32.15-16	<i>Seeing peers do things differently and going, Oh, I might try that...</i>
Finding her own words and developing her own language	3.24-26	<i>As time went on, I learnt how to find my own words which fitted the way I spoke</i>
Worries about her ongoing development without supervision	33.14-15	<i>Now I don't have it, how am I developing?</i>
<u>b): Growing into a sense of her unique professional identity</u>		
Feels the loss of supervision now the training has ended	1.4-9	<i>It's quite striking, I've just stopped... I can notice what I had</i>
Found that supervision is theory in a meaningful and alive sort of way	26.26-27	<i>Bringing together the detail and theory in a meaningful way... bringing it alive...</i>
Questions whether she would be a child psychotherapist without her supervision	31.17-19	<i>Without it, I wouldn't be able to do the job</i>
	33.9-18	<i>It's the whole foundation... I think without it you'd just be a nice lady in the room</i>
Theme 2. Enough of 'them' and enough of 'her': The challenge of balancing growing autonomy		
Bearing the elder's disappointment or frustration	7.7-10	<i>Wasn't able to fully do what she was asking me... I wasn't moving in the way she really wanted me to</i>
Finding a compromise that had enough of 'them' and enough of 'her'	7.1-3	<i>I couldn't actually take all of it up... I had to find my own way of doing it</i>
	4.6-8	<i>Close enough to what they were saying but close enough to my own voice</i>

Knowing how much voice (and agency) you have in supervision feels complicated	4.9-12	<i>No, I'm not going to say that... I only really managed to say that in 4th year</i>
Feels an anxiety about not knowing how to do supervision of others	22.3-4	<i>All I ended up doing was, what do I like about what my supervisors have done? I'll emulate that...</i>

Theme 3. Wanting to make an uncomfortable learning experience comfortable

a): Fantasies of a perfect fit

Wanting to find a good fit for her	9.3-27 9.16-17	<i>It felt really important that there was a really good fit Particularly helpful at the beginning to feel like the match was good</i>
Realising that 'comfortableness' feels safe but may be limiting	8.15-16 10.17-18	<i>Comfortableness which was helpful but maybe I didn't challenge... She challenged me to try out different things I might not have done instinctively</i>
Growing to tolerate degrees of discomfort as she went on	10.12-13 10.23-25 36.9-10	<i>I really valued later on having people who thought very differently I was grateful to have the different experience... I can take that now Sometimes it's things that are hardest that are most useful</i>

b): Painful worries about getting it wrong

Constantly feeling paranoid and preoccupied about doing it wrong	10.3 19.4-5 20.5 20.23-24	<i>Feeling most vulnerable at the beginning of the training Can at times feel fragile around being told you're not doing it right I wanted to do well and I always felt I was falling short I think there's a lack of that on the training, of, You're doing well, well done</i>
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c): Looking to "blame the teacher"

Differentiates between styles: technical teaching vs. staying with the emotional experience	2.22-26	<i>Some more technical... some stay much more with the emotional experience and trust more in the person finding their own way</i>
Frustration that teaching workshops follow the format of supervision, rather than doing it differently	29.3-5 29.27	<i>Some workshops function like a supervision group and I don't think that's helpful... There should be some taught concepts</i>

Wanting to be told how to get better in a way she can follow 20.20-21
20.1

*Tell me how to get better in a really clear, straightforward way
You could take this further if you say x, y and z*

Theme 4. Encouraging the gaze to go where it's needed for the sake of the patient

Avoided thinking about deadening, unbearable patient 12.7-9

Supervisor helpfully noticed, you never bring him, and I was able to acknowledge I was avoiding bringing him

Recognises same response of avoidance in mum as she had 14.1-2

[Mum] couldn't tolerate it and I think there was a repetition of me ignoring it

12.18-20

Agonising typing up, agonising to present, and helpful because she acknowledged how agonising it was to hear... it wasn't me

Going from not wanting to notice something to facing it full on 35.15-18

It doesn't allow you to look away... it gets to the heart of what's going on

14.5-6

By looking it right in the face and talking about it, something could shift

Noticing her growing interest enlivens her patient 13.1-4

Over time, I became more interested in him, and he went from smashing things to pieces to having more games

Theme 5. The rewards (and risks) of leaning on supervision

a): Rewards when it goes well

Being able to feel and notice the impact of something but not be overwhelmed by it 22.20-21
22.22-21.1

*Containing me enough to be emotionally present in the room
Projected really strongly into that I just felt flooded, like you're being bombarded*

25.23

It's only when you step away that it feels safer

Enabled by the supervision experience to return to the work with a new restored kind of life in her 23.13-14

Having that contained allowed me to go back into the room with a new kind of life in you

23.17-18

Being able to be a new, refreshed therapist because of supervision every time

23.15-17

Without it I wouldn't have had the emotional resources to keep going

Feels she's taken in something from her supervision and has built up something within herself 25.8-10

Having something to hold on to in those desperate moments, so it's not just you and them and chaos

26.4-6

	25.18-27	<i>Still felt chaotic but I just had more of a foundation because of all the supervision I'd taken in to me It gives you something to grip onto ... that framework in you</i>
<u>b): Risks of trusting to it when it's inadequate</u>		
Possibility of being left uncontained, unhelped, and just exposed	16.22-23	<i>Leaving it there... uncontained, unhelped, nothing added to it, just exposed</i>
Resentment at being short-changed and having her time wasted	16.10-12	<i>You'd spend an hour and a half typing something up to have five minutes reflecting on it, so you'd resent writing it up...</i>
Ultimately being invited to collude in a kind of sabotage of supervision	15.3-6 15.21	<i>When you're so busy, you might end up kind of colluding The power of a rota</i>

