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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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Abstract

Supervision is a process employed by health professions with the general aim of resourcing and educating workers and protecting clients. The purpose of this study was to uncover the meaning of supervision for mental health support workers (MHSW) in Aotearoa/New Zealand. Mental health support work is a non-clinical role, the aim of which is to support people who are or have been experiencing mental illness or disability. It is based on a philosophy of 'recovery' which aims to empower mental health service users and enhance their sense of personal agency. Four people employed as MHSW were interviewed both individually and in groups about their experiences of receiving supervision. Transcripts of the interviews were interpreted using a critical hermeneutic methodology.

Critical hermeneutics is informed by critical social theory and is concerned with uncovering the implicit and explicit power dynamics embedded within social relationships and structures. Critical social theory proposes that reality is socially constructed and that this construction occurs through dialogue. That notion is incorporated into this study by considering the impact of the inquiry on the participants and the researcher and the contribution to the evolving traditions of MHSW and supervision of MHSW.

The participants of this study all value effective supervision as a process that supports them while they support their clients. A relationship based on trust, reciprocity and mutual respect and which is held within clear and overt boundaries is experienced as supportive and enhances the quality of engagement. A supportive supervisory relationship impacted favourably on other supervisory functions such as skill development. Effective supervision was also found to contribute to personal, cultural and professional identity and to be empowering for MHSW.

The study concludes that supervision is a dynamic process that all of those who participate in whether as service user, support worker, supervisor, manager or other stakeholder, are contributing to. It proposes that as MHSW occurs within a new paradigm the supervision of support workers must also be located in this paradigm. A definition of supervision in this paradigm is alluded to in the words of one of the participants of this study, "supervision is far more than supervision."

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Chapter 1: Introduction

This study is concerned with uncovering the meaning of supervision for a relatively new group of health workers in Aotearoa/New Zealand, mental health support workers (MHSW). Supervision is a process employed by many of the people-helping professions to provide ongoing teaching and support for the practitioner and safeguard the client. The purpose of this study then is to uncover what this process means to the support worker in the context of supporting the mental health consumer.

I begin this chapter with a statement about my purpose in doing this study followed by a description of the 'recovery approach' that guides MHSW practice. There follows a brief discussion of the principle of empowerment, an introduction to the ideas of Paulo Freire and an overview of the critical hermeneutic methodology. A brief introduction to supervision is presented next. My story which explains my motivation for carrying out this study is then told as it is another aspect of the context for the study, reflecting the belief that research in the hermeneutic tradition occurs in the context of the fusion of horizons of both the researcher and the researched. The chapter will conclude with an outline of the structure of the thesis.

What is the purpose of this study?

Mental health support work is generally recognised as a non-clinical role, the aim of which is to carry out supportive work with people who are or have been experiencing mental illness or disability. The role of MHSW in New Zealand had its genesis with the closure of the large mental institutions during the 1980's, and the move towards community care. Initially those working with the mentally ill in the community were regarded as 'care-givers'. They were viewed as non-professionals and were not seen as requiring any particular knowledge, skills or training. The role of MHSW became formally acknowledged in New Zealand in 1996 (Caird, 2001) and in 1998 the National Certificate in Mental Health Support Work was established to provide the first specific training for these workers. Support work may occur where consumers are living independently in the community; with family; in supported accommodation or in inpatient services.

The work is generally focused around the service user's individual support plan and is aimed at assisting them to achieve their life goals and objectives.

The aim of this study is to uncover the meaning that supervision holds for people engaged in the task of mental health support work. Because MHSW is a developing profession without an established tradition supervision of support workers has tended so far to have been provided by practitioners from other professional groups such as psychologists, nurses and psychotherapists (Cooper & Anglem, 2003). A belief that I bring to this study is that supervision is a post-modern phenomenon implying a dynamic and contextually responsive process and that any study of supervision must take account of the peculiarities of the context in which it operates (Sloan & Watson, 2001). In this study I am drawing on the research, knowledge and understanding of supervision from many different helping professions. The recovery approach that underpins MHSW practice also provides a context for this study. These contexts provide a background, against which the research participant's experiences of supervision will be considered in answering the research question. The supervision of MHSW as a specific group has not been previously studied.

The positioning of this study in the critical paradigm implies an assumption that the research process by reflecting on the past and the present has the power to shape the future. Herda (1999) says a text created through dialogue enables us to appreciate our past, and our present and facilitates our envisioning of the future. In seeking the meaning that supervision holds for MHSW I am also concerned with how this knowledge may assist in the development of supervisory processes that best meet the needs of MHSW and their clients and that is congruent with the context of the recovery philosophy that guides MHSW practice.

The recovery approach and MHSW

The mental health consumer movement began in both England and the USA in the late seventies and early eighties, and has since been taken up in other countries including Australia and New Zealand. This has come about through the awakening of consciousness of mental health service users and their subsequent

calling for a radical shift in the way services are delivered to the mentally ill. According to Caird (2001) this movement has been supported by an increasing awareness of civil and human rights including in particular a social constructionist critique of medical science and in particular psychiatry. This led to a view of mental illness as a social construction which may function as a form of social control. Jacobson (2004) says the consumer movement critiqued the way that power operates in the 'medical model' and how that is enacted in mental health systems where the authority that medical professionals hold "Allowed them the power of diagnosis and treatment, processes that served to degrade further the ability of a patient to speak, to make choices and to be autonomous" (p.66). The medical model requires the person with mental illness to accept and internalise the power of medical professionals. The consumer movement has called for a redistribution of power within the mental health systems, a viewpoint that has contributed to new approaches to the treatment of the long-term mentally ill.

The new paradigm that has resulted from this re-evaluation of the medical model has been termed the recovery approach. In this paradigm 'recovery' does not equate with absence of symptoms but instead refers to "recovering a new sense of self and of purpose within and beyond the limits of the disability" (Deegan cited in Jacobson, 2004, p. 70). Recovery also involves recovery from internalized stigma, from the lack of opportunity to be self determining, from the impact of unemployment and poverty and from "crushed dreams" (Anthony cited in Jacobson, 2004, p. 72).

In New Zealand this shift in focus has been formally sanctioned by the Mental Health Commission in its *Blueprint for Mental Health Services* (1998) which outlines a recovery approach to working with people with mental illness. The Blueprint states: "that services must empower consumers, assure their rights, get the best outcomes, increase their control over their mental health and well being, and enable them to fully participate in society" (Mental Health Commission, 1998, p. vii). The blueprint also states that mental health services must work proactively to counter the discrimination of mental health service users within mental health services and the community at large. The task of the MHSW is to be active participants in the process of empowering mental health consumers and

in challenging oppressive and discriminatory attitudes and behaviours in the wider community. The implication is that within a recovery based approach, mental health workers are social change agents. The blueprint recognises support workers as crucial to the recovery of service users. An underlying assumption of this study is that supervision is potentially a key process in the ongoing personal and professional development of the MHSW, both individually and as a professional group as they engage in this work.

The Blueprint defines recovery as "happening when people can live well in the presence or absence of their mental illness, and the many losses that may come in its wake, such as isolation, poverty, unemployment and discrimination" (Mental Health Commission, 1998, p. 1). The ongoing process of recovery from severe mental illness aims for the management of symptoms, regaining a positive sense of self, dealing with stigma and discrimination, and to leading a productive and satisfying life (Markowitz, 2001). Recovery is seen as a process and not as an end point where the client is no longer experiencing symptoms and as seen as analogous with recovery from any disabling illness or occurrence, which may include acceptance of a self which is different to the self prior to the disabling event. Deegan (cited in Jacobson, 2004, p. 71) views recovery as "a way of being in and of the world that can only be known subjectively" and as such is an existential phenomenon.

The recovery approach employs the metaphor of a journey in understanding the process of recovery and the support worker is viewed as a travelling companion on the journey. The relationship between service user and support worker is viewed as central to the task of MHSW. Rapp states the relationship is "a primary mechanism for increasing confidence, identifying goals and risking dreaming, and recognizing talents and strengths" (1998, p. 62). Rapp (1998) defines the relationship between the client and support worker under these headings; purposeful; reciprocal; friendly; trusting and empowering. He elaborates that the quality of the relationship is based on Rogerian principles of empathy, genuineness and unconditional positive regard.

Empowerment

If one purpose of supervision is to educate practitioners, the meaning that supervision has for MHSW must be considered within the context of what it is that supervisees are being trained to do. The empowerment of service users is central to the task of MHSW, therefore this study of support work includes some consideration of what empowerment means. According to Clark and Krupa (2002), empowerment is a complex term that encompasses both subjective experiences and objective realities. Mental health is viewed as both an individual phenomenon and a social phenomenon, therefore empowerment of the service user addresses both of these.

On the level of individual experience empowerment of the service user involves a process of developing personal resourcefulness and insight into how symptoms undermine one's own sense of personal agency and self determination. This requires a paradigm shift from the deficit model of illness to one focusing on challenges and strengths (Clark & Krupa, 2002). Deegan says this means supporting service users to "take a stand toward our illness or disability. We need not be passive victims. We can become responsible agents in our own recovery process" (2001, p. 2). The implication for MHSW is that to support the service user in this endeavour, they must also embrace this philosophical viewpoint which includes an appreciation of how this differs from the view held by the medical model paradigm that mental illness is incurable. In describing her experience of diagnosis of mental illness Deegan (2001) says "whereas before I was diagnosed I was viewed as a whole person, after being diagnosed it was as if professionals viewed me as fundamentally ill and broken…everything I did was interpreted through the lens of psychopathology" (p. 4-5).

When mental health as a social phenomenon is considered the impact of mental illness on access to key resources such as housing, education, jobs, income and social inclusion, becomes the focus. From the social perspective empowerment involves challenging and countering discriminatory practices that limit service user's access to these resources. To support the service user in this requires the MHSW to recognise how these discriminatory practices are enacted within the mental health services (including their own practice) and the community and to

either advocate for the service user or support them to advocate for themselves in the face of prejudicial practices. However, according to Clark and Krupa (2002) empowerment in mental health services is compromised by "minimizing the extent to which power-over relations characterise the system of mental health" (p. 344).

Paulo Freire

Paulo Freire (Crotty, 1998) was a critical social theorist whose ideas have been influential in the conceptualisation of empowerment. Freire, a Brazilian educationalist, was concerned with the task of teaching illiterate peasants to read and write during the 1960's and '70's. This was highly political work as in Brazil at that time illiterate people were oppressed, unable to vote and therefore denied many of the privileges of the educated classes. According to Freire the key to their literacy was to first raise the consciousness of the peasants by assisting them to understand the mechanisms of oppression, he termed this conscientisation. Conscientisation occurs through recognition that as humans we are not only 'in' the world but 'with' the world, we are actively creating the world in which we live (Freire, 1970). Freire believed that once people are conscious of their part in creating their world they can begin to address their situation, this he said, is freedom. In this way people are not only creators of their world but also of themselves, they must be seen as "beings in the process of becoming – as unfinished, uncompleted beings in and with a likewise unfinished reality" (Freire, 1970, pp. 56-57).

Freire says by consciously reflecting on reality we are already actively intervening in that reality, we are already acting (Crotty, 1998). The process of reflection upon material reality generates action; Freire termed this process praxis. Once people see themselves as creators of their own world they are called to not only transform it but themselves as well, to become "more fully human" (Crotty, 1998, p. 152), or what Freire termed humanisation. Cowan (2004) says the recovery journey "includes embracing one's essential humanness becoming more fully and deeply human" (p.96). The process of praxis moving towards humanisation is the process for all humanity and therefore does not happen in isolation but in relationships between people. People are united with one another

through relationships and relationships are built through engaging in dialogue. In other words dialogue is the key to raising people's consciousness and to promoting praxis. This, according to Freire, is the process of empowerment.

Freire's ideas are thus congruent with the philosophy of recovery and pertinent to the notion of empowerment of mental health service users through their relationships with MHSW. By contributing to the raising of service users' consciousness through dialogue MHSW have the potential to assist service users to empower themselves on both a personal and social level. Another assumption that I bring to this study is that our ability to raise the consciousness of another is determined by our own level of consciousness (Gilbert, 1995); a MHSW's ability to empower their clients will be defined by their own experience of empowerment. Supervision as a reflective process that also occurs through dialogue in relationship similarly has the potential to raise the consciousness of the MHSW.

Critical hermeneutics

Critical hermeneutics as a research methodology is also based on critical social theory. Critical social researchers are concerned with using research as a tool to effect change in organisations and society (Crotty, 1998). A critical approach is therefore congruent with the subject of this study. The creation of a research text through dialogue between the researcher and research participants is viewed as providing a means to understand the past and the present and to envision the future (Herda, 1999). There is recognition that the research dialogue itself is a reflexive process that has the potential to raise the consciousness of the researcher and participants, which can also lead to action or praxis.

Hermeneutic inquiry is concerned with the interpretation of meaning from texts with the aim to uncover implicit meanings in the text that go deeper than the author's own explicit understanding (Crotty, 1998). Transcribed individual interviews and focus group discussions with people working as MHSW and receiving supervision form the texts for this study. Kincheloe and McLaren (1998) say critical research is concerned with assisting individuals and groups to achieve greater degrees of autonomy and human agency. Because MHSW occurs

in the context of recovery based services I have a belief that the meaning of supervision of MHSW is also embedded in this context. Through this inquiry into the meaning of supervision for MHSW I am interested in what factors impact and shape that meaning.

One of Gadamer's contributions to the field of hermeneutics was to recognize that interpretation involves a "fusion of horizons" (Gadamer cited in Crotty, 1998, p. 100). Interpretation is seen as a meeting of the past and present worlds of the researcher and the researched and that the meeting occurs in and through language. Habermas contributed to this the idea that interpretation must take into account not only the personal horizons of the researcher and researched but also their social and historical settings (Crotty, 1998). According to Habermas consideration of the social setting must include an awareness of inherent oppression. He believes that social research should be an interactive process whereby participants aim for mutual understanding (Kincheloe & McLaren, 1998). I have provided description of both the recovery approach and the historical development of the role of MHSW as a way of acknowledging some of the social and historical influences on both myself as researcher and my participants.

A brief overview of supervision

Supervision is generally regarded as having its roots in the clinical supervision that traditionally formed the basis of psychoanalytic psychotherapy training. Since then supervision has been adopted and adapted by many other helping professions including counselling, social work and nursing and has been increasingly recognized as a useful if not necessary mechanism for training and supporting workers and protecting clients. There is no single definition of what supervision is or how it functions although it is generally agreed that the main mechanism for supervision is the process of reflecting on one's work with clients/patients/service users (Bernard & Goodyear, 1998; Hawkins & Shohet, 2000). Hess (cited in Hawkins & Shohet, 2000) defines supervision as "a quintessential interpersonal interaction with the general goal that one person, the supervisor, meets with another, the supervisee, in an effort to make the latter more effective at helping people" (p. 50). Carroll and Holloway (1999) say the

ideal outcome of supervision is "new knowledge and skills, increased professional confidence, and a sustained engagement in one's work" (p.1). The function of supporting the practitioner has also been acknowledged (Hawkins & Shohet, 2000). Other definitions also incorporate the idea of protecting the best interests of the client. For example, Winstanley and White define clinical supervision of nurses as: "a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex situations" (2003, p. 8).

Much of the recent literature on psychodynamic supervision has mirrored developments in psychodynamic psychotherapy which focus on the therapeutic nature of the relationship between therapist and client (Benjamin, 1990; Greenberg, 1983). Langs (1997) states that supervision consists of both 'conscious' cognitive education and simultaneous 'unconscious', or latent, emotional education and that it is this latent aspect of the teaching that is the more powerful. Some of the research into supervision in nursing supports this view, that the relationship between the supervisee and supervisor is a key ingredient in the effectiveness of the supervisory process. Scanlon and Weir (1997) refer to Casement's (1990) theory of the supervisee's development of an "internal supervisor" and say: "integral to this development is the clinical supervisor's ability to provide a 'facilitating holding environment'" (p 297).

Another supervision discourse focuses on the empowerment of the supervisee and by the mechanism of 'parallel process' (Doehrman, 1976), the empowerment of the client (Johns, 1999). Gilbert (2001) however has suggested that clinical supervision and reflective practice can be seen from a Foucauldian perspective to be a form of surveillance. Clouder and Sellars (2003) agree that the dynamics of clinical supervision is a relationship of unequal power and that the use of resistance as an antidote to power is also a potent dynamic in supervision.

There is some agreement that although there are generic aspects of supervision within the helping professions, there is also a need to recognize that each context has its own particular needs (Sloan & Watson, 2001). Butterworth, Bishop and Carson (cited in Williamson and Dodds, 1999) say in respect to nursing that it is

important to develop clinical supervision models specific to the context rather than have imported models from outside the profession that do not meet the workers needs. Scanlon and Weir (1997) concur they suggest that for any model of supervision to survive it must take account of the peculiarities of the context in which it operates.

Although there is an agreed upon need for supervision across the helping professions in general, the different contexts and professional disciplines where supervision is practiced means there is no one, agreed upon model for the provision of supervision. Some models emphasise the developmental processes of the supervisee (Stoltenberg, McNeill & Crethar, 1994; Hawkins & Shohet, 2000) others the conscious and unconscious dynamics of the relationship between the practitioner and client (Benjamin, 1990; Langs, 1997) and how that may be paralleled in the supervisee/supervisor relationship (Doehrman, 1976); others focus on the brainstorming of strategies for working with the client (Rapp, 1998). There are also different ways supervision is provided, for example: on a one-to-one basis; in a group; internally with a senior practitioner or externally. The mode of supervision in any instance may be a reflection of either the specific organisational context and/or the discipline the supervisor is coming from.

Although many providers of services for long-term sufferers of mental illness do provide some form of supervision for their MHSWs, there are many who still don't. Agencies that have operated for many years without supervision often see no reason to introduce it. For those who do there is debate as to the best and most cost-effective way to provide it. Most providers of mental health services in New Zealand are currently operating under severe budgetary constraints and the provision of supervision can represent a significant expense (MHSWAG, 2003). There is no information available as to how MHSW experience supervision and what meaning it has for them in the context of their task of supporting consumers of mental health services. By providing knowledge of some workers' experiences of supervision and the meaning it has for them, this study aims to raise awareness of the place of supervision of MHSW in supporting mental health service users in their recovery.

My Story

I am a fifty-one year old, middle class Pakeha woman and I have not had first hand experience of mental illness. I completed a diploma in psychotherapy in 1993 and spent nine years working in a therapeutic community for young people with diagnoses of major psychiatric disorders. My role as a therapeutic community worker was before the recovery approach had been conceptualised and before the advent of MHSW.

The therapeutic community model was unique at that time and the philosophy was based on the idea that the residents could be assisted to live meaningful lives in the community if they were first given the opportunity to address unresolved issues; learn effective methods of communication, including such things as conflict resolution; and develop short and long term goals for themselves. This model, which was mindful of power dynamics within the community worker/resident relationships, can be seen as being influenced by the discussions and writings that were beginning to critique the traditional approach to mental health service provision at that time. There was an attempt to minimize the power differential and encourage residents to empower themselves.

In 1999 I began supervising students in the newly established National Certificate of Mental Health Support Work. Around the same time I also began supervising teams providing residential care for clients with psychiatric disorders. As I had had no specific supervision training at this time I tended to supervise from my own experience of having been supervised. In 2002 I enrolled in a paper on clinical supervision and went on to complete a post graduate diploma in clinical supervision and this thesis is a progression from that work.

Over the years of doing this work and the subsequent reading, training, thinking and writing I have done, I have begun to formulate my ideas about the nature of supervision in this particular context. The role of MHSW was new when I began supervising as was the concept of the 'recovery approach'. As the role of the mental health support worker has been developing and becoming more defined in the years since its inception, so my own understanding of the nature of this role has been evolving.

I have been a supervisee for much of the last nineteen years and a supervisor for the last seven years. During this time I have reflected on my experience of supervision with many different supervisors and noticed the effects that these different supervisory experiences had on me and my sense of self and how that impacted on my work with clients and supervisees. I have noticed how my approach to supervising is a synthesis of my experience as a therapeutic community worker; my training in various forms of psychotherapy; my experiences as a client, supervisee and student, and my understanding of the current context of mental health support work. I also recognize that other supervisors bring their own unique mix of theory and history to their supervising. I know of MHSW who are supervised by social workers, psychologists, psychotherapists, family therapists, occupational therapists and nurses and I imagine that these all bring their own particular understanding of supervision to the task.

I have noticed how some MHSW place great value on supervision and yet others see no value in it. I wonder about what makes the difference. I have also begun to wonder if what I bring to the supervision of MHSW is what is needed for the supervision of people working in this new paradigm, or are there things that are missing and/or things I don't see or understand. Although there is a certain amount of informal feedback from supervisees as to what they value and find useful I am aware that because of the power dynamics inherent in the supervisory relationship there could be some constraints to the level of honesty in this feedback. This wondering about what MHSW require of supervision provided the initial impetus for this study.

As I have been developing an understanding of the philosophical underpinnings of the recovery approach and MHSW I have been increasingly curious as to how the supervisory process fits with this work. I have been struck by the fact that while the task of MHSW becomes more focused on empowering clients and assisting them to 'have a voice', MHSW themselves are expressing in supervision feelings of being dis-empowered and 'unheard' within their agencies and in their relationships with allied professionals. My motivation for this study comes from a personal valuing of the task of supervising workers who are supporting mental health service users in their recovery and a desire to provide the best supervision I

can. To do that requires me to further my understanding. Another aspect of my motivation in doing this study is to provide an opportunity for MHSW to 'have a voice' about the meaning supervision has for them. By focusing on supervision for MHSW I am also implicitly conveying my honouring of the work that MHSW are engaged in.

Structure of thesis

This chapter has provided an introduction to the thesis as a whole, including setting the scene and my motivation and purpose in choosing to do this study. Chapter two provides a review of some relevant literature including the historical development of supervision, supervision models and some of the unconscious processes in supervision that I deem to be relevant. Literature regarding mental health support work and the recovery approach is also reviewed. Chapter three provides a more in depth explanation of the methodology which provides the philosophical underpinnings of the study followed by a description of the research process itself.

Chapters four, five and six are concerned with analysis of the data. Chapter four focuses on the meaning of supervision revealed as serving different purposes, chapter five presents the meaning of supervision revealed as being in relationship and chapter six, the meaning of supervision revealed as being about personal and professional identity. Chapter seven provides a discussion of the findings; the strengths and limitations of the study; implications for further research and the impact of the study. A brief conclusion to the thesis is provided in chapter eight.

Summary

This chapter has introduced the subject of the thesis and the purpose for doing this research. The contexts within which the study is situated have been described including an explanation of mental health support work and its historical development from the role of untrained carer. This was followed by an outline of the recovery approach which guides mental health support work practice. An overview of the methodology I have used and its appropriateness for this inquiry was also given and included some discussion of the meaning of empowerment. I then presented an overview of supervision within the helping professions. I have

recounted some of my own personal story as it forms another part of both the context of the study and my motivation in choosing to do this research. The chapter concluded with a description of the overall structure of the thesis.