Appendix 14 Table of Group Experiential Themes for the Recently Qualified Trainees

		Page/line
Group Experiential Theme 1. Being helped to understand unconscious feelings, especially negative ones		
1a.	Avoidance and unconscious selection	
	SUPERVISEE <i>You might exclude things and not realise you're excluding it</i>	7.3
	1:	
	SUPERVISEE <i>Bringing process notes is helpful ... everything comes out</i>	7.15-17
	1:	
	SUPERVISEE <i>Everybody self-edits, but to try not to is helpful</i>	8.2-3
	1:	
	SUPERVISEE <i>Whether it's material from me or her, it's all material</i>	3.27-8
	1:	
	SUPERVISEE <i>Supervisor helpfully noticed, you never bring him, and I was able to acknowledge I was avoiding bringing him</i>	12.7-9
	2:	
	SUPERVISEE <i>[Mum] couldn't tolerate it and I think there was a repetition of me ignoring it</i>	14.1-2
	2:	
	SUPERVISEE <i>[Supervision] doesn't allow you to look away... it gets to the heart of what's going on</i>	35.15-18
	2:	
1b.	Having another mind to help understand something difficult	
	SUPERVISEE <i>What might be overlooked if you only ever thought in your own mind</i>	17.17-19
	1:	
	SUPERVISEE <i>Dialogue about counter-transference experience I've had and the supervisor is also having talking to me, as a tool for understanding</i>	1.7-10
	1:	
	SUPERVISEE <i>Only by digesting it with my supervisor could I really understand it</i>	13.11-13
	1:	
	SUPERVISEE <i>I could only dream it after having the supervision</i>	13.9-10
	1:	
	SUPERVISEE <i>It's another level, to re-experience things aided by another person</i>	17.27-18.5
	1:	

SUPERVISEE *You bring that to a very experienced psychoanalytic psychotherapist... to really deepen your understanding and your skills* 2.2-9
2:

1c. Allowing negative feelings

SUPERVISEE *It was really shocking to discover, I don't like this girl* 2.5-6
1:

SUPERVISEE *She wasn't going to be like, Oh, what a horrible therapist* 2.23-24
1:

SUPERVISEE *If we weren't interested, this boy wouldn't get any help* 5.28-6.1
1:

SUPERVISEE *Agonising typing up, agonising to present, and helpful because she acknowledged how agonising it was to hear... it wasn't me* 12.18-20
2:

SUPERVISEE *By looking at it right in the face and talking about it, something could shift* 14.5-6
2:

SUPERVISEE *Over time, I became more interested in him, and he went from smashing things to pieces to having more games* 13.1-4
2:

Group Experiential Theme 2. Feeling contained and supported, at the risk of being vulnerable

2a. The rewards when things go well

SUPERVISEE *Feeling a very deep level of respect for the patient and for me... that's been important* 23.1-11
1:

SUPERVISEE *Importance of having a safe space, feeling contained when you want to say something wacky or that paints you in a bad light* 4.6-13
1:

SUPERVISEE *Containing me enough to be emotionally present in the room* 22.20-21
2:

SUPERVISEE *Projected really strongly into that I just felt floored, like you're being bombarded* 22.22-23.1
2:

SUPERVISEE *It's only when you step away that it feels safer* 25.23
2:

SUPERVISEE *Having that contained allowed me to go back into the room with a new kind of life in you* 23.13-14
2:

SUPERVISEE *Being able to be a new, refreshed therapist because of supervision every time* 23.17-18
2:

SUPERVISEE	<i>Having something to hold on to in those desperate moments, so it's not just you and them and chaos</i>	25.8-10
2:		
SUPERVISEE	<i>Still felt chaotic but I just had more of a foundation because of all the supervision I'd taken in to me</i>	26.4-6
2:		
SUPERVISEE	<i>It gives you something to grip onto ... that framework in you</i>	25.18-27
2:		

2b. The dangers when things don't go well

SUPERVISEE	<i>Importance of never being made to feel like an idiot, everybody has been a first year trainee once... holding that</i>	24.14-25.20
1:	<i>balance of power thoughtfully</i>	
SUPERVISEE	<i>Thinking about you in a way that isn't becoming your therapist</i>	25.13-14
1:		
SUPERVISEE	<i>Leaving it there... uncontained, unhelped, nothing added to it, just exposed</i>	16.22-23
2:		
SUPERVISEE	<i>You'd spend an hour and a half typing something up to have five minutes reflecting on it, so you'd resent writing it</i>	16.10-12
2:	<i>up</i>	

Group Experiential Theme 3. Growing from dependence to greater autonomy

3a. Moving away from total reliance

SUPERVISEE	<i>If they could have sat next to me in the room, they could have seen it as well, we could have seen it together</i>	14.27-15.2
1:		
SUPERVISEE	<i>Written down verbatim what supervisor [said] and attempted to say it back to the patient</i>	11.17-19
1:		
SUPERVISEE	<i>Starting the training you're like, I just don't know what I'm doing, please just tell me how to be a child</i>	3.13-15
2:	<i>psychotherapist</i>	
SUPERVISEE	<i>Feeling most vulnerable at the beginning of the training</i>	10.3
2:		
SUPERVISEE	<i>Can at times feel fragile around being told you're not doing it right</i>	19.4-5
2:		
SUPERVISEE	<i>I wanted to do well and I always felt I was falling short</i>	20.5
2:		
SUPERVISEE	<i>I think there's a lack of that on the training, of, You're doing well, well done</i>	20.23-24
2:		

	SUPERVISEE	<i>There should be some taught concepts</i>	29.27
	2:		
	SUPERVISEE	<i>Tell me how to get better in a really clear, straightforward way</i>	20.20-21
	2:		
	SUPERVISEE	<i>You could take this further if you say x, y and z</i>	20.1
	2:		
	SUPERVISEE	<i>Encouraging something in the trainee to flourish rather than putting it in there where it could just rattle around</i>	26.1-4
	1:		
3b.		Finding your own way, even if it means frustrating the “supervisor parent”	
	SUPERVISEE	<i>Often questioning, is this really right for me and her in the room</i>	9.18-19
	1:		
	SUPERVISEE	<i>I’m the one sitting in the room with this girl</i>	10.23-24
	1:		
	SUPERVISEE	<i>Seeing peers do things differently and going, Oh, I might try that...</i>	32.15-16
	2:		
	SUPERVISEE	<i>As time went on, I learnt how to find my own words that fitted the way I spoke</i>	3.24-26
	2:		
	SUPERVISEE	<i>Wasn’t able to fully do what she was asking me... I wasn’t moving in the way she really wanted me to</i>	7.7-10
	2:		
	SUPERVISEE	<i>I couldn’t actually take all of it up... I had to find my own way of doing it</i>	7.1-3
	2:		
	SUPERVISEE	<i>Close enough to what they were saying but close enough to my own voice</i>	4.6-8
	2:		
	SUPERVISEE	<i>Some more technical... some stay much more with the emotional experience and trust more in the person finding their own way [different styles of parenting]</i>	2.22-26
	2:		
Group Experiential Theme 4. From wanting to feel the same to tolerating more difference			
4a.		Reassuring illusions of sameness	
	SUPERVISEE	<i>As involved as I am... she was so invested in the way I was</i>	5.13-19
	1:		
	SUPERVISEE	<i>[Group supervision] not such an intimate one-to-one experience, it falls back to them and us</i>	16.19-22
	1:		

	SUPERVISEE	<i>The amount of times I've said something and we're on the same wavelength</i>	7.8-13
	1:		
	SUPERVISEE	<i>It felt really important that there was a really good fit</i>	9.3-27
	2:		
	SUPERVISEE	<i>Particularly helpful at the beginning to feel like the match was good</i>	9.16-17
	2:		
4b.		Feelings about difference and the potential to challenge	
	SUPERVISEE	<i>I would absolutely not have said that out loud in the first year</i>	3.6-7
	1:		
	SUPERVISEE	<i>Brilliant minds but possibly working in different times</i>	8.19
	1:		
	SUPERVISEE	<i>Very different caseloads than when our supervisors were trainees</i>	20.17-18
	1:		
	SUPERVISEE	<i>It felt like they had adapted... we weren't pretending to be Melanie Klein, that was a bit of my pre-conception</i>	8.22-9.3
	1:		
	SUPERVISEE	<i>No, I'm not going to say that... I only really managed to say that in 4th year</i>	4.9-12
	2:		
	SUPERVISEE	<i>Comfortableness which was helpful but maybe I didn't challenge...</i>	8.15-16
	2:		
	SUPERVISEE	<i>She challenged me to try out different things I might not have done instinctively</i>	10.17-18
	2:		
	SUPERVISEE	<i>I really valued later on having people who thought very differently</i>	10.12-13
	2:		
	SUPERVISEE	<i>I was grateful to have the different experience... I can take that now</i>	10.23-25
	2:		
	SUPERVISEE	<i>Sometimes it's things that are hardest that are most useful</i>	36.9-10
	2:		
Group Experiential Theme 5. Formative experience of the professional training			
5a.		Provides a "learning from" experience, rather than "learning about"	
	SUPERVISEE	<i>It's how you construct a sense of what psychotherapy actually is, or what children are... I don't think you could do</i>	21.15-18
	1:	<i>that just reading a book</i>	

SUPERVISEE	<i>What do I like about what my supervisors have done? I'll emulate that</i>	22.3-4
2:		
SUPERVISEE	<i>Bringing together the detail and the theory in a meaningful way... bringing it alive</i>	26.26-27
2:		
5b.	Centrality of supervision to the work	
SUPERVISEE	<i>The experience of the work and thinking about the work is paramount</i>	19.11-12
1:		
SUPERVISEE	<i>You could do this work without knowing any theory if you had supervision because theory just gives stuff names, it's</i>	19.13-16
1:	<i>the experience of it that's important</i>	
SUPERVISEE	<i>Without it I wouldn't be able to do the job</i>	31.17-19
2:		
SUPERVISEE	<i>It's the whole foundation... I think without it you'd just be a nice lady in the room</i>	33.9-18
2:		
SUPERVISEE	<i>Without it I wouldn't have had the emotional resources to keep going</i>	23.15-17
2:		