Chapter 2: Literature Review

In this chapter I will be presenting a range of literature that I see as having relevance to the research question "what is the meaning of supervision for mental health support workers?" To situate and contextualise this study I will begin with the historical beginnings of supervision and its subsequent development and adaptation by different helping professions. This gives a sense of some of the meanings that have evolved for supervision over the last hundred years or so. I then present an explanation of some of the unconscious processes derived from psychoanalysis and which I also see as relevant to the meaning of supervision. An introduction to the meaning of support work and a review of literature specific to the supervision of MHSW concludes the chapter.

The historical development of supervision

The NLP meta-model of language uses the term nominalization to describe when a process becomes fixed as an entity, for instance, the process of 'supervising' becomes 'supervision' (Bandler & Grinder, 1979). The implication of something being a 'thing' rather than a process is that it implies a degree of stability and creates the illusion that it may be easily described and defined. This idea is supported by Friere's description of critical thinking which he says "perceives reality as process and transformation rather than as a static entity" (Crotty, 1998, p. 149). From this perspective the term 'supervision' may imply a process that has continuity and consistency over time and across contexts. I propose that in fact the act of 'supervising' is constantly evolving and responsive to the context in which it is situated.

It is largely accepted that the term 'supervision' that this study is concerned with, has its roots in the psychoanalytic tradition (Bernard & Goodyear, 1998; Frawley-O'Dea & Sarnat, 2001; Hawkins & Shohet, 2000). Supervision first came into being in 1902 when Freud instigated a weekly informal group meeting of people interested in learning psychoanalytic practice and theory. In these groups Freud took the approach of supervising the other members from a position of expert authority. According to Frawley-O'Dea and Sarnat, Freud's supervision mirrored his theory of psychoanalysis; he maintained "a position as the ultimate arbiter of

truth, knowledge, and power" (2001, p.17) and any disagreement that
the supervisee had with Freud's teaching was viewed as resistance and a
reflection of the supervisee's limitation. They believe that this first model of
supervision, in which the supervisor possesses "the knowledge and truth that is to
be conveyed downward to the supervisee, who, no matter how bright or creative,
is to receive rather than co-construct what becomes known" (p. 16), continues to
have influence today, at least within the realm of traditional psychoanalytic
supervision.

Another influence on both contemporary psychoanalytic supervision and other
models of clinical supervision can be traced back to the ideas of Sandor Ferenczi
a client and colleague of Freud. Ferenczi is credited with challenging Freud's
theory of psychoanalysis by revising the nature of the relationship between
analyst and client. He believed that the relationship should be one of equal power
and with the analyst being willing to engage authentically with clients (Frawley-
O'Dea & Sarnat, 2001). In Ferenczi's model the analyst would disclose to the
client rather than maintain Freud's position of the 'blank screen'. This is the
beginning of psychoanalysis as a co-constructed relationship with shared power, a
theory that has given rise to contemporary relational and intersubjective
psychoanalytic theories. Ferenczi's model of analysis was also mirrored in his
approach to supervision.

Michael Balint, a client and supervisee of Ferenczi, further developed these ideas
of the role of power and authority in both therapeutic and supervisory
relationships. According to Frawley-O'Dea and Sarnat, Balint was "sensitive to
the potentially constricting influence on the supervisee of the supervisor's abuse
of power" (p. 19). However, unlike Ferenczi, Balint acknowledges that although
both therapeutic and supervisory relationships may be co-constructed and power
shared, the power will always be unequal. These two approaches to
psychoanalysis and supervision, one that gives the analyst/supervisor all the
power and authority and one that is concerned with power-sharing between
analyst and client, and supervisor and supervisee, gave rise to two separate
threads of development that are still evident within psychoanalysis today
(Frawley-O'Dea & Sarnat, 2001). It can thus be seen that from its inception,
supervision both mirrored the professional context in which it was practiced and

that it was characterized by the role of power in the relationships between participants.

In their seminal work published in 1958 Ekstein and Wallerstein contributed some new thinking into the meaning of supervision in psychoanalysis. They presented a clinical rhombus model for supervision that acknowledged that the personalities of the supervisor and the patient as well as the supervisee and the agency or institution all contributed to the supervision process; how it was experienced by the supervisee and its impact on the therapeutic outcome. In this model the purpose of supervision is to not only facilitate learning in relation to client work but also the personal growth of the supervisee (Rock, 1997, p. 9). It takes account of the connection between problems in the supervisor/supervisee relationship termed 'problems about learning' and problems in the therapist/patient relationship termed 'learning problems', and builds on the theory of parallel process in supervision proposed by Searles (1955) (parallel process is defined later in this chapter). Thus the centrality of the supervisory relationship to the experience of supervision is made explicit – "Every new supervisee will have to work out how he can learn best from his new teacher, how to present his material, how to seek answers to his questions, and what kinds of help his teacher can best offer him" (Ekstein & Wallerstein, 1958, p. 141).

The psychoanalytic model of training through supervision was adopted by other helping professions as they evolved. For example the training of social workers began to be formalized in the 1920's with the establishment of social work schools (Jacobs, David, & Meyer, 1995). These schools developed their own supervision theory influenced by the psychoanalytic concepts of transference and countertransference. Robinson (cited in Jacobs et al., 1995) wrote in 1936, that the task of supervision was to focus on the way the student social worker related to both their supervisor and their clients and to teach the supervisee to 'shut off' attitudes transferred from the past. How this was to be done was not made clear.

Kadushin, a social work theorist writing in the 1970's is credited as being the first to acknowledge the supportive function of supervision for the supervisee. He developed a theory of supervision that not only provided the educative function of the earlier supervision models, but also included supportive and managerial

functions (Hawkins & Shohet, 2000). Kadushin's model has been influential across the helping disciplines. His theory also marks a movement away from the apprenticeship model favoured by the psychoanalytic approach that viewed supervision as an extension of psychoanalytic work that a senior practitioner would progress into. In developing a theory of supervision Kadushin was beginning to recognize supervision as something related to, but different from the professional context in which it is practiced.

Some other helping professions to have embraced the concept of supervision are nursing, psychology and counselling. The nursing profession recognized the need for clinical supervision relatively early with a journal article published by Burton in 1930 (Yegdich, 1999). According to Yegdich early writers' defined clinical supervision in nursing as an informal partnership based on "participatory discussion" and one that was democratic rather than authoritarian (p. 1197). She identifies early influences on nursing supervision as coming from industry, education and sometimes psychoanalysis and recognizes that from the beginning there were difficulties in defining supervision, difficulties that are still evident today. In 1954 Perrodin (cited in Yegdich, 1999) noted that supervision had either an educative or administrative function, and sometimes both but that the emphasis was on the patient's, not the nurse's welfare.

Supervision models

As supervision has been adapted by the different people-helping professions, many models have been developed to explain what occurs in the relationship between supervisor and supervisee that results in the supervisee learning the requisite skills. According to Bernard and Goodyear (1998), in relation to psychotherapy alone there are several hundred theories, many of which describe supervision from their own theoretical perspective. They say however that over time most supervisors develop their own integrated model of supervision.

Bernard and Goodyear (1998) organize supervision models into four categories : (1) psychotherapy based theories, (2) developmental models, (3) social role models, and (4) eclectic or integrationist models (p. 16). Psychotherapy-based theories apply the particular theory of counselling or psychotherapy to the domain

of supervision to a greater or lesser extent. Psychotherapy models are
further grouped according to therapeutic approach, for example: psychodynamic;
cognitive-behavioural; systemic. Developmental models have been developed
independently of psychotherapy theory and are based on the premise that a
supervisee's needs of supervision change as they gain experience and that the
supervisory environment needs to change accordingly "if optimal satisfaction and
supervisee growth are to occur" (Bernard & Goodyear, 1998, p. 23)The premise
of these models may be useful particularly in relation to MHSW whose formal
training for the role is minimal in comparison to other mental health
professionals. However, in reality the models are cumbersome as they require
tracking developmental stages through assessment of supervisee skills in several
different domains. This would be complex in individual supervision and nigh on
impossible in group supervision. If we accept the psychodynamic premise that
supervision provides some developmental functions a developmental model does
not account for times when a supervisee is experiencing added stress and may
need extra support from the supervisor. As McWilliams says under stress "people
tend to revert to the methods of coping that characterised an earlier
developmental challenge that felt similar to the current situation" (1999, p. 67).
Although I believe that the supervisory relationship and what the supervisee
requires of supervision varies as they become more experienced in the MHSW
role a degree of flexibility to adapt to current needs is also necessary. I agree with
Romans and Worthen (1989) that the question of the usefulness of developmental
models to supervision may also depend on the definition of 'development'.

Social role models are concerned with identifying the roles employed by the
supervisor in their relationship with their supervisee and which is inclusive of the
theoretical orientation of the supervisor and the work context of the supervisee.
The two roles that are consistent across these models are teacher and
therapist/counsellor (Bernard & Goodyear, 1998). Others include: consultant;
evaluator/monitor; facilitator; supporter; and administrator. A widely influential
social role model is that developed by Kadushin (cited in Hawkins & Shohet,
2000), for the field of social work and that identifies supervisor roles in relation to
three main functions of supervision: educative, supportive and managerial.
Proctor (cited in Hawkins & Shohet, 2000) has developed a model for counselling

supervision that almost equates to Kadushin's model. She refers to the functions as formative, restorative and normative. The educative (formative) function is concerned with skill development and is generally achieved through reflection on the supervisee's work with clients. The supportive (restorative) function assists practitioners with the emotional stress inherent in the work and the managerial (normative) function is concerned with the responsibility towards clients by ensuring that standards, procedures and policies are adhered to (Hawkins & Shohet, 2000; Winstanley & White, 2003).

The meaning of the supervisory relationship

As supervision has evolved the nature of the supervisory relationship has been increasingly focused upon (Berman, 1997; Bernard & Goodyear, 1998; Frawley-O'Dea & Sarnat, 2001; Kaiser, 1997). Williams (1995) reflects that some supervisees have experiences of supervision as "supportive, intelligent and appropriately structured" but some supervisors are experienced as "verbally incontinent, incompetent, bullying–or all three" (p. xii). He suggests that one's own experience as a supervisee is therefore not necessarily the best model for being a supervisor. The meaning of supervision for Williams is the development of clinical wisdom which incorporates not only theoretical frameworks and constructs but beliefs about life itself. He sees these being conveyed to the supervisee through the relationship with the supervisor, in every action and interaction. Haynes, Corey and Moulton (2003) view the development of clinical wisdom and the ability to self supervise as empowering for supervisees and that it contributes to client safety.

Worthen and McNeill's (1996) investigation into the lived experience of "good" supervision events of trainee counselling psychologists highlights the quality of the supervisory relationship in the effectiveness of supervision. A relationship incorporating "warmth, respect, support, acceptance, trust, and understanding" (p. 32) set the scene for "good" experiences that included the allowance of experimentation, mistakes and failures. Self disclosure by supervisors was experienced as normalising the difficulties and struggles inherent in the work and contributed to the development of "crucial and pivotal" supervisory relationships (p.32). Implicit in the findings of Worthen and McNeill's study is the

effectiveness of supervision being dependent on supervisory relationships that minimise the power differential and that are experienced as collaborative partnerships.

The role of power in the supervisory relationship has come under particular scrutiny from some nursing researchers. Gilbert (2001) critiques supervision literature that focuses on the benefits of supervision. Investigating dimensions of supervision such as theories and techniques for learning and personal/professional boundaries, he proposes an alternative discourse that views supervision and reflective practice as "exerting hegemony upon both nursing and other health care professionals" (Gilbert, 2001, p. 199). According to Gilbert supervision can be viewed from a Foucauldian perspective to be a form of confessional which serves as a method of surveillance whereby "the management of the population is achieved through the subtle and pervasive operation of power associated with disciplinary processes and moral regulation" (Gilbert, 2001, p. 201). Johns (1999) acknowledges this view of reflection and supervision and suggests that through the process of internalisation of external authorities we have become a "self-surveillance society" (p. 243). However, he proposes that despite this, supervision can be an empowering and emancipatory process if the supervisor enables the supervisee to develop their own voice.

Supervision and culture

The contribution of culture to the meaning of supervision is being increasingly acknowledged. For example, in the second edition of their book *Supervision in the helping professions* (2000) Hawkins and Shohet include a new chapter on understanding the impact of cultural differences within the supervisory matrix. They suggest a distinction between cross-cultural supervision whereby we understand the other from our own world view and trans-cultural supervision where we understand the other from within their frame of reference. They recognise the complicating impact of cultural difference on the power dynamics of the supervisory relationship which they say "are compounded because of the inequality between majority and minority groups" (Hawkins & Shohet, 2000, p. 89). Bernard and Goodyear (1998) comment that the importance of appreciating other cultural perspectives to supervision is not only to address the

disenfranchisement of minority groups but because of the rich contribution they make to developing supervisory traditions.

Webber-Dreadon (1999) says that "In Aotearoa, supervision primarily reflects the cultural values and aspirations of the typically mono-cultural dominant Pakeha group" (p. 8). She recognises the development of tangata whenua supervision but comments that it is still in its infancy. In tangata whenua supervision the relationship is a partnership where the supervisor listens, discusses, advises, educates, guides, supports and encourages. Webber-Dreadon proposes her own model of tangata whenua supervision called awhiowhio (spiral) "designed to perform a chronological 'helical' approach to supervision with a beginning and ending" (p. 9). Thus tangata whenua supervision is concerned not only with the supervisory relationship but the cultural form or structure within which it operates. Bradley, Jacob and Bradley (1999) say an important aspect of difference in Maori models of supervision comes from the fact that in Maori society individuals cannot be separated from whanau, hapu and iwi. They also imply Maori must define their own goals of both supervision and client work, goals that may differ from non-Maori goals.

Unconscious processes in supervision

There are several concepts derived from psychodynamic psychotherapy and supervision that are widely recognised and utilised by other supervision models across many different people helping professions (Bernard & Goodyear, 1998; Hawkins & Shohet, 2000). Some of these are described below as I feel they make important contributions to the meanings of supervision.

Transference and countertransference

These psychoanalytic concepts refer to the process by which people 'transfer' emotions, feelings, and/or attitudes from one person onto another person or object (Chambers, 1983).The term transference generally refers to the clients responses to the therapist and countertransference was originally used to refer to the therapist's response or 'counter' to the client's transference. It is now more generally accepted that a therapist's response to the client is not only as reaction to the client's transference and the term countertransference is now used as a way

of differentiating between the therapist and client's transference
(Berman, 1997),(in some texts the term therapist's transference is used). The
supervision matrix makes for potentially complex
transference/countertransference dynamics. For example, there is the client's
transference to the MHSW; the MHSW transference to the supervisor and/or the
learning situation (Ekstein & Wallerstein, 1958); the MHSW's
countertransference to the client; the supervisor's countertransference to the
MHSW/supervisee. There are also clients' and workers' responses to agencies
and the larger mental health system (Berman, 1997).

Parallel process and isomorphism

Parallel process and isomorphism are two concepts that are generally regarded as
central to the educative process that occurs through supervision (Hawkins &
Shohet, 2000; Kaiser, 1997). Searles (1955) was the first to identify what he first
termed the 'mirroring process', which was later changed to 'parallel process'. He
noticed that at times, when describing difficult cases, some colleagues were
exhibiting some of the same symptoms as their clients (Hawkins & Shohet,
2000). He believed this to be a 'bottom-up' phenomenon, meaning that it applied
only to the re-enactment within the supervisory relationship of intra-psychic or
inter-subjective conflicts from the therapeutic relationship. The usually
unconscious, functions of this re-enactment according to Hawkins and Shohet are
to be a 'vehicle of discharge' for the therapist and an attempt to solve the conflict
or what Ekstein and Wallerstein (1958) refer to as the therapist's 'learning
problem'. Parallel process from this perspective is in effect a
transference/countertransference phenomenon.

Doehrman (1976) identified the bi-directional nature of parallel process, that it is
'top-down' as well as 'bottom-up'. This means the supervisor's response to the
therapist's presentation is internalized by the therapist and taken back into the
relationship with the client. She stated that if the parallels were not recognized by
the supervisor and they responded out of their own countertransference the
process would have a detrimental effect on the client. If however the supervisor is
aware of the process and either overtly addresses it with the therapist and/or
models how to work with the issues the therapist is presenting, the conflict may

be resolved (Bernard & Goodyear, 1998). Doehrman concluded in her research that it was only when the issues within the parallel process were resolved that the client would improve. Parallel process is now a widely recognised phenomenon within the supervisory practices of many professions and is often used to refer to any form of mirroring or parallel between the practitioner/client and supervisor/supervisee relationships.

Isomorphism is a term similar to parallel process and refers to the mirroring of inter-actional processes between two structures or systems (Bernard & Goodyear, 1998). In supervision the client/therapist relationship can be seen as mirroring functionally the supervisee/supervisor relationship. Isomorphism refers to the inter-relational processes whereas parallel process is concerned with intra-psychic processes, however these distinctions are not always made and the terms are now often used interchangeably (Bernard & Goodyear, 1998). According to Kaiser (1997) parallel process and isomorphism are the mechanisms by which experiential learning occurs through supervision. For example, Kaiser suggests in relation to ethics that if the supervisory relationship is "not one that is itself guided by ethical principles, supervisees will be unable to use it as a resource for this dimension of their practice" (p. 8). Parallel process also has implications for the supportive function of supervision as will be elucidated in the following section.

Holding and containing

The concept of holding also originates from psychoanalysis and has also been widely accepted and incorporated into many different professional models of practice and supervision. Winnicott (1965) asserts that a baby is born with 'inherited potential' and is maximally dependent on its mother. It is only through the function of maternal care, which he conceptualizes as 'holding', that the baby is able to realize its inherited potential. Winnicott views the baby as born in an undifferentiated state and that it develops a 'continuity of beingness' through the mother's holding capacity. Holding is a function of both the mother's empathic responses to the child and well-timed empathic failures that enable the child to draw on its internalized experiences of being held.

Winnicott implies that the process of separation/connection can never be entirely finished but that the need for the holding function recedes into the background and comes to the fore again when the ego is in need of its strengthening function (Slochower, 1991). This idea has implications for understanding what a supervisor is doing that a supervisee experiences as support. Scanlon and Weir writing about supervision in mental health nursing refer to the importance of the "clinical supervisor's ability to provide a 'facilitating holding environment'" (1997, p. 297). They say the experience of being exposed to human suffering creates "unbearable anxiety" (p. 296) in the practitioner which they then need to defend themselves against. They argue that defensive mechanisms are "maladaptive and potentially abusive" to clients (p. 296). Hawkins and Shohet say that the holding provided for the supervisee within the supervisory relationship enables them to experience rather than defend against the emotional disturbance and subsequent anxiety that often results from working intimately with clients and therefore contributes to client safety. Ekstein and Wallerstein (1958) suggest the supervisee's experience of being held in supervision will be transferred by parallel process into the therapeutic relationship thereby enhancing their ability to hold their clients.

The idea of the supervisor 'containing' the supervisee's anxiety is based on Bion's (James, 2000) theory of containing and its role in the development of the child. Bion posited that the mother contains primitive elements of the child's affective experiences and makes them available for the child to take back in a modified and more manageable form. To suggest the supervisor is also providing this containing function, is not to infantilise the supervisee, but rather recognises that the need for containment continues to some extent throughout life. According to Casement:

> There are times when people cannot cope with their own feelings without some assistance. We could then think of these feelings as spilling over towards others. The analytic view on this phenomenon is to recognize this spilling over, or inability to contain, as an unconscious communication to others that there is something amiss, something that is unmanageable without help (1991, p. 111).

Casement says when this feeling is experienced we look to someone to help us with these feelings.

Mental health support work

My belief that the meaning of supervision is to some extent contextual has been referred to previously as has the isomorphic connection between supervision and client work. In considering the meaning of supervision for MHSW therefore, some understanding of the context and meaning of MHSW is useful. The MHSW role has its historical roots in the care-giver role that emerged in response to the deinstitutionalisation, in the 1980's, of people suffering from persistent mental illness and the subsequent shift to community care. As deinstitutionalisation progressed with more large institutions closing and the population of mental health consumers in the community growing, the need for care-givers to not only have some understanding of mental illness and the use of medication, but also appreciation of other issues affecting those they were caring for (such as the long-term effects of abuse and trauma, institutionalisation and the impact of stigma, poverty, and loneliness), became increasingly evident. A report of the National Working Party on Mental Health Workforce Development in 1996 suggested: "that the best way to deliver mental health services to consumers is by having a team of multi-skilled and multi-disciplinary workers, including community support workers and Maori and Pacific Island workers" (MHSWAG, 2003, p. 5).

In response to this working party report the role of mental health support worker emerged in New Zealand in 1996. The first specific training for the role, the National Certificate in Mental Health Support Work as, was established in 1998 (Caird, 2001). Also in 1998 the Mental Health Support Worker Advisory Group (MHSWAG) was established as a body recognised by the New Zealand Qualifications Authority to set and maintain MHSW training standards in consultation with consumers/Tangata whai ora, families/whanau, employers, students, educators and the workforce (MHSWAG, 2003, p. 4).

Concurrent with, and integral to, the development of the role of MHSW has been a growing awareness of civil and human rights and the increasing strength of the mental health consumer movement both of which have had a significant impact on the development of guiding principles for the delivery of services to the mentally ill (Jacobson, 2004). In New Zealand this approach has been defined in the *Blueprint for Mental Health Services* (1998) as the "Recovery Approach". As

the Treaty of Waitangi is recognised as the founding document for New Zealand it is also incorporated into the Blueprint. This places Treaty principles such as: obligation on the Crown to "consult and collaborate with iwi, hapu and Maori in order to determine their attitudes and expectations" and tino rangatiratanga -"self determination and jurisdiction for Maori communities and organisations" central also to the recovery approach (Mental Health Commission, 1998, p. III). Although the recovery approach applies to all workers within the mental health sector, it is recognised as particularly relevant to the role of MHSW because of its compatibility with community-based services as opposed to institutional ones (Mental Health Commission, 1998). The role of MHSW therefore is intricately entwined with the goals of empowerment, self determination and autonomy for service users and tangata whai ora.

Recovery is defined as happening

> …when people can live well in the presence or absence of their mental illness, and the many losses that may come in its wake, such as isolation, poverty, unemployment and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them.

> Historically, mental health services have failed to use a recovery approach. Recovery could never take place in an environment where people were isolated from their communities and cultures, where power was used to coerce people and deny them choices, and where people with mental illness were expected never to get better (O'Hagan, 2001, p. 87Appendix).