Appendix 15 Table of Group Experiential Themes for the Experienced Supervisors

		Page/line
Group Experiential Theme 1. Helping an emotional experience be understood		
1a.	Working with the therapist	
	SUPERVISOR 1: <i>However much it's a work-based focus and we might think the primary task is obvious, the primary task is a complicated one</i>	4.13-15
	SUPERVISOR 1: <i>Emotional responses, private emotional responses... that's what you've got to reach</i>	9.12-20
	SUPERVISOR 1: <i>I discover what the aim in any particular supervision is once I've got to know the person and their case, and those might be going in two different directions</i>	1.25-2.3
	SUPERVISOR 1: <i>You have to work with what's happened and why that is, and take it from there</i>	21.14-15
	SUPERVISOR 1: <i>Feeling oneself to be understood as well as being helped to understand the patient</i>	20.24-26
	SUPERVISOR 2: <i>It is so emotionally engaging, the work we do</i>	17.8-9
	SUPERVISOR 2: <i>It's not easy to kiss frogs and you might have to wait a long time for miraculous changes in the patient, it isn't always a fairy-tale</i>	6.3-6
	SUPERVISOR 2: <i>What I would like to do is make the person who is presenting more interested and more curious</i>	4.5-7
	SUPERVISOR 2: <i>Important task to pay attention to what derives from the chemistry between the patient and the therapist, and not to trespass into something that has to do with personal issues of the student</i>	6.12-17
	SUPERVISOR 2: <i>I am much more trying to understand this case than addressing the way the person is working, I keep that as a very secondary aspect</i>	2.11-14
	SUPERVISOR 1: <i>Supervision brings out very, very intense feelings in supervisees</i>	4.9-10
1b.	Working with the patient	
	SUPERVISOR 1: <i>Only when there was some space afterwards and somebody else to talk to about it, being able to see what had happened</i>	11.13-15
	SUPERVISOR 1: <i>For the patient to feel understood is what they want more than anything else in the world</i>	7.15-16
	SUPERVISOR 1: <i>I would be aiming to help the supervisee to be in touch with their patient, to understand their patient's communications...</i>	2.4-6
	SUPERVISOR 1: <i>To feel open to the communication that is actually taking place, to garner what the observational evidence is...</i>	8.13-15
	SUPERVISOR 2: <i>It involves a journey into what could be the meaning of a certain behaviour</i>	18.8-10
	SUPERVISOR 2: <i>One is really attentive... trying to get to know better, to make a journey with the patient</i>	18.3-5

- SUPERVISOR 2: *The patient feels better understood and feels mother and father have been talking together about him* 16.6-8
- SUPERVISOR 2: *I am surprised by the number of times a student has told me the patient said, You've been talking with somebody about me* 15.23-25

Group Experiential Theme 2. Supporting authentic growth

2a. Making a clinician

- SUPERVISOR 1: *The making of a clinician... from the same fundamental framework where emotionality and the importance of the unconscious is allowed for* 23.8-14
- SUPERVISOR 2: *I establish a dialogue so that, you know, we talk* 3.16
- SUPERVISOR 1: *You work all the time with the assumption that the analyst is at work with the patient and that the patient is at work with the analyst* 4.7-9
- SUPERVISOR 2: *If you take on a judgemental attitude, you just start getting presentations that are manipulated and are not truthful* 3.22-24

2b. Finding a voice of their own

- SUPERVISOR 1: *Developing a particular individual voice... a voice of their own* 16.23-28
- SUPERVISOR 1: *You really want people to actually talk from themselves and talk to this particular patient about a particular moment* 17.19-21
- SUPERVISOR 1: *That is one of the worst things, when you hear yourself being parroted or when you can hear they're just spouting somebody else* 17.26-18.2
- SUPERVISOR 2: *I try not to give a script that would be recited just to please me* 14.24-25

2c. Respecting pace and not getting too invested

- SUPERVISOR 1: *It's difficult not to be delighted and enthusiastic about people who have got it and make other people feel that they haven't and left behind* 14.8-10
- SUPERVISOR 1: *I go too quickly sometimes, I think my mind is quite quick, I've been doing this for a long time... it makes people feel left behind and they haven't got it... I think I talk too much* 13.16-21
- SUPERVISOR 1: *You never really know about this particular patient-therapist pair except by being with it and finding out, so the too muchness from elsewhere is a danger when you've been a bit long in the tooth* 13.24-28
- SUPERVISOR 1: *Find some way to be there when one is needed but not too much* 5.1-2

Group Experiential Theme 3. Bearing the patient's negative transference, and sharing the negative counter-transference

- SUPERVISOR 1: *The hardest thing within psychoanalytic work with patients... is for the therapist to bear the negative transference* 7.25-28

SUPERVISOR 1:	<i>You can help the supervisee to see how they are seen by the patient, which might be very negative, without feeling that they actually <u>are</u> very negative</i>	8.1-4
SUPERVISOR 2:	<i>I think at times patients evoke very strong feelings of hatred</i>	4.23-24
SUPERVISOR 2:	<i>Not to make the student feel they [should] feel like hugging a child because one really doesn't feel that way</i>	5.6-8
SUPERVISOR 2:	<i>I said if I were you, I would find it a bit difficult to love this child</i>	5.2-4
SUPERVISOR 2:	<i>I use my once-removed counter-transference... the patient was trying to make himself unloveable, we had to understand that, but I had to acknowledge that he was unloveable to me as well</i>	6.23-24-7.1-4
SUPERVISOR 2:	<i>To try and understand together why some children seem to have a great capacity, if they haven't been very loveable and very likeable maybe as babies...</i>	5.8-11
SUPERVISOR 2:	<i>I think [I felt helpful] in cases where I managed myself to perceive that there was something appealing and likeable in a not very likeable patient, and I managed to share it with a supervisee</i>	9.21-24
SUPERVISOR 2:	<i>When a combined effort of the student's and mine to find something likeable even in the frog, so that it was possible for the frog to be kissed... I think did the frog a lot of good</i>	12.15-18

Group Experiential Theme 4. Resisting the therapist's negative (and positive) transference

4a.	Avoiding a strong positive transference	
SUPERVISOR 1:	<i>It's a bit easy for an experienced supervisor like me to be idealized</i>	12.15-16
SUPERVISOR 1:	<i>Trapped in the position of being actually not understanding because of being put in a superior position</i>	12.20-21
4b.	Avoiding a strong negative transference	
SUPERVISOR 1:	<i>I don't think I am persecuting... whereas I certainly do know supervisors who are felt to be very persecuting</i>	13.8-11
SUPERVISOR 1:	<i>Or to join up with a patient-aspect of the therapist to jointly complain, and then you miss what you actually can do</i>	12.21-25
SUPERVISOR 2:	<i>I like two process notes, so I'm very demanding</i>	7.25
SUPERVISOR 2:	<i>Really being very careful in not being in any way judgemental, even if I feel the technique could have been better used</i>	2.17-19
SUPERVISOR 2:	<i>It is important for group dynamics that we're not assessing, really only putting our heads together to try and understand</i>	2.20-23
SUPERVISOR 2:	<i>Important for supervisors to also have occasions to meet... that can be particularly helpful in discovering that one might have some judgemental aspects in one's approach that one is not aware of</i>	18.25-19.5
SUPERVISOR 1:	<i>I do have these memories both of tremendous help from supervisors but also things that were too exposing as an experience in supervision</i>	4.26-28

Group Experiential Theme 5. Being open to difference and learning from an experience with the trainee

SUPERVISOR 2:	<i>You start with the experience to go to a hypothesis, rather than pushing the experiences into the hypothesis</i>	2.1-3
SUPERVISOR 2:	<i>I try not to be too dogmatic</i>	4.11
SUPERVISOR 2:	<i>As a reaction to the fact that many supervisors considered this idea the super-, over the other, I made a pun and wrote under- vision</i>	1.12-15
SUPERVISOR 2:	<i>I make my hypothesis clear, but if that is in contrast with a way of thinking in the student, I try to make links between different ways of looking at things</i>	14.15-19
SUPERVISOR 2:	<i>For me, working with the transference is an essential... when an essential ingredient is in contrast then I think I can't be a good supervisor</i>	15.2-5
SUPERVISOR 2:	<i>I think the student was more sensitive [to] this patient of hers than I was</i>	12.1-3
SUPERVISOR 2:	<i>The student helped me in a way to modify my attitude</i>	11.24-25
SUPERVISOR 2:	<i>I think my technique changed, changed ages ago</i>	12.6-7
SUPERVISOR 1:	<i>Over time, I've felt that all the teaching I've done... all of them have become a little bit looser in terms of my supervisory technique</i>	5.14-17

Group Experiential Theme 6. Value of supervision as a learning experience on the training

SUPERVISOR 2:	<i>Supervision is an opportunity to put your head together with someone else...</i>	15.19-20
SUPERVISOR 1:	<i>Gives a sense of development over time, which is incredibly important</i>	22.24-25
SUPERVISOR 2:	<i>I won't say something didactic but I will between the lines very often quote Bion, Segal...</i>	12.28-13.3
SUPERVISOR 2:	<i>In my opinion, theory is better assimilated when it is assimilated through finding it useful to understand a case</i>	13.8-10
SUPERVISOR 2:	<i>Make the material more understandable on the basis of ideas, not just theories but ideas</i>	13.18-19
SUPERVISOR 1:	<i>I felt I learned the most from supervision, by far</i>	18.9-10
SUPERVISOR 1:	<i>A deep experience of what it is to feel contained, I would say that comes from individual supervision more than anything else</i>	16.11-13
SUPERVISOR 1:	<i>The sort of theory that's implicit in good supervision and a deep experience of analysis is the kind of theory that I really rate the most high</i>	18.20-22
SUPERVISOR 1:	<i>The really close detail of both what's said but also all that's observed is absolutely gold dust within work with children and adolescents... the amount of time that people have to spend writing process notes in the training is really, really worth it</i>	21.28-22.4



Group Experiential Theme 7. Ongoing experience of supervision

- SUPERVISOR 1: *I remember my own [supervision] with dramatic intensity* 4.10-12
- SUPERVISOR 1: *It's unforgettable, really unforgettable I think [parallel process to patients? You never forget your parents/therapist/supervisor]* 23.3
- SUPERVISOR 1: *When I qualified, I mean the idea that there wouldn't be groups all the time, taking place all the time discussing our work was completely heart-breaking* 15.7-9
- SUPERVISOR 1: *I went on having supervision all my life, I still do. And I don't actually think it's possible to do psychoanalytic work unless you do* 16.4-6
- SUPERVISOR 1: *I'm probably more able to think about these different layers than when I first started* 2.19-21

Appendix 16 Table of Cross-Group Group Experiential Themes

			Page/line
Group Experiential Theme 1. Understanding an unconscious emotional experience			
1a.	A process that aims to catch the whole experience		
	SUPERVISOR 1:	<i>Emotional responses, private emotional responses... that's what you've got to reach</i>	9.12-20
	SUPERVISEE 1:	<i>Bringing process notes is helpful ... everything comes out</i>	7.15-17
	SUPERVISEE 1:	<i>You might exclude things and not realise you're excluding it</i>	7.3
	SUPERVISEE 2:	<i>Supervisor helpfully noticed, you never bring him, and I was able to acknowledge I was avoiding bringing him</i>	12.7-9
	SUPERVISEE 1:	<i>Everybody self-edits, but to try not to is helpful</i>	8.2-3
	SUPERVISEE 2:	<i>[Supervision] doesn't allow you to look away... it gets to the heart of what's going on</i>	35.15-18
1b.	Getting to an understanding		
	SUPERVISOR 2:	<i>I am much more trying to understand this case than addressing the way the person is working, I keep that as a very secondary aspect</i>	2.11-14
	SUPERVISOR 1:	<i>I would be aiming to help the supervisee to be in touch with their patient, to understand their patient's communications...</i>	2.4-6
	SUPERVISOR 2:	<i>It involves a journey into what could be the meaning of a certain behaviour</i>	18.8-10
	SUPERVISOR 2:	<i>What I would like to do is make the person who is presenting more interested and more curious</i>	4.5-7
	SUPERVISOR 1:	<i>To feel open to the communication that is actually taking place, to garner what the observational evidence is...</i>	8.13-15
	SUPERVISOR 2:	<i>One is really attentive... trying to get to know better, to make a journey with the patient</i>	18.3-5
	SUPERVISEE 1:	<i>Only by digesting it with my supervisor could I really understand it</i>	13.11-13
	SUPERVISEE 1:	<i>I could only dream it after having the supervision</i>	13.9-10
	SUPERVISOR 1:	<i>For the patient to feel understood is what they want more than anything else in the world</i>	7.15-16
	SUPERVISEE 1:	<i>If we weren't interested, this boy wouldn't get any help</i>	5.28-6.1