As a way of ensuring that recovery principles outlined in the Blueprint are being incorporated into mental health services, the Mental Health Commission published in 2001 a paper titled *Recovery Competencies for New Zealand Mental Health Workers* (O'Hagan, 2001). This paper outlines ten major competencies relating to attitudes, skills, knowledge, and behaviour required of workers in mental health services and recognises that although these pertain to all workers, some may apply to specific groups more than others, "For instance mental health support workers may need to acquire some of the community-focused competencies to a higher level than psychiatrists" (MHSWAG, 2003, p. 5) (see Appendix A).

This definition of MHSW within a recovery approach context and the recovery competencies indicate that MHSW is a complex role that includes working with the interpersonal dynamics of the client and their key relationships with friends, families, other professionals, communities and cultures. MHSW are required to not only have a good grasp of socio-political dynamics that impact on the client but also how they can assist the client to find their place within the world. The ability to hold several frames of reference in relation to different cultural understandings of mental illness and treatment is also expected. The ability to form respectful relationships with service users is central to the tasks of being a MHSW (Rapp, 1998). In a sense the relationship acts as a model and tool to support the service user as they negotiate other key relationships within their families, communities and cultures.

A core principle of the recovery approach is to encourage people who have experienced mental illness to work in the field. The Blueprint for Mental Health Services in New Zealand (1998) states

> Recovery happens when mental health services enable people with mental illness to take on competent roles. This means people with experience of mental illness are given every opportunity to use their competence in the mental health sector. People with experience of mental illness with the right aptitude and skills, should be encouraged to seek employment in mental health services. The mental health sector should support the consumer movement to develop support networks and consumer run services. When service users take up these kinds of competent roles, they assist their own recovery –and through their role models, they also assist the recovery of others (MHC, p 17-18).

This policy has far reaching implications for the nature of support work and the supervision of MHSW as it potentially breaks down the 'them' and 'us' dichotomy of the old paradigm. Deegan (cited in Jacobson, 2004) believes recovery is a personal process that can only be known subjectively. She suggests that "service providers can be effective only to the extent that they, too, have an awareness of having themselves "recovered" from their own tragedies and struggles-have an awareness of their own objectivity" (p. 71).

Although empowerment must surely be acknowledged as a desired state for all individuals, recovery literature tends to advocate an aggressive 'enforcement' of empowerment, with statements such as "service users must take the lead in their

own recovery" (Mental Health Commission., 2004, p. 4). Some service users have commented that MHSW sometimes expect them to do much for themselves and don't 'help' them enough (MHSWAG, 2003). There are also possible downsides to indiscriminate 'empowerment'. Berger and Neuhaus (cited in Clark & Krupa, 2002) suggest that "increasing personal rights may in fact alienate the individual from important community structures that are intended to be supportive" (p. 343). Clark and Krupa add that personal empowerment may undermine the family as a resource and impinge negatively on family dynamics.

The meaning of support work for service users

The evaluation report into the training of MHSW (MHSWAG, 2003) identified skills that service users' value in a MHSW. Communication skills were high on the list and included the ability to engage in conversation, to listen and to talk on the same level as the service user. They also appreciated continuity, in other words having the same support worker over a period of time allowed them to develop a trusting and supportive relationship, this was particularly important at significant times, such as moving from supportive accommodation to more independent living. This continuity was valued also in relation to the breadth of the service users' needs in that they wanted some support to continue either, when they become unwell and felt 'more dependent' or when they developed more independence. The service users said that this continuity of support required the support worker to be sensitive to the changing needs of the service user and flexible enough to adapt the level of support accordingly. These qualities were also valued in regards respecting service users' right to choose the amount of involvement they wanted with their families/whanau and their culture.

Another important aspect of the role from the services users' perspective was that of advocate (MHSWAG, 2003). They noticed that people in other professional capacities often showed more respect for a support worker than a consumer and they were therefore more likely to be listened to and to get results for the consumer. An aspect of this advocate role was to help the consumer to understand things such as information about their physical and mental health. Consumers felt their support worker should have an understanding of mental illness and medication as well as an appreciation of how life experiences such as abuse and

trauma impact long-term on mental well-being and can exacerbate psychiatric symptoms.

Some interesting comments were made in the report around the recovery approach notion of 'doing with' rather than 'doing for'. 'Doing for' can be seen from a power position as implying that clients need the more powerful worker to 'take care' of them. Sometimes this translates into behaviour that is parental and which elicits a child-like response from the client. If this continues the client can develop a degree of learned helplessness, whereby they lose a belief in their own ability to do things for themselves (Clark & Krupa, 2002). Service users in the MHSWAG report felt that sometimes MHSW took the 'doing with' position to extremes and expected too much of them especially at times when they felt less well mentally (MHSWAG, 2003). What they suggested was flexibility and a sensitivity to the client's changing needs rather than an indiscriminate application of the 'doing with' approach. Some consumers reported that when they had a period of un-wellness their support worker would avoid seeing them. Although this response was sometimes due to the fact that under a contractual agreement another professional was to provide support at such times, the consumers expressed feelings of being rejected by their support worker even so.

Implications for the supervision of MHSW shows up in the section of the report titled "Limitations of support workers" (MHSWAG, 2003, p. 52). Service users felt that MHSW needed to deal better with own stress and some reported experiencing support workers offloading on to them. They also felt that MHSW needed to have more awareness about power dynamics particularly between them and their clients. The awareness of power included areas such as sensitivity when going into a service user's home, reliability in terms of doing what you said you would do such as keeping appointments, and clarity around confidentiality. There was also comment made about the need to have understanding of cultural diversity, including non-ethnic culture such as lesbian and gay culture; awareness of issues particularly relating to women such as women's health issues, loss of access to children; and again continuity of care in response to changes in mental wellbeing.

Supervision and mental health support work

Charles Rapp (1998) authored the seminal work *The Strengths Model* which is used as a text in New Zealand for many of the MHSW training programmes and as a resource by many mental health service agencies. In his book Rapp outlines a model of group supervision he has devised specifically for use with his client model. He states that the overriding purpose of supervision is to assist case managers to do their work with their clients in "an effective, efficient and satisfying way" (p. 181). The model is distinctive in that it is virtually an extension of the case work and is focused on brainstorming ideas for client work and celebrating successes. The group approach is favoured as a way of capitalising on the generalising of strategies from client to client and as a way of sharing knowledge of community resources. The function of support through connection with others engaged in the same work is also emphasised. The challenging nature of the work is acknowledged by Rapp however the support for the workers seems to occur incidentally through the supervision rather than through an overt focus on the worker and their needs.

In Rapp's description of his model the emphasis is firmly on the clients, as he states "Group supervision is clients, clients, clients. Nothing else should be allowed to intrude" (1998, p. 185). Although he acknowledges a need for discussion of other issues such as policies and procedures or even client crises, he states that the group supervision is not the forum for these (he doesn't say what is). As he doesn't mention any other form of supervision it appears that he views his group model as being sufficient to meet all supervisory needs. Although the strengths model of client work recognises the centrality of the relationship in doing the work, the relationship does not seem to be overtly focused on in the supervision process. Rather than being a reflection of the client work, supervision appears to be an extension. There is no mention of unconscious processes such as transference or parallel process and the case manager's [support worker's] values and countertransference do not appear to be acknowledged. The focus on the client also appears to render the worker almost invisible and with no room for recognition of their own needs.

Rapp's model was developed in Kansas as a model for 'case managers'. The difference in this role to MHSW appears to be that case managers are in effect social workers with a minimum of Bachelor level training whereas the majority of MHSW currently have, if any formal training at all, a one-year undergraduate certificate. These differences in training perhaps account for some differences in supervisory expectations. It may be that a Bachelor of social work addresses the student's values, world view and ethics and development of the ability to self-reflect in such a way that by the time they graduate they have been sufficiently acculturated into the strengths ethos that no further development in this area is deemed necessary. MHSW training also includes these dimensions but in a one year course they are very limited. I believe supervision serves to in part facilitate a continuation of training and developing self-awareness. There is an implication in Rapp's writing of his model that all case managers are working ethically and without prejudice, limitations in the effectiveness of the work are assumed to be because of a lack of ideas and strategies rather than the worker's own blind-spots. The presentation of the model also appears to assume that the climate within the employing agencies is supportive and congruent with a strengths/recovery approach, in my experience this is not always the case in New Zealand. The effectiveness of the strengths model has been ascertained in several research studies however this model of supervision does not appear to have been separately evaluated.

One of the major distinctions of MHSW is that training is often minimal, it is regarded as a 'non-professional' and 'non-clinical' role which means that the often used terms of 'clinical' or 'professional' supervision are not applicable in this context. Although one of the unit standards of the National Certificate in Mental Health Support Work requires students to experience supervision within their training (MHSWAG, 2003, p. 2), the supervision of MHSW in the workplace is not mandated. The majority of MHSW are employed in non-government agencies and these tend to vary in terms of the amount and type of supervision they provide for their workers. The evaluation report notes that organizations "need to ensure that there is good supervision in place" (MHSWAG, 2003, p. 25) although support workers said that it was not always provided and they were generally told that was because of lack of funding. There

was some sense, in this report, of feelings of frustration in support workers who were taught in their training the importance and value of supervision and were then not provided with it in the workplace.

A research study into supervision within mental health services in New Zealand, funded by the Ministry of Health, was published in 2003 (Cooper & Anglem). This study investigated the supervision of a range of health professionals who have contact with clients in mental health services. The purpose of the study was to examine the link between supervision and clinical governance or "the organisation's strategy for improving quality of patient care by providing an environment in which excellence will flourish" (foreword). It also examined models of supervision, effectiveness and the extent of cultural supervision in organisations providing services for Maori. The supervision of mental health support workers was addressed in the part of the study involving the NGO case studies. These were based on information gathered from managers and others responsible for managing supervision, and was obtained through interviews and observations of supervision sessions. Some focus groups of supervisees were also held during the course of this study although it seems (it is not explicit) that MHSW were not present in these groups.

Findings from this study which are, in most instances, generalised across many professions, demonstrate that participants felt that supervision benefited them personally as well as impacted on the quality of their practice. The purpose of supervision was seen as benefiting staff, the organisation and clients. One of the major benefits to staff was an increase in confidence. The quality of the relationship between supervisor and supervisee was rated as being very important as was having choice of supervisor. The importance of specific supervision training was noted. A recommendation arising from this study was that "all allied health staff should have access to supervision with trained supervisors" (Cooper & Anglem, 2003, p. ix), but this does not appear to have been acted upon.

Generally workers were supervised by supervisors with the same professional training and focus group participants felt that this was particularly important for beginning professionals. MHSW were an exception to this in that they were almost always supervised by people from a discipline different to their own. It

was noted that MHSW were viewed as lacking in professional training
and with having little understanding of supervision. It was felt new MHSW staff
often felt supervision was for checking up on them and tried to avoid it.
Comments were made by many supervisors that these factors made this group of
workers challenging to supervise. Some of the difficulty also seemed to stem
from the lack of understanding supervisors from other professions have of the
MHSW role and it was noted that the role is "under theorised in academic and
supervisory literature" (Cooper & Anglem, 2003, p. 81). The purpose of
supervision was regarded by supervisors to be for support and education with the
educative function particularly emphasised to help MHSW develop understanding
of the work and to compensate for lack of other training. The recommendation
made in this study for specialised training for people supervising "unqualified
staff" adds weight to my perception that there is currently no supervision model
specifically geared towards MHSW nor understanding of the supervisory needs of
these workers. My sense is that currently MHSW by being supervised by
members of other professions are having supervision approaches imposed on
them which may not fit with their understanding of the work.

Key recommendations were that supervision be more transparent and open with a
formal link to clinical governance and "that professions should develop explicit
standards for clinical supervision that can be used to audit practice in mental
health" (p. xi). It was recommended that confidentiality in supervision should be
maintained but that supervision contracts should be more explicit about
participant's rights and responsibilities. A recommendation was also made about
the need to formalise processes for disclosure of practice in regards ethical and
safety concerns. In relation to internal supervision the need to clearly define and
differentiate roles and responsibilities of line managers and supervisors, was
noted.

In regards cultural supervision, Cooper and Anglem's (2003) study found that
there was no common understanding in mental health services of what cultural
supervision actually is and an attempt was made to examine some of the different
understandings. From this process recommendations regarding cultural
supervision were made and include: that where possible Maori should supervise
Maori; all workers should be able to choose their supervisor; funding should be

made available to develop supervisory models that are culturally specific; cross-cultural supervisory approaches where participants meet as equals should be developed. Current supervisory approaches were felt to reflect mono-cultural values and philosophies and were not appropriately serving the diversity of workers and clients. Again there was a recommendation for more transparency in the supervision process, this time for the purpose of openly addressing discrimination and oppression of Maori workers and clients. It was felt that Pakeha supervisors needed specific training around dominance and oppression "and how these hegemonic ways maintain dominance and privilege in the supervisory relationship" (Cooper & Anglem, 2003, p. xiii). A caution was made that training for Pakeha should not be on a superficial level that would reduce understanding of difference and marginalisation to merely "a set of values and protocols to be learnt" (p. 65).

Although this study provides some very useful information and recommendations for supervision within mental health services in general the lack of emphasis on MHSW is interesting to note. Information about supervision and MHSW was obtained through interviews with managers and supervisors and through observation rather than any direct attempt to ask the MHSW themselves and which contrasts with the questionnaires and focus groups that people from other professions participated in. This approach did not enable MHSW to speak with their own 'voice' about their supervisory experiences. There was no reference to the 'recovery approach' although Rapp's (1998) "strengths approach" and his supervision model were mentioned in one sentence and only in reference to MHSW, implying that the other professions have not embraced this approach. There was no mention made of service user/MHSW's who comprise a large part of the mental health support workforce. There was a view of MHSW as falling outside the understanding of most other mental health professionals. The fact that they are the people who spend the most amount of time, and therefore potentially have the most influential relationships, with service users in the community was not emphasised. The cultural critique of supervision which refers to hegemony, dominance and oppression could in my mind refer also to MHSW where the medicalised knowledge held by mental health professionals is valued above the knowledge that MHSW hold about their clients through the extensive day-to-day

contact they have with them. Cooper and Anglem's (2003) study in effect mirrors this perception as MHSW were the one group whose own thoughts and experiences of supervision was not directly sought but instead obtained through their mangers and supervisors.

Summary

This chapter has presented literature pertinent to the aim of this research study. I have begun with an account of the historical development of supervision from its beginnings in the psychoanalytic tradition through its being adopted and adapted by other helping professions as they also evolved. This served a dual purpose, to illustrate the evolutionary nature of supervision and to identify some of the different meanings of supervision. These sections also illustrate the fact that supervision tends to be reflective of the context in which it is situated including the role of culture and of power in the relationships between participants. Isomorphism and parallel process are presented as an explanation for the mechanism by which this reflection may occur. The psychoanalytic concepts of 'holding' and 'containing' as developmental functions helps to make sense of how supervision may be experienced as supportive.

The focus of the chapter then moved to the development of mental health support work, the recovery approach and a definition of the role of the mental health support worker. Literature pertaining to supervision in mental health services in New Zealand that include MHSW was then summarised. The conclusion I draw from this sample of literature is that although there are some generic meanings of supervision there are also meanings that are contextual and localised. There is evidence to suggest that the role of MHSW is still in its infancy and that it is timely for the meaning of supervision for MHSW to be addressed.

Chapter 3: Methodology and methods

According to Koch (1995), when undertaking research it is important to clarify the philosophical assumptions that underlie the methods used. Identification of these assumptions and the decisions about methods then employed to carry out the research, contributes to a reader's ability to make sense of the researcher's intentions (Maggs-Rapport, 2000). Koch also suggests congruence between research methodology, the research question and the researcher's own view adds to the validity of a study. In this chapter I will describe the theories that have informed the approach I have used and that have contributed to the development of the research process I have employed for this study. Crotty says, when undertaking qualitative research, we need "to devise for ourselves a research process that serves our purposes best, one that helps us more than any other to answer our research question" (1998, p. 64). A description of the method I devised to carry out this study including consideration of rigour, ethics and Treaty of Waitangi obligations will conclude the chapter.

Methodology

In chapter one I identified that this study arose from my own experience as a person working in mental health and both receiving and providing supervision. I also described the current climate of the recovery approach and strengths based practice and the growing consumer movement as being concerned with empowerment of mental health service users and in influencing societal changes to support this. In chapter two I asserted my belief that supervision is a post modern phenomenon as it is both a mutable process that is responsive to the context in which it is situated and that encompasses multiple realities. In choosing a methodology to carry out this study I looked to include all these factors. I wanted a methodology that included the researcher and their historical situated-ness as part of the research process; that was concerned with issues of empowerment and social change and that was not restricted to the idea of an objective, fixed reality. I will describe how a critical hermeneutic methodology has assisted me to develop a research process to meet these needs and serve my purpose.

The critical paradigm

Congruence of paradigm positioning with the research issue is a criterion of rigour. A research paradigm describes a world-view held by a community of researchers who are aiming to generate a certain type of knowledge. It describes the assumptions, strategies and ideas about rigour that are held by that community of researchers (Fossey, Harvey, McDermott, & Davidson, 2002). The critical paradigm is characterised by the belief that our thinking is a social and historical construct. Knowledge is viewed as an emancipatory tool that enables the personal development of the individual and contributes to the transformation of society. Research within the critical paradigm, aims to increase knowledge, to empower people and to change society (Fossey et al., 2002). The development of the recovery approach was influenced by critical social theory and the view that traditional psychiatry and the medical model are social constructs rather than descriptions of an objective 'reality'.

The ontological position of the critical paradigm is historical realism in which reality is seen to be shaped by social, political, cultural, economic, gender and ethnic values that become crystallized over time (Denzin & Lincoln, 1994). Within this paradigm people can be seen to be "adaptive beings with unrealized potential" that are "trapped by social forces that disempower and exploit" (Fossey et al., 2002, p. 719). Critical research aims to critique and transform structures, relationships and other forces that shape the way communities and organisations function by scrutinising the historical, social, cultural and political contexts they are embedded in (Fossey et al., 2002). This inquiry into the meaning of supervision for mental health support workers therefore includes consideration of the historical, social, cultural and political contexts within which it exists and how they impact on and shape that meaning.

The recovery approach which is concerned with the empowerment of service users takes account of the need to address the historical and societal conditions which have contributed to their being disempowered. I have identified my assumption that the historical background of MHSW and the current

understanding of the role by other professional groups, has
contributed to MHSW also being viewed and experienced as an oppressed
disempowered group. Supervision is a process that potentially impacts on the
personal and professional development of the supervisee and their ability to do
the work. However, supervision is always reflective of the professional and
personal values of the supervisor and the employing organisation which are in
turn shaped by the social system they are all situated in. The empowerment of
mental health service users cannot be separated from the empowerment of
MHSW. This requires critical examination of the forces that impact on MHSW,
including the nature of supervision.

Research as action

Critical research is concerned with "who we are, how we got this way, and where
we might go from here" it is therefore concerned with 'immanence' or "what
could be" (Kincheloe & McLaren, 1998, p. 309). The aim of critical research then
is oriented to the future. Emancipation, according to Freire, depends on people
seeing their situation "not as something unalterable, but merely as limiting and
therefore challenging" (Freire cited in Crotty, 1998, p.150), which again implies
forward movement and fits well with the analogy of recovery as a journey. One
view of recovery is that in a sense we are all in a process of recovery and that "the
struggle underpinning life is simply more evident in some people's lives than
others" (Barker, 2000, p. 2). Again this links to Freire's notion that the task of all
people is to become "more fully human" (Crotty, 1998, p.152). According to
Freire exploitation, oppression and other forms of injustice result in a
dehumanizing of not only the oppressed but the oppressor also. The path to
emancipation he says is 'conscientisation', or a raising of consciousness (Crotty).
If this is so then emancipation of service users depends on raising the
consciousness of the workers and the service management, the policy makers and
funders, and the wider social system also. Supervision with its focus on
developing self-awareness can be viewed as an agent in the process of
conscientisation of support workers.

Freire was concerned with challenging the positivist approach to research that
separated the researcher and the research participants (Kincheloe & McLaren,

1998). Involving participants in the research process itself may be a first step in the action required to implement change in the area being researched. The process of inquiry involves asking research participants to reflect on their experience, a process that requires bringing their experience into awareness, in other words becoming conscious. As Freire says "critical reflection is already action" (Crotty, 1998, p. 151).

Herda (1999) sees language itself as action and as an event. In Herda's participatory critical hermeneutics the dialogue that occurs in a research conversation is recognised as being an action that promotes communication, understanding and community building. According to Herda "when we understand that language is an action that is the medium of our lives, we become connected to others in historical and current communities that have a future" (p. 10).

Hermeneutics

The hermeneutics that I am concerned with in this study is a tradition begun with Husserl, modified by his student Heidegger and further refined by Gadamer (Crotty, 1998). It concerns the act of interpreting meaning from texts. Husserl believed that the truth about certain aspects of human existence could be 'known' through the study of the words, or text, that were used to describe human experience (Fleming, Gaidys, & Robb, 2003). Husserl believed that a text embodied a 'truth' that was able to be discerned if the researcher was able to 'bracket off' all preconceived ideas about the phenomenon in question. In this way a degree of certainty and clarity would be achieved. Herda (1999) says this led to the development of epistemological hermeneutics, whereby an active researcher studies a passive object (text) in order to know the truth.

Martin Heidegger a student of Husserl challenged this approach, he saw human experience as unique and varied and that there was no objective truth to be discovered by an objective observer. Herda (1999) credits Heidegger and his student Gadamer as shifting hermeneutics from an epistemological stance to an ontological one. Heidegger was "interested in the possibilities of Being, in which existence knows itself only in relation with others and other objects" (Fleming et

al., 2003, p. 114). His concern shifted from that of 'knowing' to that of 'understanding' and he "believed that understanding was not possible because of knowing, rather it was possible because of relationships" (Fleming et al., 2003, p. 115). Understanding then is a way of being that makes knowing possible, through understanding we come to know. In other words the epistemology becomes the ontology.

Heidegger's focus was ontology, the study of being. He believed phenomenology the concept of 'back to the things themselves' was the way to understand 'being' (Crotty, 1998). He also believed that 'being' or Dasein, as he termed it, is represented in language. According to Crotty:

> Heidegger's hermeneutics starts with a phenomenological return to our being, which presents itself to us initially in a nebulous and undeveloped fashion, and then seeks to unfold that pre-understanding, make explicit what is implicit, and grasp the meaning of Being itself (1998, p. 97).

This position was developed further by Gadamer who was also concerned with the question of how do we come to understand. His view was that understanding comes through recognition that we all have a history that contributes to our thinking and our understanding. Interpretation of a text then involves a coming together of the historically situated interpreter and the historically situated text (or other). Gadamer termed this process a "fusion of horizons" (cited in Crotty, 1998). He postulated that our understanding of a text only occurs within the context of our own pre-understandings or prejudices. Interpretation is seen as a meeting of the worlds of the researcher and the researched, a meeting that occurs in and through language. Hermeneutic research is therefore inclusive of the researcher's own values, beliefs and personal experiences in relation to the research topic. According to Gadamer our understanding changes as our horizons change, in this way we expand our knowledge. Herda says, "The research work is part of an historical continuum, no matter what the research question is, and it is through the knowledge of history that we come to know ourselves and others" (1999, p. 64).

Habermas, a critical social theorist believed that prejudice is present not only in the personal horizons of the researcher and researched but also the social and historical setting that each is embedded in (Outhwaite, 1996). Habermas says

consideration of the social setting must include an awareness of inherent oppression. Habermas's emphasis on acknowledging not only the context of the hermeneutic inquiry but also the power dynamics within that context, locates his hermeneutics within the critical paradigm. For Habermas emancipation involves both reflection and awareness "which empower people to assert themselves and take control of their lives" (Grbich, 1999, p. 45), the goal is to achieve emancipatory knowledge. The guiding interest of critical social research is emancipatory interest which is fostered through self-knowledge gained by self-reflection (Herda, 1999).

Habermas was critical of Gadamer's approach to hermeneutics as he believed Gadamer did not take account of the possibility that understanding and interpretation can be "warped by the dominating, violent and distorting forces of ideology" (Demeterio, 2001). Although this study is concerned with interpreting the meaning of supervision of MHSW through texts of interviews this must take account of the context of recovery for service users within which this supervision takes place. Also, my interpretation is influenced by my history and the social and cultural influences that have shaped my thinking. Although I am attempting to be conscious of how these influence my interpretation it is inevitable that some things will remain out of my awareness.

This study is based on an epistemology of constructionism and transaction (Denzin & Lincoln, 1994) whereby the relationship between researched and researcher is understood as a transaction constructed in dialogue and mediated by values. The horizons that Gadamer says are 'fused' in the process of understanding are seen as being explicitly shaped by values. This epistemological position implies a belief that knowledge is contextual and is constructed not discovered (Maggs-Rapport, 2000) a belief that is again compatible with the recovery approach and MHSW practice.

Participatory critical hermeneutic inquiry

The methodology for this study is also informed by what Herda (1999) has termed participatory critical hermeneutic inquiry. Participatory research aims to include participants in the design of the research process in the interests of

collaboration and partnership and reduces the distinction between 'researcher' and 'researched' (Fossey et al., 2002). The process of true participatory research is generally time-consuming and I felt was not appropriate for the time constraints of a Masters study. However, as will be explained in the following method section, some attempts were made to incorporate the spirit of participatory research. As Fossey, Harvey, McDermott and Davidson (2002) say "participatory approaches have direct relevance to psychiatry, increasingly being advocated to amplify the voices of consumers and carers in mental health research and to strengthen their participation in mental health service evaluation and development" (p. 720).

Herda's (1999) approach is concerned with research within communities. This incorporates Freire's notion that as co-creators of the world we live in we have the power to act not just to be acted upon. Research within communities, aims to empower the members of the community to contribute to the shaping of their own future. Herda (1999) says that the validity of this method of research is dependent on the personal, social and organizational relationship changes that occur as a result. As a supervisor of MHSW and students who are in training to be MHSW I am a part of the MHSW community. Discussion of the contribution of this study to my work and the MHSW community will be included in chapter seven. The study will, it is hoped, contribute to more thinking about the way supervision of MHSW is implemented, not only by supervisors but also by those making decisions in relation to funding and provision of supervision for MHSW.

A hall of mirrors

This study forms a series of mirrors and parallels. Parallel process is a well recognised dynamic in the field of supervision and is bi-directional. One of the pre-understandings that I bring to this study is that there is an isomorphic relationship between MHSW and the supervision of mental health support workers. That is, that the dynamic of power/empowerment that MHSW are working with in their relationships with clients in the context of 'recovery', has some parallel in their relationships with their supervisors, managers and organisational structures. The nature of this parallel and how it is experienced by MHSW is one of the dimensions I hope to illuminate through this study. Rapp

(1998) says "empowerment is seen as a state that people aspire to and that clients and professionals collaborate in achieving" (p. 22). Again this is paralleled in a participatory critical hermeneutic methodology that assumes the potential of a research dialogue to effect change. This methodology attempts to respond to the power dynamic within the researcher/participant relationship by engaging in 'collaborative conversations' with participants rather than usual qualitative interviews.

In the relationship between MHSW and client, and between MHSW and supervisor, there is a given power differential which can never be completely dispensed with even though the work may focus on establishing a relationship of equality. The same can be said for participatory critical hermeneutic research. Herda says: "although the researcher strives to establish a relationship based on equity, there are points where equity cannot be sought" (1999, p. 83). Just as the client is credited as being the expert in relation to their own recovery journey, the MHSW is credited as the expert in their knowledge of their work with their client and the research participant is the expert in terms of the knowledge they hold that the researcher is aiming to uncover. As a supervisor I am bringing my history, knowledge and expertise to the task of interpreting. At the same time the MHSW holds power and authority in their relationship with their clients, the supervisor in their relationship with MHSW and as a researcher I maintain control and power in the research process.

There is another level of mirroring within this study and that is that the subject under study is a relationship that manifests in dialogue between the supervisory participants. Hermeneutic research parallels the focus on relationship and dialogue. This study is based on an epistemology of constructionism and transaction whereby the relationship between researched and researcher is understood as a transaction constructed in dialogue and mediated by values (Denzin & Lincoln, 1994).

Method

In this section I will present the process of devising the study and the methods used and how they were actually carried out. This will be followed by comments

about rigour, ethics and the Treaty of Waitangi and how these were attended to within the process of this study.

Pre-understandings

In keeping with the hermeneutic methodology I arranged for a pre-understandings interview with my supervisor prior to interviewing any participants as a way of becoming conscious of my already-held ideas about the subject (Geanellos, 1998a). This interview was transcribed and significant ideas were identified. The purpose of this was to minimise the risk that my interpretation of the data will merely serve to confirm my already-held assumptions (Geanellos, 1998b). Making pre-understandings overt enables readers to discern the context or horizons of the interpreter, and therefore legitimacy of interpretations.

I identified an already-held belief that power is an important dynamic in both service user/MHSW and MHSW/supervisor relationships and that I suspected there was a connection between them. I further clarified that some of my motivation for doing this study was to expand my understanding of what a supervisor does or doesn't do that supervisees may experience as either empowering or disempowering. MHSW often discuss with me feeling disempowered in their relationships with their managers and employing agencies and I had a belief that supervision has an important role to play in supporting MHSW to challenge those practices. An aspect of this is my belief that managers and employing agencies need to become more conscious of how they enact power. An understanding of how power dynamics are experienced by workers could assist that. My belief that the supervisory relationship provides a model for supervisees' work with service users was also evident in this interview as was the feeling that service user/support workers may have specific needs of supervision. A link between self awareness and a person's sense of personal empowerment was also identified as an already-held belief.

Sampling

The participants for this study were selected using a purposive sampling method. Letters were sent to managers of fifteen services that employ MHSW, outlining the project and introducing myself (Appendix B). These services were all non-

government organisations (NGOs) and included mainstream services
as well as some Kaupapa Maori and Pacific Island services. Included with the
letter was a flyer (Appendix C), inviting MHSW to participate in the research,
which I asked the managers to either display on staff notice boards or otherwise
bring to the attention of their staff. The purpose of this was so MHSW could
make contact with me independently and maintain their anonymity if they
decided to participate. The process was outlined as involving an individual
interview for about an hour with a follow up focus group of all participants
lasting about one and a half hours. I made a decision not to include any people I
was currently supervising as participants. The reason for this was that I felt the
power dynamic which I believe to be inherent in the supervisee/supervisor
relationship could affect the degree of openness in the research interviews and
add unnecessary complicating factors to the data.

Two people responded quickly after these letters were posted and interview times
were arranged with them. These two interviews were transcribed and an initial
analysis was made. Two more people subsequently responded to my invitation
and were also interviewed. As these four participants provided both rich data and
what I felt to be a good representation of MHSW, and I was also planning a focus
group, a decision was made in consultation with my supervisor not to actively
recruit any more participants.

The four participants work for three different NGO agencies, three working in
community support work and one in residential care. There are three women and
one man. All four participants work in mainstream services with clients from a
range of ethnic cultural backgrounds. Two participants identify as Maori and one
participant identifies as a user of mental health services. Although all participants
are employed as MHSW, two also have some managerial responsibilities within
the organisations where they work; one also had some past experience
supervising colleagues.

Data gathering

The design of this study was emergent in that although there was an overall sense
of what the process would be at the beginning, the actual details of how it was

carried out was responsive to what was emerging. Initial data was collected from the four participants by audio recorded conversations that lasted approximately one hour. The first of these began with an open-ended invitation "tell me about your experience of supervision". This participant seemed to find this question too broad and had difficulty knowing where to begin so in the subsequent interviews I began by asking what supervision experiences the participants had had. This made it easier to move on to questions about what those experiences of supervision were like for them. Further questions were either in response to what the interviewee was saying, to clarify what was being said and sometimes to open up another area. Although I did not have set questions there were some general areas I was interested in. The recordings were transcribed by me as a way of beginning to familiarise myself with the data.

From the preliminary analysis of the transcripts of these four conversations a list of emerging themes was developed which was then sent to each participant along with a copy of their transcript. The participants were invited to meet together for a focus group and to discuss their responses to the themes (Appendix D). Gadamer's hermeneutic methodology does not rely on interpretations being validated by participants (Geanellos, 1998a) so the decision to have a focus group was made for the purpose of creating an ongoing dialogue rather than just limit the participant's involvement to a one-off interview. This recognises that the process of inquiry that is triggered by an interview continues to live on in the participants. Giving participants a list of the themes and inviting them to continue the dialogue, acknowledges that uncovering meaning is a process without end, as Gadamer says our horizons are continually shifting (Fleming et al., 2003).

The process of organising the group took some time which enabled more time for me to reflect and refine my focus for the group. Another letter was sent to the participants to confirm the time of the group and included four questions that I wanted to discuss (Appendix E). In the interests of collaboration participants were invited to raise topics for discussion in the group also. Because of difficulties in arranging a suitable time two groups each comprising two participants were held instead of the one group originally planned.

Data analysis

The following three chapters will be concerned with findings from the analysis of the texts of this study. The primary texts are the transcripts from individual interviews and the two focus groups, these will be augmented by observations from my supervisory practice (Herda, 1999). According to Fleming, Gaidys and Robb (2003) hermeneutic analysis requires movement through the hermeneutic circle by first gaining an understanding of the text as a whole, then an in depth analysis of parts of the text and identification of themes, followed by relating the themes of the parts back to the meaning of the text as a whole. This completing of the hermeneutic circle assumes that the meaning of the text as a whole will be expanded through analysis of the parts.

The analysis of the data was a process that emerged as the research unfolded. I made a decision to transcribe the interviews and focus groups myself as a way of familiarising myself with the material. To begin with each interview was read through after being transcribed and what was being talked about in sections of the text was summarised and noted in the margins. From these notes I made a list of subjects within each interview, these subjects were then transferred on to large sheets of paper and grouped according to unifying themes. Links between themes were made and illustrated with arrows. This created a preliminary diagram or map. A similar map was created for each transcript with the themes that had been identified arranged into categories. These four maps were then amalgamated into one map and the categories further refined to identify what seemed to be the recurring and important themes. The list of themes was sent to research participants along with transcripts of their own interview. The transcripts from the focus groups were similarly analysed and any new themes were incorporated into the map resulting from the individual interviews.

The next level of analysis occurred through the process of writing and rewriting. Ricoeur's theory of interpretation as a means of analysing texts was influential in this task. Ricoeur was interested in the question "through what means is textual understanding possible?" and his response was to propose objectifying the text thus removing "authorial intent" (Geanellos, 2000, p. 113). By suggesting that a text can have meaning independent of what the author intended Ricoeur was not only accounting for the pre-understandings an interpreter brings to the analysis but also implying that a text can have multiple meanings. Ricoeur proposed a

dialectical process of interpretation incorporating what he terms distanciation (putting something at a distance) and appropriation (making something one's own). Geanellos says this method fits well with interpretive research "that strives to reveal the hidden, unknown, alien or fragmented within a tradition" (Geanellos, 2000, p. 114).

The process of appropriation contributes to the deepening of the interpretation as the interpreter's horizons become expanded and they gain "a new capacity of knowing him [or her] self" (Ricoeur, cited in Geanellos, 2000, p. 114) which then enables increased expansion of understanding of the text. The connection of self-understanding with interpretation emphasises that interpretive research is an intersubjective process. The concept of the hermeneutic circle is employed in the process of interpretation, a naïve meaning of the text as a whole is deepened into understanding by focusing on parts of the text. Ricoeur describes the process of interpretation as moving from a naïve explanation of 'what a text says' to a deeper understanding of 'what it talks about' (Geanellos, 2000). Understanding requires interpretation of the expressed and the unexpressed, the explicit and the implicit.

My process of analysis began with the map of themes that I had devised and using that to create some sort of structure for the process of then writing and presenting the analysis. The structure was not fixed at the beginning but changed as the process of analysis deepened and understanding of the themes was refined in fact towards the end of the writing process I completely revised the structure for presenting my analysis. Sections of text that were concerned with specific themes were selected and subjected to the process of writing 'what the text says', and rewriting 'what the text talks about'. This process included submitting sections of my writing to my supervisor which helped to maintain integrity between my writing and the text. In other words, that I was not merely using the text to substantiate my own preconceptions and foreclosing on gaining understanding.

Rigour

In order for any research to be useful it must be seen to be believable and trustworthy, in other words, rigorous (Koch, 1996). According to Fossey, Harvey,

McDermott and Davidson (2002) a pervasive attitude of openness, transparency and congruence throughout the study contributes to trustworthiness. Lincoln says also one of the standards of qualitative research is 'positionality', that a study should "display honesty about its own stance and about the position of the author" (cited in Cresswell, 1998, p. 196). I have provided rationale for both my choice of methodology and methods and presented some of my prejudices identified through a pre-understandings interview.

In the preceding section of this chapter I explained my rationale for choosing a critical hermeneutic methodology to conduct this study and my beliefs about collaboration and partnership. Although time constraints made it difficult to conduct an inquiry that was truly participatory the decision to give participants some preliminary analysis and then invite them to participate in a focus group was done with the aim of being collaborative. Participants in the focus groups were invited to raise topics of interest to them and their input was sought as to what use to make of any findings from the study. In this way the 'products' of the research will be shared with the participants as partners in the process rather than retained solely for my use.

According to Fossey et al. (2002) a central question in evaluating qualitative research has to do with "whether participants' perspectives have been authentically represented in the research process and the interpretations made" (p. 723). Giving participants the list of themes prior to the groups and inviting their responses was one way of checking that they felt their 'voices' were being adequately portrayed. This consideration for authenticity needs to be held alongside Ricoeur's ideas of distanciation and appropriation that "allow interpreters to approach the text without concern for authorial intent" (Geanellos, 2000, p. 113). According to Ricoeur the focus is for researchers to appropriate the text's meanings rather than search for the participant's unique meanings. In this way both the expressed and unexpressed are interpreted.

Rice and Ezzy (1999) propose another schema for addressing rigour in qualitative research: conceptual rigour, procedural rigour and interpretive rigour. In this study conceptual rigour has been attended to through discussion of the methodology and philosophical underpinnings and the 'goodness of fit' with both

the domain of inquiry and the research question. The clear and transparent description of the methods I have used and the decisions I made in implementing them provides procedural rigour and the inclusion of my own pre-understandings and verbatim quotes from the interview transcripts allows the reader to appreciate to some extent my process of interpretation, thereby contributing to interpretive rigour. The transferability of findings that is often a criterion of rigour in qualitative research (Maggs-Rapport, 2000) is not so relevant in critical research where validity is measured more by the contribution to the building of tradition and to social change (Herda, 1999). Consideration of the impact of this study will be discussed in chapter seven.

Ethical considerations

The major ethical considerations when conducting qualitative research, concern issues of doing no harm, informed consent, protecting privacy and confidentiality of data (Tolich & Davidson, 1999). Complementary to this is the idea that the research will be of benefit not only to the participants but society in general. I have made some comments, which will be expanded in chapter seven, about the possible contribution of this study to the discourse of supervision for MHSW and the potential impact on the provision of services to mental health consumers.

When participants made initial contact with me they were sent an information sheet (Appendix F) outlining the purpose of the study, the process of data collection, methods for protecting privacy and what may happen with the findings. This included explanation that the study was 'emergent' and that participants may have some input into some of the decisions. Participants were informed of the right to withdraw from the study any time up until the beginning of writing (after the focus group). To protect confidentiality names and identifying details, such as the service the person works for, are not used in the study report. Copies of the three data analysis chapters were sent to the participants for their interest and so they could check that their identity was sufficiently protected. As a result, some details were altered to further protect identity. Participants were also asked to sign a confidentiality agreement prior to the focus groups to ensure privacy of group members. My research is intended to have an impact on the status quo but that must be done in a way that is fair and

not prejudicial to any particular individual or service. Confidentiality
is also addressed through methods for the protection of data, for example keeping
tape recordings, transcripts and consent forms in a locked filing cabinet.

Treaty of Waitangi

Research undertaken in New Zealand has ethical obligations to honour principles
of the Treaty of Waitangi. These principles incorporate participation, protection,
and partnership (Maria Rameka, class discussion 2004). Prior to beginning this
study I consulted with a Maori supervisor in the School of Psychotherapy, AUT,
who is involved in the teaching and supervising of MHSW trainees. I have also
sent drafts of my findings chapters for her comment as the principle of protection
includes protection from any negative impact that might result from the findings
of the project being made public (Thomas, 2000).

When recruiting participants for this study, letters of invitation were sent to Maori
and Pacifika services as well as mainstream services. Of the four people who
chose to participate, two identify as Maori, although both of these work in
mainstream services. According to Smith (1999) Kaupapa Maori research aligns
with critical theory in its attempt to emancipate and empower the oppressed and
disempowered. Maori are statistically over-represented as consumers in mental
health services so as one aim of this study is to ultimately enhance services to
clients, Maori will benefit from this study. The recovery approach to mental
health being based on the idea of emancipation and empowerment of the service
users, recognizes that oppression occurs not only from the illnesses but also such
things as "social injustice, cultural alienation and unresponsive services"
(O'Hagan, 2001, p. 87).

The principle of partnership incorporates also the concepts of inclusion and power
sharing. Inviting participant input into the use to be made of the study findings
and to raise their own issues of concern in the focus groups were in keeping with
these concepts.

A fusion of horizons

While writing the previous section of this report I noticed that in my ethics proposal for this study I had stated that I would not identify in the report if participants were Maori. I said this because at the time I thought that it would further protect participants from being identified. However, the nature of the experiences of cross-cultural supervision of one participant in particular, which has such relevancy for the purpose of this study, means it is important that her identity as Maori is made explicit. To do this has meant consulting with the ethics coordinator at AUT to amend my ethics proposal and sending out amended information and consent forms to the participants (Appendix G & H). As I set about doing this I also realized that I had not made any reference in my proposal or information sheet to acknowledging whether participants identified as service users and I felt a need to address this as well.

As I supervise both Maori and people who identify as service users and knew that the experiences of supervision for these sub-groups of MHSW was pertinent to my task, my first response to this situation was to chastise myself for making such an obvious omission. However on further thought I now see this process as reflective of the nature of this type of research and my meeting my purpose for this study. My motivation for doing this study was fuelled by a desire to expand my own horizons in terms of my understanding of the meaning supervision has for MHSW. The ethics proposal I wrote was done from the point of my pre-research horizon, analysis of the data has resulted in the fusion of my horizon with those of the participants and led to a new horizon for me, requiring a readjustment of the ethical boundaries of the study.

Summary

This chapter has been concerned with presenting the methodology or philosophical assumptions that have shaped this study and the methods devised to carry it out. The reasoning behind positioning the study within the critical paradigm, the influence of critical social theory and the congruence of these ideas with the research question was explained. This included comments on Freire's belief that research can be a form of action. The philosophy of hermeneutics as a means of interpreting meaning from texts was presented and included identification of the epistemological and ontological positions.

A detailed description of the methods used to carry out the study, from prior to recruitment of participants through to writing the analysis, included explanation for when certain choices and decisions were made. These are included in the interests of openness and transparency, factors that contribute to the believability and trustworthiness of the study. Consideration of ethical concerns and obligations to the Treaty of Waitangi and a comment on an example of a fusion of horizons concluded the chapter. The next three chapters are a presentation of the analysis of the data.

Chapter 4: The meaning of supervision revealed as serving different purposes

Initial analysis of the overall meaning of the primary texts for this study found that the research participant's have a valuing of the process of supervision in general. The texts reveal that supervision serves a range of purposes for the participants including providing support for them; developing their thinking; increasing knowledge and skills; and protecting them and their clients. This chapter will present these different purposes. Chapter five will present different aspects of the meaning of supervision as a relationship and chapter six concerns supervision revealed as relating to personal, cultural and professional identity.

This chapter begins by addressing the different ways that supervision serves to support MHSW and includes consideration of service user/support workers' needs for support. I will then present the meaning of supervision as a means to develop skills and enhance critical thinking. Ways that supervision serves to provide safety for clients and workers will also be considered. The chapter will conclude with a section addressing the meaning of supervision revealed as serving covert purposes for management.

Supervision as support

The overall function of supervision as described in the participant interviews was that it resources the worker. It is a place where the MHSW can get some nurturing and renewal. In this sense the relationship has the function of a battery recharger; where what has been given out and become depleted can be renewed.

> *Supervision feels a bit like an oasis where you come and get renewed, it just feels like very resourcing and kind of nurturing, you know and there's a strong need for that, I find in the work, it feels very stressful, particularly this year so the supervision feels quite nurturing and resourcing.*

Supervision is valued as much needed assistance in supporting the worker as they support the client. Support is the act of holding up and of sustaining as well as providing nourishment (Chambers, 1983). The need for support comes from different aspects of the work, the most obvious perhaps being the impact of working closely with clients who may be unwell or otherwise behaving in

disturbing or challenging ways. Overt acts of self harm including
suicide attempts [and occasionally suicide] are not uncommon occurrences.

> *At the moment all we are dealing with is this serious incident that happened in the service that shook everybody. But even just the ongoing work, I think these clients just throw you around emotionally and everyway, psychically, such a lot, that it's just so important really to have some way of looking at the issues and be reflecting on them, you know as they come up...*

Being with another person who is experiencing emotional and/or psychic distress can be experienced as a violent process. To be "thrown around" implies being destabilised, unable to centre oneself and put one's feet on the ground which in a sense mirrors the client's experience of emotional and psychic upheaval. This is potentially very distressing for the support worker as this participant says, and for her supervision provides much needed support, a place perhaps where she can put her feet back on the ground.