	SUPERVISEE 2:	<i>Over time, I became more interested in him, and he went from smashing things to pieces to having more games</i>	13.1-4
1c.	Confusion and boundaries around who the patient is		
		<i>[find: slips]</i>	
	SUPERVISEE 1:	<i>Whether it's material from me or her, it's all material</i>	3.27-8
	SUPERVISOR 1:	<i>I discover what the aim in any particular supervision is once I've got to know the person and their case, and those might be going in two different directions</i>	1.25-2.3
	SUPERVISOR 1:	<i>Supervision brings out very, very intense feelings in supervisees... [you get a lot of enactments in supervision]</i>	4.9-10
	SUPERVISEE 1:	<i>Feeling a very deep level of respect for the patient and for me... that's been important</i>	23.1-11
	SUPERVISOR 1:	<i>Feeling oneself to be understood as well as being helped to understand the patient</i>	20.24-26
	SUPERVISOR 2:	<i>Important task to pay attention to what derives from the chemistry between the patient and the therapist, and not to trespass into something that has to do with personal issues of the student</i>	6.12-17
	SUPERVISEE 1:	<i>Thinking about you in a way that isn't becoming your therapist</i>	25.13-14
	SUPERVISOR 1:	<i>Or to join up with a patient-aspect of the therapist to jointly complain, and then you miss what you actually can do</i>	12.21-25
	SUPERVISEE 1:	<i>Importance of having a safe space, feeling contained when you want to say something wacky or that paints you in a bad light</i>	4.6-13
	SUPERVISOR 1:	<i>I do have these memories both of tremendous help from supervisors but also things that were too exposing as an experience in supervision</i>	4.26-28
Group Experiential Theme 2. Using another person for help and support			
2a.	Seeking and providing a space for containment		
	SUPERVISOR 1:	<i>A deep experience of what it is to feel contained, I would say that comes from individual supervision more than anything else</i>	16.11-13
	SUPERVISEE 2:	<i>Containing me enough to be emotionally present in the room</i>	22.20-21
	SUPERVISEE 2:	<i>Projected really strongly into that I just felt floored, like you're being bombarded</i>	22.22-23.1
	SUPERVISEE 2:	<i>It's only when you step away that it feels safer</i>	25.23
	SUPERVISOR 1:	<i>Only when there was some space afterwards and somebody else to talk to about it, being able to see what had happened</i>	11.13-15

	SUPERVISEE 2:	<i>Having that contained allowed me to go back into the room with a new kind of life in you</i>	23.13-14
	SUPERVISEE 2:	<i>Being able to be a new, refreshed therapist because of supervision every time</i>	23.17-18
2b.	Another person as a reflective “third”		
	SUPERVISEE 1:	<i>What might be overlooked if you only ever thought in your own mind</i>	17.17-19
	SUPERVISOR 2:	<i>Supervision is an opportunity to put your head together with someone else...</i>	15.19-20
	SUPERVISEE 2:	<i>You bring that to a very experienced psychoanalytic psychotherapist... to really deepen your understanding and your skills</i>	2.2-9
	SUPERVISEE 1:	<i>It's another level, to re-experience things aided by another person</i>	17.27-18.5
	SUPERVISOR 2:	<i>The patient feels better understood and feels mother and father have been talking together about him</i>	16.6-8
	SUPERVISOR 2:	<i>I am surprised by the number of times a student has told me the patient said, You've been talking with somebody about me</i>	15.23-25
2c.	Risking vulnerability		
	SUPERVISEE 1:	<i>Importance of never being made to feel like an idiot, everybody has been a first year trainee once... holding that balance of power thoughtfully</i>	24.14-25.20
	SUPERVISEE 2:	<i>You'd spend an hour and a half typing something up to have five minutes reflecting on it, so you'd resent writing it up</i>	16.10-12
	SUPERVISEE 2:	<i>Leaving it there... uncontained, unhelped, nothing added to it, just exposed</i>	16.22-23
	SUPERVISOR 1:	<i>I go too quickly sometimes, I think my mind is quite quick, I've been doing this for a long time... it makes people feel left behind and they haven't got it... I think I talk too much</i>	13.16-21
	SUPERVISOR 1:	<i>It's difficult not to be delighted and enthusiastic about people who have got it and make other people feel that they haven't and left behind</i>	14.8-10
Group Experiential Theme 3. Working with negative feelings			
3a.	In the relationship between the patient and the therapist		
	SUPERVISOR 1:	<i>The hardest thing within psychoanalytic work with patients... is for the therapist to bear the negative transference</i>	7.25-28