Me time: "Unload, regroup and go back into the battle"

Another aspect of supervision as support that the participants' value is that it is "time for me". The recovery approach is viewed as both client-centered and client-led (Rapp, 1998). This can involve spending large amounts of the working day thinking about and being concerned for 'the other' (client). Supervision provides "me-time", time when the MHSW can focus on themselves and their feelings and needs. Supervision is seen as an opportunity for being facilitated from confusion into clarity to gain some sense of how the client work is impacting on 'me'. It is time with someone who has appropriate training to assist the worker to identify what it is in the work or personally that is creating certain emotional responses, either to clients, team members or management. Time away from the work creates space and objectivity so these things can be thought about.

> *So I find, you know if I've got all this anxiety happening around whatever's going on, I'll go into supervision and I've got this, even though I'm all kind of worked up, and I need to get it out, and I need to have this time just to think about it and have someone help me put it into perspective. And then I can just feel the calming effect of that, having time and then finding some resolution or finding some kind of strategy.*

Being caught up in the vortex of a client's world and/or their transference reactions, as well as having their own countertransference responses to clients,

can be anxiety provoking for the support worker. As this participant

says having another person to explore and disentangle all of that and to help "put it into perspective", is experienced as support for them as they support their client. The sense of perspective from that process, in gaining some understanding of 'what comes from where', and 'what belongs to who' has a calming effect which settles this participant and enables her to go back out again to engage with her clients. This conjures up an image for me of supervision and the supervisor, as a calm still pool, away from the raging, bubbling rapids of the 'job', where the MHSW can still themselves, their thoughts and emotions before returning to the torrent of the work.

> *I believe one of the meanings of supervision is that it is one of those support systems outside of the organization to give people a perspective on it, and outside of the mental health system, to unload, regroup, and go back into the battle. And I like with that, that I drive to see my supervisor in central Auckland and he knows no-one out here, well not within the mental health service.*

For this participant the supervisor is providing physical distance which enhances the feeling of having a different perspective. Having someone alongside him as he does that is an important part of the process that he values. The physical distance from the work when the supervision occurs away from the workplace enhances the sense of providing a different perspective.

Offloading - "I'd like to ring your neck, quite frankly"

For some workers the need to have a safe place to talk or 'offload' about the impact clients are having on them, is also important. The process of offloading is experienced as support and is seen as contributing to both client and worker safety. Without that safe place, emotions can be 'stored up' and may then be expressed inappropriately in ways that could be damaging to clients.

> *Because I know, I have* strong *responses to the clients…, but I'm always able to monitor and think oh yeah well I know that my own personal response and my own emotional response is that 'I'd like to ring your neck quite frankly' but I know I can reflect on that and then go and take that some where and you know and not act out basically.*

Working intimately with others in their daily struggles can create feelings and responses that if openly expressed may be harmful to the client. This participant

recognises that she sometimes has responses to clients that need to be processed in a safe place so that she does not 'act out' inappropriately in ways that may be damaging to her clients. She recognises that supervision can provide that place to reflect and understand her own responses. In my supervisory practice I have heard several stories of support workers 'acting out' their responses to clients in inappropriate ways particularly in residential care when staff may be working with several clients in a house for up to twelve hours a day. Cases of MHSW expressing their anger verbally to clients and even damaging property, although not frequent, do happen.

In the following quote the participant is reflecting on her observation of a fellow worker when individual supervision was discontinued The supportive function of supervision she is describing as 'offloading' brings to mind an image of putting something down, casting off a load.

> *[one] woman, she really missed the supervision, she had a strong emotional response to the clients quite a lot and she recognized that and she really often just needed to, she needed to know supervision was coming up, she could take stuff there and offload and, you know get some support and she really missed it in a big way...I could see that it rattled her quite a lot that she often stored up stuff and kind of felt that she had no where to take it...*

The analogy in this extract is of the emotional dimension of the work with clients being like taking a load onto one's shoulders, with no place to put the load down, it keeps growing, the weight becomes almost unbearable. The worker becomes bowed down and emotionally "rattled", perhaps close to disintegration. This offloading may need to happen before the 'recharging' function can occur.

Transference and countertransference: "The client was a particularly manipulative, dangerous sort of person"

Rapp says that the 'relationship' between MHSW and the client, is the basis of support work. Ideally the relationship is one of trust although as Rapp says this is not always a straightforward process. "Clients will set the pace of when they are able to trust; to be mistrustful is normal considering what most clients have gone through in their lives and with other helping professionals" (Rapp, 1998). From this perspective the process of forming and maintaining a relationship with a client can be challenging for the MHSW. For example, having a client being

openly hostile to you can be disconcerting and distressing. Supervision can play a role in supporting the worker when this is happening as well as assisting them to understand the dynamics operating in both the client and themselves and between them. It can be a complex process to unravel all the factors at play, including how the support worker may be reacting from their own counter-transference or history.

> *The client was a particularly manipulative, dangerous sort of person, in that she was, you know could be quite destructive, and getting people into trouble and that kind of thing, and what do you call it, splitting and playing games and things like that, and you know, I was getting really worn down.*

For this participant the interactions she was having with her client in the course of doing her work, were not straight forward. The client she is describing is perhaps struggling, as Rapp suggests, with trusting other people and although this may be understandable in the context of her past experiences, for the MHSW the task of not reacting personally to the client's transference can be challenging and, as this participant says, wearying. Having the time to reflect with someone trained to assist in understanding these complex interpersonal dynamics supports the MHSW and protects the client. As Hawkins and Shohet (2000) say "the job then of the supervisor is listening to how the unconscious of the client is informing the therapist about what the client needs and how the therapist is helping or getting in the way" (p.76). The participant in the next extract uses supervision in that way.

> *I've found in my own supervision that its very reflective about who I am in the world in relation to how I work and blocks, yeah I guess I use supervision to recognize what my own blocks are in relation to how I'm working with that person, or why I'm not getting anywhere with that person. It's about reflecting on work practice and transference issues and your own stuff getting in the way of support and all those types of things.*

From the perspective of understanding her countertransference responses, supervision is a very personal process, requiring her to closely examine herself and how and why she responds to her clients as she does. This implies a need for a high degree of personal honesty and a concomitant trust in the supervisor. The participants see the role of the supervisor as being to provide this safe place to explore the dynamics between the MHSW and the client. There is a need for supervisors to understand the concepts of transference and countertransference

and see them for what they are and not judge the supervisee for expressing these emotional responses; as the participant in the next extract says.

> *I can run things by my supervisor and sometimes they might not be things I want to run by anybody else actually because somebody without the right kind of understanding might misunderstand.*

The "right kind of understanding" refers I think to an understanding of transference and countertransference dynamics. For this participant supervision is a private place where she can fully express herself and her responses to her clients so that she can develop some insight into the interpersonal processes occurring between them. It is very important to her that she can do this in a relationship where she feels safe and where she will not feel judged and shamed.

The personal / professional interface: "I bring who I am in the world into that space as well"

Although participants in this study recognised that there is a boundary between supervision and personal therapy or counselling, they did feel that there will be times when what is happening in a MHSW private life will impact on their work. They feel that supervision does need to be able to include the personal life/work life interface and that off-loading about personal matters can be appropriate in supervision.

> *If I've got personal stuff going on and its affecting my practice I bring that too, its like this is what's going on and its creating this, this and this, and I need to get this sorted,… I kind of bring who I am in the world into that space as well. I was going through a particularly bad spot in my relationship and it was, and you know I was not a happy person, and so I did bring that in and it was great because other people had other things happening and it was suddenly that's what the supervision became about.*

In recognising that "personal stuff" is affecting her practice the participant is implying a belief that her practice is inseparable from who she is as a person. When her personal life is impacting on the person of the worker it impacts on the work. There is an implication in this excerpt that if the participant wasn't able to discuss these things in supervision they could have a negative impact on the client work. This reflects a holistic view of supervision, where the MHSW can garner support for both work-related stress and personal stress which has a positive

effect on safety of clients and staff. It is also reflective of an appreciation that support work involves our world view, beliefs and values and their expression in relationships with others (see chapter 5 & 6).

> *This same man who was a bit of a walking disaster because he also had a marriage break-up that he was having a lot of responses to that he wasn't even aware of and bringing it into the work, bringing it into his work. He was very anti women and carrying on at work in very misogynistic sort of ways and lots of inappropriate behaviour with clients...This particular man would have been very unaware of how supervision could have been useful, but he could have been educated, you know?*

This participant is referring to a colleague she felt was unconsciously transferring responses he was having to his personal circumstances onto his clients. She saw this as coming from a lack of self awareness. It may be that the participant has jumped to conclusions about this man and what his actions mean, however she is responding to the way she sees him interacting with clients and is in a sense reflecting for him by trying to understand his actions as indication of unconscious processes. She feels strongly that his lack of awareness was compromising his client's safety and believes that appropriate supervision could have enabled this worker to understand what he was doing and how it was unsafe for his clients.

The service user-support worker's need for support: "A lot of buttons were being pushed".

Encouraging people with their own experience of mental illness to work in the field, is an integral part of the philosophy of recovery. As the *Blueprint for Mental Health Services in New Zealand* states "recovery happens when mental health services enable people with mental illness to take on competent roles" (Mental Health Mental, 1998, p. 17). The blueprint suggests that this assists the service user in their recovery as well as providing valuable role modelling for other service users. Although all the participants in this study spoke about the need for supervision to provide support, for MHSW who also identify as service users the need for support may, as this study shows, have an added dimension. Some of their own history may be reawakened by doing this work. The service user-support worker may identify more strongly with their clients as some of their own experience as a mental health consumer may be mirrored to them and this can make it more difficult to stand back and see the client for who they are. In

this case the work of supporting clients can be very personally challenging and supervision provides a place where the support worker can talk about their experience and get some understanding of the process as well as the sense of not being alone in it.

The participant in the next quote credits various supervisors with supporting him almost in the way that Rapp (1998) describes the role of the support worker as a 'travelling companion'.

> *Sometimes these supervisors have got me through some challenging times and I think that I probably wouldn't be here without them, so supervision has been crucial to my survival and continuation in the mental health field...A lot of issues were coming up to me, having been in the mental health system and going to work in there, a lot of buttons were being pushed...In fact trying to work in this field, for me, pushed me right to the edge. Supervision, even though it wasn't meant to be like that, it was a very personal support system.*

The supervisor of a service user/support worker is in some ways providing some of the functioning of a support worker as they hold the context of the worker's recovery journey alongside the worker's client's journey. The journey from being a service user to being a service user/support worker was very personally challenging for the participant and was at times very stressful. At times the stress of doing the work exacerbated the symptoms of his mental illness which again added to his stress as he struggled to keep his job. At these times, having a supervisor who could hold both an understanding of him and his personal challenges and his responsibilities to his work, was crucial to his being able to continue. The last sentence in the above quote suggests that the participant holds an idea of what supervision is 'meant' to be like and that what he wants and receives is more than this.

> *that was a* huge emotional *time, I was not coping with work, now you could say I was, ... probably not that well mentally, and then in [year] I was completely depressed, I was not able to do much, and the supervisor he was very much just helping me get through each month saying "I think you can still handle the job T, don't quit your job for the next six months", and you know really we weren't talking about the clients much it was just purely survival.*

In this example the supervisor is not only supporting the MHSW but providing much needed 'faith' that he can keep going. The literature identifies 'hope' as one of the keys to recovery (Deegan, 1992; Rapp, 1998). According to Deegan "when

one lives without hope, (when one has given up), the willingness to "do" is paralysed as well" (cited in Rapp, 1998, p. 20). By his holding of the supervisee at these times the supervisor is providing him with hope and the faith that he will be able to get through this period of his life.

Although anyone working in the helping professions may have issues that come up in supervision that need to be addressed further through personal counselling or therapy, for the service user/support worker the need may be greater, particularly at the beginning of their career when making the transition from service user to service user/support worker. In the following extract the participant describes how all encompassing, and personally challenging, that process was for him, there was room for nothing else in his life.

> *The team was very open with their support, it was my own issues surfacing, I mean I had actually had to have serious counselling and psychotherapy for three and a half years. So I had a huge amount of support systems, if you look at this team, this supervision was good, plus all this extra, so I was, it took my whole focus to continue in the work, and on the weekends I was busy trying to rest up to go back.*

The participant in this quote is describing how it was for him when he first began as a MHSW his experience is different now after working in the field for more than ten years. He is recognizing that although his supervision provides much needed support it is only one of his support systems. In the next extract the participant is describing an added dimension of the stress that the service user-support worker can experience, coming from a sense of personal investment in the work, not just in identifying with individual clients but in wanting to change a system that has been personally unsatisfactory and/or frustrating. This can create a feeling of 'being on a mission' to change the system, a mission that can feel daunting at times.

> *I thought I've got to go and do this, it wasn't, going to work wasn't just 8-5, it was like,… this is some sort of mission or some sort of calling… continuing on with supervision it has like been a crucial element, it was almost like a how to survive… And supervision was sort of the, it was so good to see my supervisor and just getting that. It sounds all pretty much siege mentality stuff, but we felt like we were on this mission or something…*

I have supervised many service user/support workers and have heard some of them also express the sense of personal commitment the above participant spoke

of in wanting to change 'the system'. As users of the mental health system their experiences have often been of disrespect, power-over and oppressive practices which fuels their desire to change the system. The experience of this participant as well as my experiences with supervising people who identify as service user-support workers, suggests that supervision of this group of MHSW needs to be inclusive and mindful of the dual roles that they hold. As the blueprint (Mental Health Commission, 1998)(Mental Health Mental, 1998) says one purpose of employing service users in the role of MHSW is to assist in their own recovery, it is therefore natural that aspects of their own recovery journey will be present in the supervision process.

Support in team supervision

In team or group supervision, support, including the functions of holding and containing, can come from other group members as well as the supervisor. Hawkins and Shohet (2000) say that team supervision needs to include focus on client work, support for group members and attendance to dynamics within the team. A participant who works in community support values the support she experiences in team supervision. The building of relationships between group members through the "personal sharing" is an important aspect of the group supervision. The team members can also be thought of as providing some 'holding'.

> *There's a very high level of trust within the group and that definitely contributes to the effectiveness of the supervision, absolutely! There's a lot of kind of personal sharing that goes on, and its about caring, the sharing is about knowing that people are there that you've got support on that level with the group of people you work with...*

The participants in this study think that the differences in working as a MHSW in the community and working in residential care create differences in the supervision required, particularly in regards the supervision of the team. MHSW working in the community don't work with the same clients and the client work is usually carried out independently of one another. The experience of working in residential care requires co-operation between team members as they work closely together with the same clients in a shared physical space. For this reason

team supervision that can accommodate the dynamics within the team

can be another way of supporting the MHSW in residential care.

> *There are often just niggly little things or big things that would really get in the way with feeling at ease with myself to be dealing with the clients, you know, when I'm working with clients I do need to feel that I'm reasonably calm and clear and well integrated inside, now when something is going on in the team I can very easily feel not like that, so in that sense it is really useful the supervision...and the relationships within the team really feed in to how well I'm feeling, how together I'm feeling, yeah.*

This participant is implying that she has a sense of an optimal state that she likes to feel herself to be in, to be working with her clients. Things that get in the way, whether they are "niggly little things" or "big things" can take-up energy and psychological space, energy that might otherwise be available for the clients. For her, team supervision provides a venue for attending to these niggly things which enhances her ability to be available to her clients. There is also a sense that the niggly things if they are not attended to, can become another source of stress for the worker.

This section has identified ways the participants experience supervision as supportive. Implicit in these needs for support is a sense that to work well with their clients MHSW need to be able to be fully present in themselves and that supervision provides a means to enable that to happen. Providing nurturing, 'me time', a place to explore emotional responses to clients, and a place where the impact of one's private life on the experience of doing the work, are all ways that assist the worker to be present for their clients.

The meaning of supervision as training

This section reveals some of the ways the research participants experience skill development and increased knowledge through supervision. From its inception in the psychoanalytic tradition, supervision has been concerned with developing skills in the supervisee. Skill development is generally thought to occur through the supervisee presenting examples of their client work to be explored and reflected upon in the supervision session (Hawkins & Shohet, 2000). Zorga (1997) says:

> Through educational supervision workers internalise sets of principles, attitudes and values that will partly govern their behaviour. This enables them to act more autonomously and independently and to make appropriate decisions without feeling a constant need to consult the authority (p. 146).

There are different ways that this teaching can occur. One participant described her experience of learning in supervision, this way:

> *It also facilitates the ability to recognize, you know, challenges, to recognize that the challenges are actually learning, and I love that, I really love that. It's like you have all these things that challenge you in relation to your work and then you come through and it's like "oh wow", you know and it's like another skill that you're kind of bringing on board. And I've found supervision helps me move through a lot quicker than if I was doing it on my own.*

This participant describes the experience of feeling challenged, which implies a felt difficulty and sense of being at the 'limit of one's ability'. The learning she is describing and which she "really loves" is learning that comes about through self exploration and discovery. Through the process of exploration in supervision these challenges get transformed and new learning takes place. The limits of ability are expanded. As Mollon (1997, p. 28) says, the act of presenting work to the supervisor allows space for the process of reflection which can in turn lead to new learning. This, as the participant says, can be an extremely satisfying process. Freire (1970) says as human beings we are re-creators of the world and of ourselves, the act of reflecting upon our world is the first step in re-creating the world.

Experiential learning

One way that Mollon (1997) views the educational function of supervision is in providing the opportunity for experiential learning. According to Mollon experiential learning is different to learning through reading and teaching, and requires us to have "space for thinking". Providing this space he says, is a function of supervision:

> To learn from experience we must allow ourselves to have an experience, to become aware of it and then to think reflectively about it. The awareness of the experience with the patient and the experience in supervision is not instant and complete, but gradually emerges, although sometimes with flashes of clarity (p.25).

In the following quote the participant is describing how, during supervision, she may reflect on her relationship with a particular client in such a way as to identify what she is bringing to the relationship that may be hindering the client's progress by "getting in the way". The reflection process requires her to revisit with her supervisor, her affective experience of being with the client and then to think about the experience. This process of having space to think about an affective experience has the potential, as Mollon says, of bringing new learning to the supervisee.

> *…it's a bit like counselling, when you go to counselling and its your time and its about you and the issues you're bringing forward, and then you've got this person who can facilitate any kind of confusion around…its being facilitated to explore what it is that's going on inside that's creating emotions that you don't want or are getting in the way...*

Zorga states the aim of supervision is "to engage workers in a learning process helping them to integrate what they are doing, feeling and thinking" (1997, p. 147). She also says that for experience to really impact we need to recognise the importance of dialogue. She quotes Hanekamp as saying "the dialogue enables individuals to incorporate the experience into the knowledge about themselves and into the relationship they have to the world around them; it enables them to change their philosophy of life" (Zorga, p. 149). This also links with Friere's notion of praxis, by changing the dialogue participant's relationship to the world, dialogue is action.

> *…so I find you know, if I've got all this anxiety happening around whatever's going on, I'll go into supervision and I've got this, even though I'm all worked up, and I need to get it out, and I need to have this time just to think about it and have someone help me put it into perspective.*

In this excerpt the participant has an awareness of feeling anxious, she uses her supervision to allow herself to experience the anxiety and reflect on it and gain understanding as to what it is conveying to her. She is valuing having time, in dialogue with someone facilitating her reflection. The phrase "put it into perspective" suggests that she finds some way of putting the experience she is reflecting on, into some context in relation to what she knows about herself and the world. This is an example of praxis; the process of reflection creates a new perspective, a new way of viewing the world.

Modelling

Another aspect of experiential learning is when the supervisee has an experience within the supervisory process that can then be transferred into their client work. Skills can be modelled by the supervisor and/or other group members that can then be applied to client work. Bernard and Goodyear (1998) suggest that this sort of modelling within group supervision can be particularly powerful as the group members have the opportunity to learn from their peers as well as the supervisor. They cite research which supports the idea that learning from peers is more effective than learning from a perceived expert.

In the following extract the participant, who is also in a programme coordinator role, viewed team supervision as a chance for her to model both supervision and client practice to her team mates. She was very conscious of the opportunity to be able to model and recognised how powerful that type of learning can be.

> *...in the role of modelling issues, or how to bring them up...I'll bring up things like client sexualising and...just in our day to day stuff I'll pick something up that's been happening and I'll take it into supervision and pull it out so it can be talked about so that everyone learns about or how to manage these issues or situations if they arise...*

A member of a residential team described their experience when conflicts between team members were openly explored within the team supervision sessions (personal communication, 2005). They said initially they had felt very uncomfortable with this process, which was at times 'heated', as it was not something they were familiar with in their own life. Several times they had gone home from the sessions deeply affected by what had occurred. They then noticed that they were finding it easier to be with conflict and recognized that they felt more resourced and skilled in working with conflict both within their team and between the clients in the residential facility where they work.

One of the participants in this study was also very conscious of the modelling provided by several of his supervisors. He describes how it was for him when he first began working as a MHSW, not having previous experience of doing this work. This description suggests a quality of openness and a process of 'not knowing'; 'wanting to know' and 'show me how'.

… he [his supervisor] used his own experiences as a model. If you think like the men's movement, this guy was involved or interested in those things, almost mentoring or 'how do you be a man in the people helping field?' and how do you, well often I was working with men, so it was very much, how to, its almost like an apprenticeship in practice, because I didn't have a professional formation.

The parallel between the work he was doing with his clients and the work with his supervisor, was very clear for this participant. Being conscious of the mirroring or isomorphic relationship between the two processes similarly brought the modelling of the behaviour into consciousness for him. As Bernard and Goodyear say: "In this way content and process are matched and communicate the same message throughout the interconnected systems" (1998, p. 66). In the next quote the participant who is a service-user/support worker describes an experience of feeling overwhelmed and trapped and his supervisor works with him in such a way as to assist him personally and at the same time models skills he could use with his clients.

His model of how he would work with me wouldn't of been that different to how I'd been going out to do support work. So he might model with me, "so you're having trouble with this client, why don't we just use [interviewing technique] like this, what are his issues?" but I'd realise as we were doing that, gee, he can't [achieve X] and neither can I, oh!

The participant recognises that he identifies with his supervisor and that they work in similar ways. He also recognises that he identifies with his client and this makes the modelling by his supervisor more conscious. He implies that because he personally connects with the client issues he can apply the techniques his supervisor is teaching him, to himself also and this makes the learning more personally meaningful and powerful.

The participant in the following excerpt recognised that as he got to know and trust his supervisor he felt a desire for them to become friends. He noticed that the way the supervisor worked with being friendly without being 'a friend' provided him with useful modelling for holding similar boundaries with his clients.

…But I actually really liked that process because it helped give me clarity and I felt that if I could practice like this, like I knew he would never be my friend, he never really answered my phone calls very much, very well, but he kept the clarity even though we both knew we clicked.

In this excerpt, the participant is appreciating the mirroring of the supervisory relationship with the client/MHSW relationship and how that produces a model for him of how to hold a professional boundary with his clients. Beginning MHSW seem to often struggle with what it means to have friendly relationships with clients without being 'a friend'. This is particularly difficult when clients often have few friendly relationships in their lives and may put expectations on the MHSW to be their friend. It is unclear whether the supervisor, in the above quote, is conscious of the modelling he is providing although he is perhaps conscious that the participant is looking to him as a mentor.

> *...He would also be modelling not getting too, modelling boundaries in the relationship we had, like I could feel the clarity of that working...I think that parallel process, you can feel it working, like getting good supervision, it's empowering, then I work with the clients with a similar clarity and process. I do, have felt that working really well at times.*

In this quote from the focus group the participant elaborates further on the power that modelling has for him and makes a connection between his feeling of being empowered through his relationship with his supervisor and how that provides a model for working in an empowering way with his clients.

Supervision as a means of developing critical thinking

Although the participants wanted supervisors who are knowledgeable they don't necessarily want them to just be dispensing that knowledge. Rather they want supervisors to be skilled at assisting them to develop their own knowledge and skills. Again this reflects Freire's (1970) idea about the 'banking' approach to education, when the teacher makes 'deposits' of knowledge into the student. Freire suggests that when education becomes dialogic, both student and teacher have responsibility for teaching and learning. Freire (1970) says that true education involves the educator and student engaging in dialogue "as equally knowing subjects" (p. 31) which develops critical thinking and movement towards mutual humanization.

One participant expressed this point quite clearly, she feels her supervisor gives her lots of direction, which she experiences as a 'deposit', she recognises that what she is wanting from supervision is more questioning and inquiry to stimulate

her own thinking. In other words she wants a supervisor to be a partner in dialogue and critical thinking.

> *[The supervision is] probably not very useful at all... there's not enough inquiry, it's about direction instead of inquiry..., I do think there needs to be more opportunity for inquiry rather than direction. I'm not getting the skilled supervision... I'm getting the direction, its going back to the direction thing yeah, I actually need a bit more than direction, because I'm actually quite clued up on direction myself...*

Being stimulated to think for themselves and develop their own knowing was valued by all the participants in this study. Although they need their supervisors to have skills and knowledge relevant to the field of MHSW and the clients they work with, they are also requiring that their supervisors are skilled at utilising the supervisory relationship and working with the often complex dynamics within it. There is a parallel here I think with MHSW growing appreciation of the crucial role of the relationship in support work. Rapp says the relationship in support work "is best seen as a medium to achievement" and "a primary mechanism" for clients realising their goals (1998, p. 62).

The participants described often using supervision to talk about issues that were not directly related to client work but also included dealing with the organisation and the mental health system as a whole. Although only one participant made it explicit, there was a feeling from the participants that addressing these things still helped them to develop skills that were relevant to client work. The participant in the following quote has an appreciation that his supervisors have worked with developing his skills, not only by focusing on clients but other areas that impact on the work. This implies that supervisors need to be skilled and knowledgeable in understanding the dynamics of the larger systems that impact on their supervisees as well as knowledge of client mental health issues.

> *...But he'd also help me with organisational problems as well...if I was in conflict with them, say about pay or having some serious conflict, we would spend, you know maybe a couple of sessions...on how I might interact, handle that, and he also was teaching me about how to interact with the mental health system, because he had worked for them...*

Support work involves both supporting the client to interact with other systems and/or acting as advocate for the client in working with those systems so developing knowledge and skills for doing that is an important dimension of the

MHSW role. The holistic view of supervision that the participant's of
this study hold, implies that knowledge and skills that they develop through the
supervisory process, regardless of whether or not they come about through
directly focussing on the work with the clients, will never-the-less impact on the
way the MHSW works. In other words the learning from the supervisory process
by definition increases the knowledge of the MHSW which in turn changes the
'person' of the MHSW and will inevitably impact on the way the MHSW works
with their clients. Freire (1972) suggests that all humans are involved in the task
of conscientisation or "becoming more human" which is essentially a "self
creating" (Freire, cited in Crotty, 1998). Conscientisation, according to Freire
takes place in dialogue. This again reinforces the importance of 'relationship'
through dialogue in supervision. The supervisor uses the relationship with the
supervisee to expand their understanding and skills of working with relationships
with both clients and with people in other roles in the supervisee's and client's
lives which in turn increases the supervisee/MHSW ability and understanding of
how to support the client though their relationship and to assist the client in their
relationships with others.

This section has identified the meaning of supervision as a learning process
through reflection, experience, modelling and inquiry aimed at developing critical
thinking. The following section concerns other purposes served by supervision as
revealed in the interviews.

Training to use supervision

Several of the participants in this study stated their belief that teaching
supervisees to use supervision is crucial if supervision is to be effective. Mollon
supports this view, he says not only do "supervisors need to learn to be
supervisors; supervisees need to learn to be supervisees" (Mollon, 1997, p. 31).
Inskipp (1999) concurs, she cites several studies that support the importance of
supervisee training in the use of supervision.

The teaching of how to 'be a supervisee' seems to be intricately entwined with
the concept of reflection and particularly self-reflection. In this study participants
expressed a belief that there is a direct correlation between the ability to be self-

reflective and grasping what supervision is and how it can be utilised.

This supports the connection between the process of supervision as collaborative dialogue and Freire's (1972) ideas about conscientisation. In the training for MHSW there is less emphasis placed on the development of self-awareness through self-reflection as there is in training for counsellors or psychotherapists. All the participants in this study were reasonably experienced support workers and most had experience of receiving counselling or psychotherapy at some time. Several commented on what they saw in colleagues who were not used to these kinds of reflective processes.

> *A lot of people who didn't have any counselling training or personal development training or anything, were coming into supervision, seeing it as a real bore and they didn't know what they were there for, you know, they weren't used to the whole idea of self-reflection and looking at oneself.*

This suggests that the beginning point of supervision requires teaching around the process and purpose of self-reflection and implies that the form of teaching that occurs in supervision is a highly personal process that occurs more through self-examination than 'depositing' of ideas. This point was reiterated by another participant who also noticed that team mates who didn't understand how to use supervision had no concept of how it could be of benefit to them and didn't value it.

> *…I'd kind of picked up with my team that there was a lack of understanding in how to use supervision, and I got the sense that they weren't necessarily using supervision effectively,… and that was reflected in issues that would come up in their work practice that, you know, they were issues, the sort of issues that you take to supervision…, I used to wonder what they do in supervision. What I got from the team members was that they didn't actually grasp what it was and how they could utilise it to their own advantage.*

This participant felt very strongly that supervisors of MHSW need to take greater responsibility for training their supervisees in how to use supervision. My understanding of this is that it is related to the historical development of the role from the non-professional, untrained, care-giver role. As practitioners have been trained, received supervision and gained experience they have deepened their understanding of the role and come to appreciate the concept of the 'relationship' in doing the work. A greater appreciation of the importance of the relationship they have with their clients generally brings a greater appreciation of the

complexity of the dynamics of relationship and more willingness to reflect on those dynamics and the worker's role in them.

> *But I guess some of my frustrations around what would happen out there was the lack of responsibility from the supervisor in teaching, or you know, making sure that that time was effective, in that the good supervision was being provided and people didn't know how to use it, and that was their role as far as I could see, and I just got the sense that it wasn't happening you know and I'd think "who are these people?", you know ? And they just can't be bothered or...You know the supervisees didn't really know what they were doing.*

This participant is implying that in her experience some of the supervisors also were not appreciating the centrality of self-awareness and understanding of relationship in both the client/worker relationship and the supervisee/supervisor relationship and were therefore not able to enlighten and teach this process to their supervisees. She is suggesting that as the role of the MHSW is evolving so the role of the supervisor of MHSW also needs to evolve (see Chapter 6).

In my experience with supervising MHSW I have noticed that as people develop their ability to be self-aware and to reflect on their practice there is a concomitant deepening of their understanding of the nature of support work and a greater appreciation of the importance of 'relationship' in their work. As supervisee's gain more understanding of the importance of the relationship with their clients they are more receptive to developing self awareness and consciousness through reflection. Self awareness and self identity will be revisited in chapter six.

The meaning of supervision revealed as providing safety and accountability

Hawkins and Shohet (2000) say that the managerial function of supervision provides for quality control which includes the safety of both the client and the worker and accountability to all stakeholders. At times there can be a tension between the managerial function and the supportive and educational functions in terms of where the emphasis is placed and by whom. For instance supervisees seem to often emphasise the supportive and educative functions whereas management may see the managerial functions as being most significant. In their

study on the clinical supervision of mental health nurses, Scanlon and Weir found that:

> The most frequently commented upon experience contributing to this limited effectiveness was of organisational blocks rooted in an ethos which was perceived as viewing 'supervision' as a managerial rather than a clinical or educational function with the result that clinical supervision *per se* frequently lost it's psycho-educational function (1997, p. 300).

Supervision can be seen to serve a managerial purpose when the focus is on such things as MHSW accountability to funders and client safety. During a focus group discussion one participant described a situation where her line supervisor only wanted to focus on her client work. This could be viewed as a managerial function of maintaining accountability for clients and the service. The participant has an expectation of a more holistic approach which encompasses all aspects of the personal/professional interface and her personal and professional development.

> *When I introduce more than the clients into the supervision like, some of my thoughts around my training I would also like to look at, and it feels like it just gets pushed aside and yet I see that as part of supervision, and my supervisor does not see that quite the same way I do! It's kind of like, these are the clients and we'll go through the clients. We're actually more than clients*

In this quote the supervisor and supervisee seem to have different understandings of the purpose of supervision and different agendas which raises questions about the overall purpose of supervision and who is it serving? In this quote the supervisor/manager's agenda appears to take precedence over the MHSW/supervisee's agenda. Managers often come from other disciplines and sometimes have no personal experience of either support work or supervision but are expected to provide it for MHSW.

> *My immediate manager he knows the value of supervision, I think a lot of the managers further up the hierarchy haven't got a clue, they haven't necessarily come from their training background, they wouldn't know about supervision or what it's all about.*

When managers don't understand the function of supervision for MHSW they don't value it and give it little time or consideration. Not providing supervision creates difficulties in the work. It appears that in some agencies supervision has

been implemented without clear understanding as to the purpose. Different expectations as to the purpose supervision is serving creates dissatisfaction in one or other or both parties. Another member of the focus group felt she had to challenge her team leader to extend his understanding of the function of supervision. In this case she feels the team leader is not implementing the managerial aspect of supervision for the workers and that is creating an imbalance in time given to different aspects of the work.

> *I don't provide supervision, my team leader provides supervision, but, you know I've had to kind of lead him by the hand and say look you know, these people need supervision and that is, those are the issues, its about time management and the documentation side of things that's part of the role of being a [MHSW] its not just out there having the client contact and doing that part of the work...*

The managerial purpose of supervision providing some kind of structure to hold the accountability aspect of the work is implied by this participant.

> *I've found that really interesting because it basically highlighted the point that I've been trying to make, that supervision when its effective, is really helpful to you, it helps whether you work in the field, work on admin, and it helps you to, you're training and identifying areas where you could, you know its really helpful and when its ineffective its really almost destructive.*

In one focus group the group members felt that if supervision is not balanced in terms of attending to the managerial function as well as the supportive and educative functions, then the work also becomes unbalanced. When workers are not supported to attend to administrative and accountability aspects of the job, stress and self-care issues become a problem and impact negatively on the team and potentially on the clients. Attending to these issues can then take up valuable time in team meetings and become another source of frustration. This highlights a need to have clarity about the different processes such as team meetings and supervision and agreement as to what the respective purposes are.

Providing safety for clients and workers

Supervision is seen as functioning to protect the clients and their interests. Very often the work of a MHSW is done on a one to one basis and the way the worker is working with the client is not under scrutiny from other workers or management. As MHSW talk about their work in supervision the supervisor

and/or other team members get some sense of the way the MHSW is working, their attitudes and values.

> *We work out there autonomously, it's like having your own practice, and no one knows what you do, I mean you could be really good or you could be really crappy and who would know.*

This point also highlighted a perceived limitation of supervision. The level of honesty of the MHSW in supervision will impact on the safety of the work. The effectiveness of supervision appears to be dependent on the level of truthfulness in the supervisee's reporting on their work. Honesty is more likely in a trusting relationship (see chapter five).

> *It's quite possible I think for people not to present stuff that will be good to present, they don't have to be truthful with their supervisors and nobody would know, you know people could be doing unsafe practice, but if they don't tell their supervisor about it then nobody's going to know about it...*

Another participant believes that trust levels in team supervision are not as high as with individual supervision. One effect of this she sees is staff will be less likely to raise concerns they have about another team member's behaviour, in team supervision. In her experience of providing individual supervision, supervisees would sometimes use the time to strategise and to get support for challenging the behaviour of other staff. She fears they are less likely to address these concerns in group or team supervision when the person is present and because of the mixed status of some team supervisions, may be restrained by fear of repercussions for themselves or the other person in relation to performance appraisals. This may result in 'bad' behaviour going unchallenged and safety being compromised.

There are probably some things I might not say, yeah so in that sense it's a, to some degree a slightly toothless supervision it feels like to me and in that sense it just opens up issues of safety. For instance if there is something that I feel I really need to deal with but I feel I can't bring it up, in the end that might have some kind of impact where I'm not perhaps acting professionally all the time or doing something that's not OK, so yeah, I'm experienced enough to know that in some way I'll find a way to deal with this, but you know I'm concerned that there are a lot of younger less experienced people...

She is making a clear link between her feeling of trust and safety within the supervisory process and the safety of clients and her belief that the safer a

supervisee feels in supervision, the more honest they will be about

their practice and consequently the safer their practice will be. For her, having the safety of a trusting individual supervision relationship, can provide support and a place to explore feelings and responses towards other staff, which may provide clarity around what the response is about and what would be the most useful way to address it. Another participant felt that even though community support workers are working autonomously and often in isolation they do both consciously and unconsciously expose their work practice to their colleagues. She also saw team supervision as contributing to client safety as it is a forum where MHSW may be challenged about issues in their practice that colleagues may have become aware of.

> *…actually, it does come back, I mean you hear stories, and you know with networking, and people talk, and we have two team meetings a week and so you get a sense of, you know what's happening out there and what people are doing and what they're not doing, just by what they report back, and the client reviews…you do get a picture and a sense of what everyone's doing…*

For the participant in the excerpt above, the honesty of a supervisee with their supervisor was seen as only one method of gaining a sense of how the supervisee works with clients. A skilled supervisor may at times get a sense of the 'truth' of a supervisee's work by what is not being said and/or what is being said implicitly.

Supervision as maintaining boundaries

Issues of safety concern not only how the MHSW is relating personally to the client but also their interpretation of their role. Working outside the boundaries of the MHSW role may create risk for the client.

> *… to have someone in the supervision role say "that's not your role A you need to get the right people involved here, and sort this out". I think that's quite important too, for them to say "well this is quite a serious situation, difficult client issue, you need more of a team involvement, you need more people involved here, don't just try and take this on yourself."*

The safety aspect that this participant is highlighting emphasizes the need for the supervisor to have a clear understanding of the role of the MHSW to be able to provide that boundary monitoring type function. To know when a MHSW is working outside their role, presupposes an understanding of what that role actually is. The supervisor in this example is providing the function of the more

objective onlooker, who is able to see the whole situation and where the boundaries of responsibility lie and to feed that back to the supervisee. The supervisee is in a more subjective position and working more closely with the client and is often not so able to see the wider context. On a more personal level the supervisor is reminding the MHSW that he doesn't need to 'do it all himself' and to draw on other resources. In this way the supervisor is providing safety for both the client and the MHSW.

In contrast to this another participant feels it is her job to educate the supervisor about the role of MHSW. There was agreement that the role is still developing and that some 'defining of the role' is appropriate to the process of supervision however there was not agreement about whose responsibility it was to do that. These comments support Cooper and Anglem's (2003) finding that supervisors from other disciplines acknowledged difficulty in supervising MHSW "when their professional supervisory experience is with professional staff" (p. xv).

> *I just think my role is to educate these people[supervisors] about you know, what the support discipline is about because its new, its still in its development stages, its not, you know we're just starting to define specifics around the role and, yeah, so I don't necessarily have that expectation having worked in this field now for five years, that people understand what the role is and I see it as part of my role to educate people about what it is that we actually do out there and the complexity of it.*

There is consensus across the interview transcripts that the role of MHSW is still evolving and 'professionalising' and that supervision has a part to play in this development. The meaning of supervision in the development of the profession will be addressed further in chapter six.

This section has addressed the purpose of supervision as providing for safety and accountability in relation to such things as working safely and within the boundaries of the role; addressing personal development and development of the role. The final section addresses other management purposes of supervision.

The meaning of supervision as surveillance: "Have you done XYZ, and why not?"

Another purpose of supervision perceived by some of the participants in this study is that it serves as a tool for management to 'check up' on workers, particularly when it is internal supervision. One participant described her experience of receiving supervision from her manager like this; the lack of confidentiality around what was shared with the supervisor undermined the trust and greatly influenced what was likely to be shared by the MHSW with her supervisor. She is very suspicious of the process and what is likely to be done with what she discloses.

> *It is like an overseer yes, and "have you done XYZ, and why not? And is ABC on the way?" You know? And one of the things that I sometimes struggle with is the, maybe the sharing of information about supervision, 'cause my file is accessible by all of the managers they don't go to it, but it is there for their, you know able to access, simple as that, its about how confidential is confidential? Yeah, and everything seems to be written down that doesn't need to be written down...*

This fits with Gilbert's critique of supervision which he refers to as "techniques of the confessional" (2001, p. 202). According to Gilbert supervision can be viewed as a "subtle but pervasive exercise of power that operates to maintain a level of surveillance upon the activity of professionals" (p. 200). This discourse raises questions as to the purpose of supervision and who does it serve? Another participant noticed the effect of this sort of sharing of information from supervision, on a member of her team. She is implying that the supervisee experienced this as a severe breach of confidence. Witnessing this and the effect on her team member has caused the participant to have some suspicions around what is done with information shared and suggests a wariness, and lessening of trust on her part.

> *There was some concern about where information might go in the organisation, and I know a woman on our team had quite a bad experience of something she disclosed to her supervisor which the supervisor, who wasn't very experienced, then took to the team leader without discussing it with her, so that sort of in-house supervision has its own concerns.*

Another participant said having a team leader present during team supervision changes the dynamics and raised questions as to the purpose. When people who

are perceived to be 'management' such as a team leader or programme coordinator, are present in team supervision sessions there is a feeling that they can 'hijack' the supervision to serve a management agenda. This can shift the perceived purpose of supervision as being a support for management rather than the worker. There is an implication that supervision serves both overt and covert purposes. As this participant reports her team stated that they were less open when the team leader was present, which again suggests suspicion as to what will be done with what they share.

> *It was very clear when we did that first supervision with the first supervisor who didn't work out, the team leader was there and there was a strong, very strong, resistance, to her being there and the team felt that she inhibited their ability to feel free about talking about issues.*

To some extent this perception may be ameliorated by the supervisor's understanding of their 'purpose' and how that is conveyed to the supervisees. A supervisor is contracting not only with the supervisees they are working with but also with the management of the organization employing the supervisees, what is actually contracted for needs to be congruent and made explicit to all parties. For another team, having their programme coordinator present was also an issue of contention. For this participant, having someone who is involved in her performance appraisals in her group supervision sessions, means that she monitors what she says for fear of what may be done with it. She feels this places some limits on the effectiveness of the supervision for her.

> *It was a very big issue for us when we had the group supervision and we wanted to have it without our programme coordinator, the last programme coordinator that we had here, for those reasons and also because she had her own individual supervision, but we weren't allowed to do that, it was imposed on us that she come in. Now with the present woman I feel much more OK and trusting of her, but never the less it remains an issue. There are probably some things I might not say.*

In the following quote the participant is having team supervision with a supervisor the team did not choose and who the participant feels is not sufficiently skilled. The issue of not choosing the supervisor is very important to her, as is the fact that it was the programme coordinator who did the choosing. Again this is construed as a management agenda and arouses suspicion. The nature of anything covert it is that it is secret; secrets create unease, suspicion and

lack of trust. The lack of openness embodied in secrets can also have a disempowering effect. If knowledge is power then those who are not privy to the truth (the real reason for supervision) have an experience of less power.

Well first of all I was totally aghast that this person had been employed, that we weren't consulted, which was just more of the same, the same sort of thing had been going on about other things, and then the first session I was aghast at how he conducted himself. At times I used to scheme and plan about how I might be able to get out of going to supervision. I didn't ever feel like going to supervision and then we were actually able to choose our current supervisor and it's been much better.

Clouder and Sellars say "the dynamics of the supervision interview are an exercise in power relations, within which the importance of resistance, as an antidote to power should not be underestimated" (2003, p. 266). The participant's "scheming" and "planning" about how to avoid supervision can be seen as an example of this resistance. She connects "not choosing" with wanting to avoid going to supervision, the lack of choice creates a condition in her of suspicion as to a covert purpose which was "more of the same". When those in management positions choose the supervisor they are implicitly taking ownership of the supervision process. The participant's appreciation of the current supervisor is influenced by the power she experiences in 'choosing'.

Summary

This chapter has been concerned with the meaning of supervision as having a purpose. The participants seemed to view supervision as meeting a range of different purposes and valued supervisory approaches that could encompass these purposes. The purposes fit into four sections, the first three to do with providing support; learning; and safety and accountability. Within these three categories are sub-categories. The fourth section identified that sometimes supervision is also experienced as meeting a covert purpose for management. Some implications of this for MHSW were explored. The next chapter will present the meaning of supervision as a relationship.

Chapter 5: The meaning of supervision revealed as being in relationship

This chapter presents analysis of the study texts that reveals the meaning of supervision as 'being in relationship'. Worthen and McNeill found in their research that the quality of the supervisory relationship was the most "crucial and pivotal" component of "good" supervision events, (1996, p. 29). According to Kaiser "the supervisory relationship is not just something that needs to be operating well for treatment skills to be taught; rather it interacts in a dynamic way with those teaching skills" (1997, p. 5). The chapter begins with a discussion on the qualities of trust and respect and then addresses other aspects of supervisory relationships such as boundaries and role definition. The second section focuses on the power dynamic inherent in supervisory relationships and what things impact on how that dynamic is experienced by supervisees. Finally the type of supervision and the supervisor's training and how they affect the supervisory relationship are also addressed.

Trust and respect in the supervisory relationship

The quality of the relationship between the MHSW/supervisee and the supervisor is seen by the participants to be a critical factor in how 'effective' they experience the supervision. They view the relationship with the supervisor as ideally one of trust and mutual respect within boundaries of professionalism. Regularity and consistency of supervision are factors that they feel impact on the development of trust and respect and therefore on the quality of the relationship. The participants noted that trust in their relationship with their supervisor generally needed time to develop. Bernard and Goodyear (1998) say that mutual trust is an essential ingredient for effective supervision.