	SUPERVISOR 1:	<i>You can help the supervisee to see how they are seen by the patient, which might be very negative, without feeling that they actually <u>are</u> very negative</i>	8.1-4
	SUPERVISOR 2:	<i>Not to make the student feel they [should] feel like hugging a child because one really doesn't feel that way</i>	5.6-8
	SUPERVISEE 2:	<i>[Mum] couldn't tolerate it and I think there was a repetition of me ignoring it</i>	14.1-2
	SUPERVISOR 2:	<i>I think at times patients evoke very strong feelings of hatred</i>	4.23-24
	SUPERVISEE 1:	<i>It was really shocking to discover, I don't like this girl</i>	2.5-6
	SUPERVISOR 2:	<i>I said if I were you, I would find it a bit difficult to love this child</i>	5.2-4
	SUPERVISEE 2:	<i>Agonising typing up, agonising to present, and helpful because she acknowledged how agonising it was to hear... it wasn't me</i>	12.18-20
	SUPERVISEE 1:	<i>She wasn't going to be like, Oh, what a horrible therapist</i>	2.23-24
	SUPERVISOR 2:	<i>I use my once-removed counter-transference... the patient was trying to make himself unloveable, we had to understand that, but I had to acknowledge that he was unloveable to me as well</i>	6.23-24-7.1-4
	SUPERVISEE 1:	<i>Dialogue about counter-transference experience I've had and the supervisor is also having talking to me, as a tool for understanding</i>	1.7-10
	SUPERVISOR 2:	<i>To try and understand together why some children seem to have a great capacity, if they haven't been very loveable and very likeable maybe as babies...</i>	5.8-11
	SUPERVISEE 2:	<i>By looking at it right in the face and talking about it, something could shift</i>	14.5-6
	SUPERVISOR 2:	<i>I think [I felt helpful] in cases where I managed myself to perceive that there was something appealing and likeable in a not very likeable patient, and I managed to share it with a supervisee</i>	9.21-24
	SUPERVISOR 2:	<i>When a combined effort of the student's and mine to find something likeable even in the frog, so that it was possible for the frog to be kissed... I think did the frog a lot of good</i>	12.15-18
3b.	In the relationship between the supervisor and the supervisee		
	SUPERVISOR 1:	<i>It's a bit easy for an experienced supervisor like me to be idealized</i>	12.15-16
	SUPERVISOR 1:	<i>Trapped in the position of being actually not understanding because of being put in a superior position</i>	12.20-21
	SUPERVISOR 1:	<i>I don't think I am persecuting... whereas I certainly do know supervisors who are felt to be very persecuting</i>	13.8-11

	SUPERVISEE 2:	<i>Can at times feel fragile around being told you're not doing it right</i>	19.4-5
	SUPERVISOR 2:	<i>I like two process notes, so I'm very demanding</i>	7.25
	SUPERVISOR 2:	<i>Really being very careful in not being in any way judgemental, even if I feel the technique could have been better used</i>	2.17-19
	SUPERVISOR 2:	<i>It is important for group dynamics that we're not assessing, really only putting our heads together to try and understand</i>	2.20-23
	SUPERVISOR 2:	<i>Important for supervisors to also have occasions to meet... that can be particularly helpful in discovering that one might have some judgemental aspects in one's approach that one is not aware of</i>	18.25-19.5
	SUPERVISEE 2:	<i>I wanted to do well and I always felt I was falling short</i>	20.5
	SUPERVISEE 2:	<i>I think there's a lack of that on the training, of, You're doing well, well done</i>	20.23-24
Group Experiential Theme 4. Growing up and finding one's own way			
4a.	Conceived in thought		
	SUPERVISOR 1:	<i>The making of a clinician... from the same fundamental framework where emotionality and the importance of the unconscious is allowed for</i>	23.8-14
	SUPERVISOR 1:	<i>You work all the time with the assumption that the analyst is at work with the patient and that the patient is at work with the analyst</i>	4.7-9
4b.	Starting out from total reliance		
	SUPERVISEE 2:	<i>Feeling most vulnerable at the beginning of the training</i>	10.3
	SUPERVISEE 1:	<i>If they could have sat next to me in the room, they could have seen it as well, we could have seen it together</i>	14.27-15.2
	SUPERVISEE 1:	<i>Written down verbatim what supervisor [said] and attempted to say it back to the patient</i>	11.17-19
	SUPERVISEE 2:	<i>Starting the training you're like, I just don't know what I'm doing, please just tell me how to be a child psychotherapist</i>	3.13-15
	SUPERVISEE 2:	<i>Tell me how to get better in a really clear, straightforward way</i>	20.20-21
	SUPERVISEE 2:	<i>You could take this further if you say x, y and z</i>	20.1
4c.	Developing one's own authentic way		
	SUPERVISEE 1:	<i>Often questioning, is this really right for me and her in the room</i>	9.18-19
	SUPERVISEE 1:	<i>I'm the one sitting in the room with this girl</i>	10.23-24

	SUPERVISEE 2:	<i>Seeing peers do things differently and going, Oh, I might try that...</i>	32.15-16
	SUPERVISOR 2:	<i>If you take on a judgemental attitude, you just start getting presentations that are manipulated and are not truthful</i>	3.22-24
	SUPERVISEE 2:	<i>I couldn't actually take all of it up... I had to find my own way of doing it</i>	7.1-3
	SUPERVISEE 1:	<i>Encouraging something in the trainee to flourish rather than putting it in there where it could just rattle around</i>	26.1-4
4d.	A voice of one's own		
	SUPERVISOR 1:	<i>Developing a particular individual voice... a voice of their own</i>	16.23-28
	SUPERVISEE 2:	<i>As time went on, I learnt how to find my own words that fitted the way I spoke</i>	3.24-26
	SUPERVISOR 1:	<i>You really want people to actually talk from themselves and talk to this particular patient about a particular moment</i>	17.19-21
	SUPERVISOR 2:	<i>I try not to give a script that would be recited just to please me</i>	14.24-25
	SUPERVISOR 1:	<i>That is one of the worst things, when you hear yourself being parroted or when you can hear they're just spouting somebody else</i>	17.26-18.2
4e.	Frustrating the "parent supervisor"		
		<i>[find: could have been one of my mum's friends]</i>	
	SUPERVISEE 1:	<i>I would absolutely not have said that out loud in the first year</i>	3.6-7
	SUPERVISEE 2:	<i>Wasn't able to fully do what she was asking me... I wasn't moving in the way she really wanted me to</i>	7.7-10
	SUPERVISEE 2:	<i>No, I'm not going to say that... I only really managed to say that in 4th year</i>	4.9-12
		<i>[find: seeking out something very different from the old women – role of male supervisors]</i>	
4f.	Achieving compromise		
	SUPERVISEE 2:	<i>Close enough to what they were saying but close enough to my own voice</i>	4.6-8
	SUPERVISOR 1:	<i>Find some way to be there when one is needed but not too much</i>	5.1-2
Group Experiential Theme 5. The learning experience as an attitude towards difference			
5a.	Reality of difference		

	SUPERVISEE 1:	<i>Brilliant minds but possibly working in different times</i>	8.19
	SUPERVISEE 1:	<i>Very different caseloads than when our supervisors were trainees</i>	20.17-18
	SUPERVISOR 2:	<i>For me, working with the transference is an essential... when an essential ingredient is in contrast then I think I can't be a good supervisor</i>	15.2-5
	SUPERVISOR 2:	<i>I make my hypothesis clear, but if that is in contrast with a way of thinking in the student, I try to make links between different ways of looking at things</i>	14.15-19
		<i>[find: I don't know what they're talking about... difference]</i>	
5b.	Reassuring illusions of sameness		
	SUPERVISEE 1:	<i>As involved as I am... she was so invested in the way I was</i>	5.13-19
	SUPERVISEE 1:	<i>The amount of times I've said something and we're on the same wavelength</i>	7.8-13
	SUPERVISEE 2:	<i>It felt really important that there was a really good fit</i>	9.3-27
	SUPERVISEE 2:	<i>Particularly helpful at the beginning to feel like the match was good</i>	9.16-17
	SUPERVISEE 1:	<i>[Group supervision] not such an intimate one-to-one experience, it falls back to them and us</i>	16.19-22
	SUPERVISEE 2:	<i>Comfortableness which was helpful but maybe I didn't challenge...</i>	8.15-16
5c.	Increasing openness to the challenge of new ideas		
	SUPERVISEE 1:	<i>It felt like they had adapted... we weren't pretending to be Melanie Klein, that was a bit of my pre-conception</i>	8.22-9.3
	SUPERVISEE 2:	<i>She challenged me to try out different things I might not have done instinctively</i>	10.17-18
	SUPERVISEE 2:	<i>I really valued later on having people who thought very differently</i>	10.12-13
	SUPERVISEE 2:	<i>I was grateful to have the different experience... I can take that now</i>	10.23-25
	SUPERVISEE 2:	<i>Sometimes it's things that are hardest that are most useful</i>	36.9-10
	SUPERVISOR 2:	<i>I think the student was more sensitive [to] this patient of hers than I was</i>	12.1-3
	SUPERVISOR 2:	<i>The student helped me in a way to modify my attitude</i>	11.24-25
	SUPERVISOR 2:	<i>I think my technique changed, changed ages ago</i>	12.6-7
Group Experiential Theme 6. Feelings about the centrality and legacy of the experience			
6a.	Formative role in the training		

	SUPERVISOR 1:	<i>The really close detail of both what's said but also all that's observed is absolutely gold dust within work with children and adolescents... the amount of time that people have to spend writing process notes in the training is really, really worth it</i>	21.28-22.4
	SUPERVISEE 1:	<i>It's how you construct a sense of what psychotherapy actually is, or what children are... I don't think you could do that just reading a book</i>	21.15-18
	SUPERVISEE 2:	<i>Bringing together the detail and the theory in a meaningful way... bringing it alive</i>	26.26-27
	SUPERVISOR 2:	<i>In my opinion, theory is better assimilated when it is assimilated through finding it useful to understand a case</i>	13.8-10
	SUPERVISOR 1:	<i>The sort of theory that's implicit in good supervision and a deep experience of analysis is the kind of theory that I really rate the most high</i>	18.20-22
	SUPERVISOR 2:	<i>Make the material more understandable on the basis of ideas, not just theories but ideas</i>	13.18-19
	SUPERVISEE 1:	<i>The experience of the work and thinking about the work is paramount</i>	19.11-12
	SUPERVISEE 1:	<i>You could do this work without knowing any theory if you had supervision because theory just gives stuff names, it's the experience of it that's important</i>	19.13-16
	SUPERVISEE 2:	<i>It's the whole foundation... I think without it you'd just be a nice lady in the room</i>	33.9-18
	SUPERVISOR 1:	<i>I felt I learned the most from supervision, by far</i>	18.9-10
6b.	Lasting impact of an ongoing experience		
	SUPERVISOR 1:	<i>I remember my own [supervision] with dramatic intensity</i>	4.10-12
	SUPERVISOR 1:	<i>It's unforgettable, really unforgettable I think [parallel process to patients? You never forget your parents/therapist/supervisor]</i>	23.3
	SUPERVISOR 1:	<i>Gives a sense of development over time, which is incredibly important</i>	22.24-25
	SUPERVISEE 2:	<i>Still felt chaotic but I just had more of a foundation because of all the supervision I'd taken in to me</i>	26.4-6
	SUPERVISEE 2:	<i>It gives you something to grip onto ... that framework in you</i>	25.18-27
	SUPERVISEE 2:	<i>Having something to hold on to in those desperate moments, so it's not just you and them and chaos</i>	25.8-10
	SUPERVISEE 2:	<i>Without it I wouldn't have had the emotional resources to keep going</i>	23.15-17
	SUPERVISEE 2:	<i>Without it I wouldn't be able to do the job</i>	31.17-19

	SUPERVISOR 1:	<i>I went on having supervision all my life, I still do. And I don't actually think it's possible to do psychoanalytic work unless you do</i>	16.4-6

Appendix 17 Mapping Findings themes against Literature Review themes