Respect was an important aspect of establishing trust within the supervisory relationship for participants in this study. Respect is defined as valuing, treating with consideration, to show esteem (Chambers, 1983), and implies a position not necessarily of equality but definitely more a position alongside than of 'power over'. For one participant having supervision with her manager has been difficult and unsatisfactory for her and trust is low. There are complex dynamics at play

here; the personality mix of supervisee and supervisor; the power difference; cultural and gender differences; which all impact on the supervisee's experience of the supervision. She feels that her supervisor tends to use his position as team leader to assert his opinions and is not open to discussion when she has a different opinion. A lack of openness to discussion implies a lack of valuing of the other's opinion and consequently a lack of respect. This participant draws a parallel with her client work where she recognises their expertise and would like the same sort of recognition from her supervisor.

> *Like I haven't completed my contract with him, to this point I still haven't completed and signed my [contract]... And I'm stalling a bit on that because I'm not, its very difficult to, I'm finding it difficult to (pause) trust, ….yeah. Yeah! …I think that really, because I'm a very open, person, yeah I think I really struggle with feeling secure about sharing what my hopes and dreams are as a [MH]SW, yeah, with my manager. Maybe that's a result of the lack of equal footing.*

The lack of trust is affecting her willingness to open up to him and share her hopes and dreams. Again, Rapp says the MHSW/client relationship is a "primary mechanism for increasing confidence, identifying goals and risking dreaming" (1998, p. 62). The statement that dreaming involves risk implies that it can make the dreamer vulnerable, requiring a trusting relationship to facilitate the process. This participant is saying that is the same for her with her supervisor. In Worthen and McNeill's (1996) research the "good" supervision events were dependent on relationships between supervisee and supervisor that included empathy, acceptance, validation or affirmation and encouragement to explore and experiment.

> *There would be some things you wouldn't feel, you know you have to build that relationship of trust with the person to feel that you can reveal things, sometimes it might make you not look very good you know…*

This participant is saying that for her to be completely honest with her supervisor in revealing how she practices requires a high degree of trust in the relationship. She is implying that she needs to feel sure that she can reveal things without being judged or criticised for them. She is also alluding to the connection between the level of honesty of a supervisee with their supervisor and safety for the clients.

The respect the supervisee has for the supervisor also impacts on the level of trust in the relationship. Robiner believes that the power difference in the supervision relationship always impacts on the level of trust and that "mutual respect is one important means of overcoming the impasse that this can present. The supervisor's position of power suggests that he or she must model that respect if both the supervisor and supervisee are to attain it" (cited in Bernard & Goodyear, 1998, p. 72).

Another participant in this study had an experience of not respecting the professional perspective of her supervisor and that affected the relationship with the supervisor and her valuing of the supervision. The lack of respect she felt for the supervisor's approach to supervision was further undermined by the fact that the supervisor was chosen for the team. The lack of choice was very significant for this participant she mentioned it in both the individual interview and the focus group. Not being able to choose her supervisor impacted on the relationship from the beginning, it is likely that this would have to have been acknowledged and worked with in the supervision for her to be able to overcome her resistance and form a relationship of trust with him.

> *…my team had a supervisor just chosen by our programme coordinator at the time, and I didn't like that supervisor at all, and I didn't like the way he worked, and that certainly affected me in the sense that I didn't feel that I got any value from it as a supervisory experience, and, I mean that was my first experience of not being able to choose a supervisor and yeah I would say, sometimes I used to think of ways that I could get out of going to supervision because I thought I could use the time more valuably elsewhere.*

Winstanley and White note from their research that being able to choose a supervisor impacted on the quality of the relationship. Choosing a supervisor appeared to result in a more effective relationship with enhanced trust, rapport and challenge which resulted in an "increased readiness to learn" (2003, p. 30). To be accepted and not judged for the thoughts and feelings expressed in supervision increases the level of honesty of the supervisee. The participant in the following extract makes a clear link between her lack of trust in her supervisor and her experience of feeling judged by him. This situation described by the participant suggests a relationship that does not include collaborative dialogue. The participant does not feel accurately seen or accepted by her manager/supervisor and that limits her trust in him, as a result she is more likely

to monitor what she says in supervision which will limit its effectiveness. The mode of supervision she is describing appears to be one where the supervisor sees his role as to be an 'arbiter of truth' rather than a collaborative partner in a relationship.

> *A situation arose where an issue I brought to supervision was seen in one light by my manager and there was no other way that it could be, there could be another reason for that happening, and that I was seen as manipulating a situation which I had nothing to do with, um that kind of made me feel less trusting because it didn't matter what I said it wasn't going to be believed anyway.*

Trust and respect are central tenets of the recovery philosophy and it seems of the supervision of MHSW.

Developmental functions: 'holding' and 'containing'

The previous chapter considered that supervision serves to provide 'support' for the MHSW, this section addresses what may be occurring within the supervisory relationship that the supervisees experience as supportive. Many writers on psychoanalytic supervision refer to the supervisor providing through transference, some developmental functions for the supervisee (Ekstein & Wallerstein, 1958; Frawley-O'Dea & Sarnat, 2001; Mollon, 1997; Reams, 1994). According to Frawley-O'Dea and Sarnat

> Transferences are universal and unavoidable in any supervisory situation – indeed, in all relationships- and the question is not whether a transference to the supervisor will be "allowed" to develop, but how fully its existence will be acknowledged, how the supervisee will be made to feel about it, and what use will then be made of it (p. 110).

The participants in this study did not report examples where transferences and developmental functions of the supervisor were made explicit in the supervision as they may be in a psychoanalytic supervisory relationship. However some of them described experiences where the supervisor could be seen to be providing some sort of regulatory and/or developmental function. Several of them used the word 'nurturing' to describe either the supervisory process and/or the supervisor.

Two specific ways a supervisor may implicitly provide a regulatory function is through 'holding' and 'containing'. In the following quote the supervisor by not

being "fazed" by the participant's "extremes of experience", is providing a containing presence which helps the supervisee to manage his feelings so he is not overwhelmed by his anxiety (Casement, 1991).

> *I think the quality [of the relationship] was very high, and he to me, and what was important was he was never too fazed by the extremes of my experience, and I remember I was really annoyed about the organisation and he just kind of listened to me..., or I might turn up not really coping with my own personal issues and sort of said to him "Gee I'm not really coping and I'm probably going to dump a whole lot of stuff on you today which is not really about work" and he might say: "well everybody else dumps on us" (laughter).*

Although the participant is experiencing the supervisor as 'container' it appears the supervisor may not be so conscious of this function that he is providing. His response suggests that he sees it as is job to be 'dumped on' rather than that he is intentionally being a container for his supervisee's anxiety. For the supervisee the experience that his supervisor is not "fazed" by his extremes of feeling assists him to begin to manage his own extreme feelings more easily. It is likely that this also provides modelling that will assist him to be able to be a container for his clients when they need that function from him. According to Salzberger-Wittenberg, Williams and Osborne "The person who has repeated experiences of his distress being understood and detoxified by another can thus gradually come to contain more emotional pain, find it less totally overwhelming and be able to think about his experience" (1999, p. 60).

> *I might rave on about the mental health service I'm stressed by and he'd listen to all that and he'd say "and what about the clients? Shall we talk about them now?" So he's kind of hearing me but moving on and not getting too, if you like he had that ability to use his own humour or experiences, so he was very much holding and mentoring this young, extreme person who wasn't really handling himself particularly well, he'd just give me a perspective on that.*

In this example the participant is experiencing the holding function of his supervisor. He presents an image of himself as being in an emotionally disorganised state where he lacks clarity and focus. His supervisor's calm, focused demeanour contrasts his own state and has the effect of providing these ego-functions for the MHSW, in much the same way that the mother provides for the developing child. Slochower believes there is a need for holding that continues throughout life, particularly during "core emotional experiences" (cited

in Goldman, 1996, p. 647). James (2000) says holding can occur through attention to details and setting and rather than being an overt action is more of an attitude or stance. In the above quote the way the supervisor listens and accepts but also directs contributes to the participant feeling held.

Being 'alongside' and being 'seen'

The supervisory relationships that the study participants viewed as effective were relationships where they felt both 'known' and 'seen' from a position that was more 'alongside' than 'above'. An alongside position is not a 'one-up' position and suggests a relationship where although there may be a power difference, it is somehow minimized. It parallels the alongside position illustrated by the 'doing with' rather than 'doing for' approach that is referred to in MHSW (MHSWAG, 2003). The participant in the following quote describes her supervisor as working alongside her, a position which she values. She also recognizes that having developed a relationship with her supervisor where she now feels 'known', helps in her developing understanding about her work. The supervisor both 'knows' her but is 'outside of her', a position that assists her to have greater objectivity about herself and her work and speeds up the process of learning for her.

> *I've found supervision helps me move through a lot quicker than if I was doing it on my own, and having someone that is working with you, and I mean I'm really fortunate I get on really well with my supervisor and she's great. Yeah she's alongside and can be objective and you know having developed the relationship they kind of have a sense of who you are and how you are in the world and can be objective.*

The idea of someone "working with you" suggests an experience that the supervisor is focused on the supervisee and their needs, is acting in a sense as a tool to facilitate their growth. The appreciation of "how you are in the world" conveys a sense of recognition of the unique qualities each individual brings to the role and understanding of inherent strengths and weaknesses. The appreciation of being seen in this way implies a feeling of also being accepted.

There is some parallel here with the MHSW/client relationship that Rapp (1998) describes as being like a "rocket booster and a safety net"; he says that the strength of the relationship greatly enhances these qualities (p. 62). Another participant valued the experience of 'being seen' and accepted by his supervisors.

His appreciation of his supervisor's challenges seem to be related to
his feeling of being seen, understood and unconditionally accepted; a feeling that
seems to in turn be dependent on a level of trust and an expectation that his
supervisor will be honest with him. This creates an effect somewhat like what
Rapp describes – he is held in the 'net' of being known and accepted, from the
safety of the net he can respond to the 'rocket booster' challenge by the invitation
to reflect on whether he wants to continue as he is or develop something new.

> *I enjoy their feedback. And this [supervisor], I might say to him "well what do
> you make of me?", and he says: "well no one could accuse you of being
> shallow H" (laughs), I quite like that! And this [supervisor] might say to me
> "do you want to be a rebel or are you going to be part of something?"
> (laughs). But these challenges are good and its like they like who I am, that
> they can see that its extreme, and that's the whole mental health, my
> personality in mental health but these people are sort of taking hold of and
> mentoring me and sort of saying "be you!"*

Having the experience of being authentically accepted within the supervisory
relationship also provides implicit modelling for the supervisee. From the position
of mutual respect they have established with their supervisee these supervisors are
responding to him authentically and encouraging him to also be authentic, to be
himself. They are modelling that acceptance does not necessarily mean accepting
the status quo but can also include challenges to develop new ways of
functioning. Worthen and McNeill say a supervisory relationship that "invited
openness to learning" increased the potential for learning from supervision (1996,
p. 29).

Self disclosure and role ambiguity

Two of the participants in this study had experiences where they felt their
supervisors were "needy" and which created some difficulties with 'who is the
supervisor?'; 'who is the supervisee?'; 'who is the supervision for?' This lack of
clarity as to the boundaries of these roles limits the effectiveness of supervision
for the supervisees. In the following quote the MHSW and supervisor were both
working with the same client, a client that the participant found very difficult to
work with which led to her wanting a lot of support from her supervisor. She
perceived the supervisor to also be needing support in relation to the same client
and consequently the participant felt her own needs were not well met. During

this stressful time the participant needed to be held by her supervisor but experienced her supervisor as not being able to do that because she herself needed to be held.

> *We were both working with a client, the same client, she was the clinical keyworker and I was the [MHSW] and this client was particularly difficult, so what I would find sometimes was that you know I'd end up doing, I'd feel like, you know, I'd been doing supervision as well, for the supervisor. Yeah, the boundaries could be blurred, not often, but occasionally ... and I was getting really worn down and she was too, the supervisor was too. ...I knew that it would pass, and it did, there wasn't that kind of neediness there and we were back into professional, objective, being able to be objective and not, but it was quite difficult at the time.*

In the extract quoted above and in the following example the participants are both sensing that the supervisors, because of their own needs at the time, are less able to provide the holding required by the supervisees. This suggests that to be effective, supervisors themselves need to have good self-awareness and be receiving their own supervision where they can be 'held', to be available to provide for the developmental needs of their supervisees. Kaslow and Deering say that "supervision progresses best when the supervisor provides a secure "holding environment" in which the supervisee can regress and progress as he or she needs" (cited in Bernard & Goodyear, 1998, p. 83). In the following example the participant is saying that to be effective in her work she needs effective supervision and that having clarity about the roles is an important part of effective supervision.

> *Yeah, it's a bit like finding a good counsellor, you know, it's the same thing, it's that, get the right mix, you have to get someone who you trust and who is skilled enough to deal with a certain level of whatever it is that you're presenting, you know, I mean I've had supervisors where you end up doing the supervision (laughter). And that's kind of no good, I mean its fine, but at the end of the day you want, you know I love supervision because I love it because I need it! And I want to utilize it to the best of my ability and get out of it what I'm needing, and I want someone who can give me what it is that I need.*

This participant is expressing her belief that if she is the identified supervisee in a supervisory relationship, she wants to have a supervisor who is clear in their role so that she can get her needs met. In the above example the supervisor was also the participant's team leader and was not clear when conducting supervision that she was in a different role with different expectations and boundaries. According

to Kaiser (1997) the purpose of supervision is to focus on the supervisee's needs and that problems arise when a supervisor is covertly using the relationship to meet their own agenda and that this can create a lack of safety for the supervisee. She goes on to say: "As the one in charge in the relationship, the supervisor is responsible for being aware of the potential binds in which a dual relationship places the supervisee and for protecting the supervisee from those binds" (p. 65). Another participant in this study had experiences of internal supervision with team leaders that were effective and satisfying, what seems to make a difference is when the supervisor is conscious of the different roles and holding the boundaries that go with them.

Self disclosure on the part of the supervisor can contribute to the supervisee feeling the supervisor's 'neediness'. However, self-disclosure can also contribute to the development of trust. In their research Worthen and McNeill (1996) noted that supervisor's self-disclosure helped to normalise the supervisee's 'struggle' and lessened anxiety. Self-disclosure that is done with intentionality, to teach or normalise, is useful; self-disclosure to meet the supervisor's need is counter-productive. Again there are parallels with self-disclosure in the client/MHSW relationship and therefore implications for modelling through supervision. As Rapp says "it is important for staff to be clear that the purpose of self-disclosure in helping relationships is not to meet the needs of the worker but those of the consumer" (1998, p. 67).

In the following example the self-disclosure of the team supervisor is such that it undermines his position of authority for the participant and produces a sense of role ambiguity. This contributes to the participant lacking respect for him and she doesn't trust in his ability to hold the group. This participant had also expressed her lack of trust in her relationship with this supervisor which in part could be due to his anxiety. The fact that his own anxiety is so present does not inspire confidence in his ability to be a container for the anxiety of the supervisees. The supervisor's usefulness and the effectiveness of the supervision are limited for the participant.

> *…one of the things I really strongly objected to was the amount that he self-disclosed, it was like he was using us to tell about himself and I also saw him as really, really needy and quite anxious and I just felt insulted and affronted*

> *that we should have someone that wasn't more professional and more developed in themselves really...*

There are implications here for the training of supervisors which will be further addressed later in this chapter.

The meaning of supervision revealed as a relationship of unequal power

Supervision has historically mirrored both the professional context in which it was practiced, and the role of power in the relationships between participants. Balint (cited in Frawley-O'Dea & Sarnat, 2001) acknowledges that both therapeutic and supervisory relationships may be co-constructed, with a view to equalising the power difference, but that this will never be absolute. Both the therapeutic and the supervisory relationship will always be unequal. This section focuses on the power dynamic in supervision and how it is experienced by the study participants.

Collaboration and power sharing: "Who is the expert here?"

The idea of the relationship as a collaborative partnership is important to the recovery/strengths approach to client work and for the participants of this study is similarly important in their supervisory relationships. Collaboration implies equality and partnership and is seen as a tool of empowerment. Johns (cited in Heath & Freshwater, 2000) says that the intent and emphasis of the supervisor greatly influence the nature of supervision for the supervisee. If supervision is both a vehicle for self-reflection and an educational tool it therefore potentially has a part to play in raising MHSW consciousness as to how a person can assist another to be empowered (Johns, 1999). Some of the participants in this study had experiences of feeling empowered through their supervisory relationship and others did not. The following quote is from a participant who has internal supervision from her manager.

> *It wouldn't be an issue if I was being treated like an equal, but I'm actually treated like I'm the one, that I'm the worker and my supervisor is the manager, and that happens with things like if there's a difference of opinion [his] opinion is always right. And sometimes that's not right, I mean even*

myself as a support worker with my clients, sometimes they're the experts. So for me it's about being provided with that equal place, equal footing.

This participant doesn't experience her supervisor as being open to collaborative dialogue. This is in contrast to how she feels she works with her clients, where the claim to 'expertise' can be passed between them and implies an approach based on collaboration and power sharing. In her world view expertise is reflective of authority on a given subject. For her supervisor expertise is a prerogative of whoever holds the position of power. She seems to be alluding to a belief that people in relationships of unequal power can work collaboratively, a belief congruent with the recovery approach. She is also saying that in her belief system "when there is a difference of opinion" it is about 'opinion', which is one person's 'truth' not 'the truth'. Her description of her supervisor suggests he believes that there is 'a truth' and he is better able to judge what that is than she is. Her experience of lack of equality seems to stem from feeling a lack of mutual respect in the relationship. She is experiencing the tension of being caught in opposing paradigms. On the one hand in keeping with the recovery approach she views her clients as "experts" and implies that in her relationship with her clients even though she is in a power position she also acknowledges her clients' expertise; on the other hand she experiences her supervisor as asserting his expertise and authority and having to always be 'right'.

How a supervisor holds and expresses their expertise appears to greatly influence the supervisee's experience of the relationship. When expertise is able to be shared and is held lightly as one perspective the supervisee is enabled to bring forward their own ideas and develop their own knowing.

…I guess that expert dynamic then kicks in because, you know who is the expert here, and there was a bit of that, you know there is a bit of that from the, in the team, that this person is the expert, the supervisor is the expert, and so yeah don't kind of question.

In this excerpt the participant is expressing her and her team members' response to their supervisor taking a position of expert authority. The situation she is referring to was one where she had a different opinion to the supervisor but she felt that there was an implied expectation that the supervisor's authority was not

to be questioned and as a group they were silenced. Their ability to explore and express their own thoughts and feelings is inhibited.

There seems to be a belief here that the supervisor is given and/or assumes 'power' because they have certain 'expertise'; the position of power is then taken to mean that they have 'absolute' expertise, a position which is difficult to challenge and has the potential for group members to distrust their own 'knowing'. Fulton (1997) says that: "nursing as an oppressed group, has unshakeable belief in doctors' omnipotence" which makes it difficult for nurses to "trust in their own thinking" (p. 533). According to Freire the banking model of education mirrors oppressive society and assumes that teachers and students are at opposite poles, whereby the teacher is all knowing and the students are ignorant (Freire & Macedo, 1998). In this approach students are not encouraged to develop their own thinking. The participant in the following excerpt has an experience of this.

> *Sometimes I feel, hesitant, hesitant, yeah, a bit anxious, about challenging him, because I don't know that I would be well supported, … A situation arose where an issue I brought to supervision was seen in one light by my team leader and there was no other way that it could be, there could be another reason for that happening, and that I was seen as manipulating a situation which I had nothing to do with, that kind of made me feel less trusting because it didn't matter what I said it wasn't going to be believed anyway.*

She experienced her supervisor asserting his authority from a closed position that did not allow for open dialogue. The supervisor has power by virtue of being in a more senior position in the organisation's hierarchy which the participant feels he then translates into having more knowledge, and therefore more able to know 'the truth'. This has impacted negatively on the participant's trust in the relationship and her willingness to assert her own opinions with him. Rather than give up on her own knowing she keeps her thoughts and feelings to herself which limits her honesty in the relationship. This seems to be reflective of the supervisor's ontological positioning. In the positivist paradigm view of reality there exists 'a truth' whereas in the post-modern paradigm there are multiple realities and truths (Crotty, 1998). According to Crotty "postmodernism commits itself to ambiguity, relativity, fragmentation, particularity and discontinuity" (p. 185).When the supervisor and supervisee are operating from these different philosophical

paradigms that are not overtly named, the relationship is experienced as difficult and non-collaborative.

'Power-over' versus 'power-with'

In the focus group a participant referred to a time when she attempted to open up a discussion with her supervisor about some of the difficulties she was experiencing in their relationship.

> *…but that kind of idea of discussing our relationship, kind of fell over, it just kind of moved onto another area I had identified, going back to the supervision role with my supervisor, it was kind of like, when I said that, it was like "you naughty little girl, you just sit there and do what you're told", yeah, and that was really hard.*

The participant experiences the supervisor as a critical parent 'telling off' the naughty child, which again accentuates the power difference between them. According to Johns (1999) this sort of experience reflects a system governed by patriarchal power systems. He says: "A characteristic of patriarchy is that someone else always knows what is best for the person, and that if this knowing is challenged then some punishment or sanction will ensue" (p. 242). In contrast to this Rapp describes the relationship between client and support worker as 'reciprocal' and that it is a 'partnership', he says the work occurs through dialogue based on "reflection, respect and mutual learning" (1998, p. 63). A review of the National Certificate in Mental Health Support Work (MHSWAG, 2003) noted that organisations employing MHSW's vary in the degree to which the organisational philosophy and practices reflected the values of the recovery approach:

> Some providers live the [recovery] philosophy and are therefore able to support the application of this approach, but not all service providers are like that. Some service providers were still orientated towards 'doing for' and educators had been told by support workers that in these situations individuals found it difficult to challenge the ethos of their workplace (p. 24).

The 'doing for' approach is seen as reflecting the old 'power over' model where clients were viewed as needing the more 'powerful' workers to take care of them rather than the 'doing/power with' model.

The meaning of supervision as facilitating empowerment

Application of Bernard and Goodyear's (1998) definition of isomorphism suggests that the supervision of MHSW is the isomorph of mental health support work and therefore mirrors the recovery approach which guides the practice of mental health support work. One of the overriding aims of mental health support work is to empower the service user. As Rapp says: "in the strengths model, empowerment is used as a state that people aspire to and that clients and professionals collaborate in achieving" (1998, p. 22). It seems that for the MHSW to assist the service-user to become empowered, implies they have an appreciation of what this means and how their values and beliefs expressed through their behaviour and interactions with the client, helps or hinders the process. Similarly the world view and frame of reference of the supervisor will shape the process and outcome of the supervision and influence the MHSW/client relationship (Grant, 1999). For Ryles the act of empowerment requires a "need to understand the complex social, political and economic forces that shape people's lives" (1999, p. 601).

A participant in this study had an experience of a supervisor openly acknowledging and sympathising with the low status position of the MHSW. For this participant his supervisor is taking an alongside position in relation to the power dynamics within the whole mental health system (and beyond) that he sees both clients and MHSW having to contend with.

> *I think the nature of the job is that you're at the bottom of the power hierarchy and that's getting kicked around with the clients really, so you follow the client and you're getting a lot of power stuff... he [supervisor] understood the power well, and he would say to me "I wouldn't want to be a support worker, (laughter) you're at the bottom of the hierarchy, so, I wouldn't like it", so and yeah, I think the forces that come upon us we end up dropping those on our supervisor... supervision is like crucial otherwise I just get knocked out.*

By saying that as MHSW he gets "kicked around with the clients" the participant in the above quote is also damning the treatment of clients by the mental health system and is implying that MHSW are more aligned with their clients than with other mental health workers. This participant may feel this alliance more because he identifies as a service user also. For this participant the support from his

supervisor is "crucial" to his surviving in such a system. The participant experiences his supervisor as an ally against the oppressive power of the wider mental health system, rather than a part of the system and he experiences this alliance as crucial to his survival in the work. In the focus group this participant elaborated how he feels having effective supervision from a supervisor who is working in a collaborative partnership with him, flows on to his work with his clients.

> *I think that parallel process, you can feel it working, like getting good supervision, it's empowering then I work with the clients with a similar clarity and process perhaps. I do, have felt that working really well at times. Yes, and that clarity is still kind of, it's still there, I still think oh where did I get that idea from, but it's been learnt back then.*

This participant makes a direct link from his experience of feeling empowered within his supervisory relationship and his work with his clients which he implies is similarly empowering for them. He is also alluding to his experience of the isomorphic connection between his supervision and his work, that he is aware of being able to transfer learning from one context to another. In the next quote another participant is expressing her appreciation of having the power to decide what the focus of the team supervision will be.

> *…which I like, I really like, that, I'd hate to be prescribed to, I'd hate to be told what you can't bring to supervision and what you can it would be awful. Because I think in leaving it as it is for us then it's an empowerment thing, we are empowered to decide how to use our supervision, really.*

This participant likes having the power to decide how she will use her supervision. Being able to make these decisions helps her to feel empowered and in charge of the process rather than having someone else dictate how it will be. Although the supervisor has more power than the supervisee, this participant finds having control over the process by determining how it will be used, goes some way towards equalising this power differential. There is an implication that she is more receptive to what she may learn from the supervision because of her sense of ownership of the process. According to Zorga (1997) involving students in the development and management of the curriculum is a factor in effective experiential learning. This point is reinforced by Freire's model of education that serves in the "quest for mutual humanisation" (Freire & Macedo, 1998, p. 70) and which requires students and teachers to be partners in learning.

This section has explored in more depth some of the ways power dynamics in a general sense impact on the supervision of MHSW. According to Ryles (1999) empowerment presupposes an understanding of power. In relation to nursing he suggests that empowerment is expressed by people being able to take control of their lives and this is "achieved by recognising those forces that conspire to limit the scope of those lives and then acting to effect change" (p. 603).

The impact of the type of supervision on the relationship

The participants in this study had experienced a range of different modes of supervision in different combinations; internal and/or external individual; external team; peer group; and cultural supervision. The different modes of supervision and the combinations of these modes produced factors that impacted on the supervisory relationship and whether the supervision was perceived as effective or not. The most valued form of supervision appears to be individual external supervision which all participants had experienced at some time and so used as a basis for comparison. Individual supervision with an external supervisor seemed to be the form of supervision where participants experienced the highest level of trust.

One aspect of individual external supervision that is different to internal supervision is that it is generally clearly delineated from other tasks that the MHSW is engaged in and often requires the MHSW traveling to the supervisor's office. Often the supervisor is unknown to managers or other colleagues. These factors increase the sense of a boundary between 'supervision' and 'the work'. As discussed in the supportive function in Chapter four, participant's valued supervision as a place separate to 'the work' which afforded them an opportunity to stand back and think about their work with objectivity.

By contrast, individual internal supervision is often complicated by a lack of clear boundaries around the supervision which can create feelings of dissatisfaction and distrust for the supervisee. For participants in this study who experienced internal supervision from a team leader or other senior practitioner, there were difficulties when the boundaries between the roles they were in at any given time were not

clear. There were times they were unsure when someone was acting

out of their supervisory role or team leader/manager role. The implication was that for the supervisee the roles were different and they had different expectations of the relationships in the different roles. Lack of clear contracting and the boundaries of confidentiality were two areas where the differences in the roles showed up. When these participants compared their internal supervision experiences with external individual supervision experiences they found the external supervision to be more structured and generally more satisfying.

For example one participant compared the internal individual supervision she was currently receiving with external individual supervision she had when she worked as a counsellor.

> *If I can just give a comparison here, my supervision with my counselling, professional supervision outside of my organisation, external supervision, was very much more structured and professional...Its very different supervision that I'm receiving, the individual supervision to the professional supervision, external supervision that I was getting in like the counselling role, yeah...Like I haven't completed my contract with him...*

There is an implication here that internal supervision because it occurs within the work environment, may be less structured. The lack of professionalism that the participant experiences in her current internal supervision is perhaps in part due to a lack of attention by the supervisor to the contracting which can create focus and structure and differentiates the supervisory relationship from other role relationships and activities the two may be engaged in. She viewed the external supervision as more "professional" because it was more clearly structured, implying clear boundaries, which meant that she was clear about her role as supervisee and the supervisor's role of supervisor. Peterson says dual relationships per se are not a problem, it is when there is " a covert dual *agenda* in the relationship" that a problem may arise (cited in Kaiser, 1997, p. 64).

Another participant had a similar experience with internal supervision with her team leader. In this example the purpose and boundaries also appear not to have been made explicit through clear contracting and as the participant says there are conflicting agendas. She had an expectation of being 'supervised', the supervisor's agenda was using the time to glean information and consult with

someone who had more knowledge of the service. The result was unsatisfactory and ineffective supervision for the participant.

> *…I think that's one of the difficult things about line supervision, where you're in the same organisation as that you've got conflicting issues, you know you've got different agendas and it can get a bit, and I guess that's what happened and I knew the service very well and the team leader was a new person coming into the role, and I was getting supervision from her…and you know she'd end up talking about issues that were going on for her…*

The boundaries of confidentiality were not always explicit in internal supervision which also contributed to distrust. Participants were often unclear about what would be done with information they disclosed in internal supervision, particularly if their supervisor was also their team leader, and who else had access to it. The role of supervision in performance appraisals was another area where participants expressed some anxiety and distrust. This again highlights the possibility of different agendas in supervision between supervisors and supervisees and relates to the section in chapter four on supervision sometimes being perceived as a surveillance tool for management.

A participant who had at one time provided internal supervision for other workers at her agency had also felt the complexity of the dual roles of supervisor and colleague.

> *…and I also was aware of the tensions as a [agency] supervisor where, you know about loyalties and yeah about responses to people when they were disclosing things and with my feelings about the organization or if the organization I felt didn't behave particularly well at times, and the staff were feeling the effects of this, there was a real tension being a supervisor and sitting in the middle of that and… so I think the ideal is to have outside supervision for anybody…*

This participant is expressing a difficulty she experienced with how to manage her own opinions and emotional responses to organisational dynamics that were affecting her when a supervisee might also be expressing similar feelings. The participant is recognising that as an internal supervisor she did not have the impartiality that an external supervisor may have in relation to organisational dynamics. She is implying that if she had difficulty with these aspects of holding dual roles then others may also. This excerpt also highlights the importance of

specific training around management of these kinds of dual roles and
the importance of supervisors having their own work supervised.

The effectiveness of team supervision seems to be affected by whether or not the team members are also receiving individual supervision. One participant in this study, who works in residential care, only received team supervision, which she saw as better than nothing but she would have liked also to have individual. The reason for this seemed to be the desire to have somewhere where she felt safe to explore issues with someone not involved in her performance appraisal as the programme coordinator was present in team supervision. This participant had also had other external and individual supervisory relationships in the past which she compared with her current supervision. Again there is a sense of distrust about possible different agendas within team supervision, particularly when support workers only have team supervision but programme coordinators and team leaders also have individual supervision. The implication is that MHSW must use the team supervision to meet all their supervisory needs but that team leaders and programme coordinators have more flexibility in what they bring to team supervision which can result in different agendas. This arrangement also reinforces the sense of inequality between the levels of hierarchy and can contribute to feelings of resentment in the MHSW.

> *…I'd really like an individual supervisor to take it to and **I don't have one!** …[having the PC present] was a very big issue for us when we had the group supervision and we wanted to have it without our programme coordinator, for those reasons and our programme coordinator does have her own individual supervision…I feel much more OK and trusting of her [current PC], but never the less it remains an issue.*

The participant says her service replaced individual supervision with team supervision but these different modes of supervision provide different things and are not interchangeable. There is a sense that team supervision and individual supervision serve different purposes and if only team supervision is provided this creates a gap for the supervisee.

Another participant who is in a PC role witnessed other team members, who do not have individual supervision, responding to team supervision with similar feelings of distrust. The power issues that are potentially created when the members of team supervision are from different positions in the organisational

hierarchy, can lead to a wariness on the part of those in less powerful positions particularly if the purpose of the supervision is not clearly contracted and understood. This is congruent with my experience supervising teams in residential services where many times teams have asked for team sessions without team leaders or programme coordinators present. MHSW in these teams have said that there were things they would never bring to team supervision that they would take to individual supervision if they had it. They are monitoring their use of the only supervision they do have, which potentially limits its effectiveness.

One participant was participating in internal peer group supervision. This group follows a structured format devised by Charles Rapp (1998) where group members take turns to present a client issue and the group brainstorm ideas for strategies to work with the client. This is a group process with very clear boundaries and clarity of purpose. This participant's voice was animated and bubbly as she described this group process which contrasted with when she was describing her individual internal supervision which is difficult for her. This participant enjoys the group process and finds it supportive. The group members share responsibility for facilitating the group, which appears to minimize power issues, which the participant also appreciates.

> *I like that we get to share and get to know the other clients, and that there's, I always believe there's more, many heads make light work, yeah, and sometimes you can be working with your client and you get stuck on something, and when you share, a burden shared is a burden halved isn't it? So it's all those things, it's about making the work easier, nicer, yeah. Sometimes we celebrate, it's not all about presenting an issue, sometimes it's a celebration, yeah, lots of things like that, its really cool.*

The emphasis on sharing in this description refers I think to the relationships among group members and implies the sharing of power which is satisfying for the participant. She seemed to be saying that the group process is supportive and 'lightens the load' and can be useful in terms of coming up with ideas. The description of this group gives a sense of supervision as a means to find strategies to work with clients, so if a group member has run out of ideas their colleagues may be able to provide some new ones. The feeling of having someone else alongside them, not necessarily at the time they are working with the client, but at some stages in the process, is valued by all the participants in this study. The 'alongside' experience can come from a supervisor or through other team

members. The formalised structure and focus of team supervision means that the MHSW often experience it as more supportive than informal sharing with team mates.

In another part of the text the participant implies that although this group process is both useful and enjoyable for her it would not be adequate if she were not receiving other supervision also. In other words effective supervision for her is more than being provided with support and ideas; she wants a relationship with a supervisor who can also assist her to develop her own thinking. There is an implication that her peers lack the skills and training to provide this form of stimulation to develop her knowledge and skills.

The impact of the supervisor's skills and training on the supervisory relationship

The participants in this study felt that a supervisor needs to have specific training and experience to provide the support and education needed by the supervisee. Although they did not generally state what those skills were they were implied through comments such as turning down a request to supervise others because they had not had appropriate training. They have an expectation that the supervisor should know more than they do if they are to expand their own knowledge base. They also seem to be saying that when supervisors are specifically trained the valuing of supervision and its contribution to MHSW is implicit. One of the skills they value is the ability of the supervisor to be able to 'inquire' of the supervisee in such a way as to foster the supervisee's reflexivity and critical thinking. There is a sense that they want the supervisor to also have authority and to be able to 'hold' the supervisee within clearly stated boundaries.

In response to a question from the interviewer about her supervisor's training one participant said her team leader/supervisor's academic training was in a completely different field to mental health support work. She believes that her supervisor is not sufficiently skilled or knowledgeable to provide what she needs from him and she experiences the supervision as unsatisfactory. The participant's belief that she knows more than him makes her less receptive to anything useful he may be able to offer.

…[his training is] totally off the wall, I don't want to even go there, and his training outside of that since he's been here is probably about as much as everybody else has got within the organization, which is quite a lot of odd two-day workshops and things like that, whether that's suffice to provide the knowledge base and the skills required that could be debatable. I'm not happy because I feel like I know more than my team leader [and supervisor]…

In a sense the minimal training that she sees her supervisor having suggests a devaluing of both the work and the role of MHSW. She is also inferring a belief that she wants to be evolving and developing in her role and that to do that she wants a supervisor who 'knows more' than her to expand her knowledge base, and can guide the process for her. Another participant described having respect for her supervisor's knowledge but had some difficulty with how she at times applied that knowledge and some of her values that she expressed through her practice. There is a sense that the supervisor may not practice from a recovery philosophy which creates some tension for the participant.

I don't necessarily agree with everything that she says or advocates…actually I was surprised recently when she mentioned X who [works in mental health] in the community and was really kind of disparaging of this person…and I thought, well I didn't agree with that…I see her[supervisor] as someone who's skilled, who is working in the field and has hands on experience and has an understanding of what it is to work in mental health, but no I don't necessarily agree with all aspects of her practice.

Not agreeing with everything about how the supervisor practices did not render the supervision totally ineffective for this participant, although she had some concern for the impact on less experienced supervisees. She is saying that she doesn't accept the supervisor's 'knowing' that is presented with such surety. The participant has a belief that there are multiple realities and 'truths' which is congruent with the recovery philosophy.

…you know we all work differently…I respect her and I'm happy to utilize her…I think we all have to find out for ourselves, and you know her experience might not be the next person's experience in terms of dealing with something…

Although the participant is overtly saying that she respects this supervisor there is a covert sense that there is some wariness which I think comes from her sensing the different paradigms that the supervisor and supervisees are coming from. The

tension she experiences because of this appears to result in some distancing in the relationship.

The participant in the next excerpt had had experiences with some supervisors who didn't have enough understanding of the role of MHSW, trying to make him more like a psychologist or a social worker. This raises the question of who is providing supervision for MHSW and how does their professional positioning impact on the support worker and their interpretation of their role. With beginning MHSW this could significantly affect how they interpret and enact the role.

> *I think that a lot of supervision is about well how do you hold onto what is really the core of community support without losing the model in the practice, in an organization that may not hold that as so important, they maybe more concerned about managerial issues or team funding contracts, they're all important but may not focus so much on the client issues...*

All the participants in this study thought that the role of MHSW is still evolving and that it needs to become more professional and to be viewed by others as such. In this way they are not accepting the status quo but rather recognizing their part in the dynamic process of development. Having supervisors who are well trained will support the professionalism of their supervisees which will assist this development. One participant described the skills he requires of his supervisor. He wants someone highly trained and knowledgeable not only to develop his own skills but because having supervisors operating at a highly professional level will also raise the level of professionalism for all MHSW. He values a supervisor who is knowledgeable of the specialised contexts that he works in both the community context and the NGO context. The meaning of supervision as contributing to development of the MHSW role will be addressed further in the following chapter.

Summary

This chapter has been concerned with the meaning of supervision revealed as 'being in relationship'. The quality of the supervisory relationship is identified as being an important factor in the degree to which supervisees engage in the supervisory process and whether the supervision is considered to be effective. Factors that impact on the quality of the relationship such as; the degree of trust and honesty; supervisor self-disclosure; clarity of the supervisor-supervisee roles;

and training to use supervision, were identified and discussed. The nature of the power differential between the supervisor and supervisee and factors that influence how that is experienced by the supervisee was also addressed. A supervisory relationship experienced as a collaborative partnership, characterized by mutual respect and shared power was valued more by the participants than supervisory relationships characterized by didactic teaching and 'power-over' actions. The mode of supervision in which the supervisory relationship is located was also seen as impacting on the quality of the relationship as was the skills and training of the supervisor. The next chapter considers the meaning of supervision revealed as relating to personal and professional identity.

Chapter 6: The meaning of supervision revealed as relating to personal and professional identity

The previous two chapters have presented meanings of supervision having purpose and as being about relationships. This chapter presents another cluster of meanings revealed by the texts; those to do with personal and professional identity. Chambers defines identity as "who or what a person or thing is" (1983, p. 623).The recovery journey itself is recognised as being about 'identity' as the client is encouraged to develop their awareness of themselves and their illness . As Deegan says "they experience themselves as *recovering* a new sense of self and of purpose within and beyond the limits of the disability" (cited in Jacobson, 2004, p. 70).

This chapter begins by addressing supervision as a process which impacts on the supervisee's self awareness and hence their self identity. Cultural identification as an aspect of personal identity is addressed next. Kiro says that culture is "an affirmation of who we are and what we believe" (1999, p. 3). In this study a broad definition of 'culture' is used to refer to not just ethnic culture but things such as sexual orientation, hearing impairment, and also identification as a service user (or tangata whaiora). This definition is in keeping with the Recovery Competencies for New Zealand Mental Health Workers which states that awareness of cultural diversity includes understanding of adjustment issues for immigrants and refugees and knowledge of other non-ethnic cultures such as gay/lesbian and deaf cultures. (O'Hagan, 2001, p. 20). These forms of identification are seen as being subject to stigmatisation by society at large which contributes to experiences of marginalisation and consequently impact on mental health. The chapter concludes by considering the meaning of supervision as impacting on the professional identity of MHSW as individuals and collectively.

Developing self-identity through self-awareness

Self awareness refers to the process of 'becoming more conscious' and connects with Freire's notions of conscientisation and humanisation (Freire, 1998) which

he sees as the task of all people. There is a connection also with tino rangatiratanga or self determination which Carter defines as "'letting our own light shine'" (2000, p. 262). Habermas also refers to a connection between self reflection and self understanding and personal emancipation (Maggs-Rapport, 2000). In supervision developing self awareness may involve reflecting on ones thoughts, feelings and actions in relation to clients and in the work in general, with the aim of becoming more conscious of what might at first have been unconscious (Holloway & Carroll, 1999). Assisting the development of self awareness is another way that supervision also functions as an educative process. According to Freire (1974) reflection is an essential component in learning as an act of "knowing". He says:

> For the learner to know what he did not know before, he must engage in an authentic process of abstraction by means of which he can reflect on the action-object whole, or, more generally, on forms of orientation in the world. In this process of abstraction, situations representative of how the learner orients himself in the world are proposed to him as the objects of his critique (p. 31).

As this process includes oneself in relation to the world, and including others, self-reflection has a part to play in the development of identity. The participants in this study use supervision to develop their own understanding of themselves and their clients and the relationships between them. A stronger sense of personal identity is implied as a consequence of this process of reflection.

> *I believe the meaning of supervision for me, is not to find the solution its not even to get some sort of hugs to make it feel better, its actually kind of the reality challenges, "so why you doing that, what are you getting out of it, and are there other options?". Its like something solid to take in, feed back and go away and work on that, and its pushing me to keep processing or to keep journaling or working on personally what's not OK, or in the bigger system, "why is that doing that to me."*

This participant is describing a process that involves deepening his knowing of himself, as he does this his sense of who he is, is strengthened. The "reality challenges" he is referring to describe a process of inquiry through dialogue which produces for him something 'solid' to be taken in and digested and which he finds very satisfying. His view of himself is presented as having forward movement. There is an obvious parallel here with service-user's recovery journey incorporating a "new sense of self" (Deegan cited in Jacobson, 2004, p. 70) and

developing an identity that is inclusive of their mental illness. The phenomenon of parallel process indicates that as MHSW reflect on and strengthen their own identity they are more able to support their clients in their journey to do the same.

Participants in this study seemed to recognise that self-awareness is a critical ingredient to being an effective support worker. If, as Rapp (1998) says the 'relationship' between MHSW and client is central to support work, it follows that supervision of support work must be concerned to some extent with the dynamics of that relationship. The relationship, from a recovery perspective is a collaborative partnership, implying that both partners contribute to how the relationship functions. Supervision that focuses on the relationship between client and MHSW must then include some exploration of what both partners are contributing to the relationship. A willingness and ability to reflect on oneself is central to this dimension of supervision. The following excerpt reveals that developing self awareness is experienced as an empowering process as it can increase choice. It also reinforces the connection between safety and self awareness.

> *I just think we do bring ourselves to our work, whether it's conscious or not, we are who we are, so we're bringing that, and I just think the more conscious we can become of who we are, then we've got more choices about how we want to be and how it's useful to be, and I think supervision helps with that really... It's very easy not to be conscious. Just, you're there, you're being who you are but you're not very conscious and that can be more, you know, that can be harmful at times...*

For this participant the need to have awareness of what she brings to her relationships with her clients is vitally important as it not only enhances her flexibility to be able to respond to the unique needs of her clients, but also means she is working more safely by not unconsciously transferring onto them in unhelpful or even harmful ways. Hawkins and Shohet say about self-awareness that "Knowing ourselves, our motives, and our needs makes us more likely to be of real help. In that way we do not use others unawarely for our own ends, or make them carry bits of ourselves that we cannot face" (2000, p. 15). Reflecting on transference and countertransference dynamics in supervision contributes to increased personal awareness.

…and then you've got this person who can kind of facilitate any kind of confusion around, and I think that's the big thing, it's about facilitation, being facilitated through a murky period or to explore what it is that's going on inside…

As this participant recognises the development of self awareness occurs within the relationship with the supervisor who is in the role of 'facilitator'. The supervisee goes to supervision in a state of 'confusion' and 'murkiness' and her supervisor provides a process of 'untangling the confusion' and 'letting the water settle' so she can see more clearly. What she sees through this process sometimes is how her own thoughts and emotions are contributing to the 'murkiness' and once she has identified these she is able to work more effectively with her clients. The participant in the next quote has a belief that for her effective supervision involves a supervisor 'inquiring' of her in such a way as to develop her own thinking and self awareness a process that is currently lacking with her supervisor.

…it's about how you've got here – "a critical hermeneutic inquiry"…there's not enough inquiry, it's about direction instead of inquiry, I understand that's part of that process, but I don't think that's the only way to approach some of the things that are presented…like what I'm getting with you is that you're picking up the gaps whereas I'm getting the direction, I actually need a bit more than direction, because I'm actually quite clued up on direction myself.

The process of inquiry helps her uncover what she knows, feels and believes and bring them into consciousness, in other words develops her self-awareness by making her more conscious. The interview process for this study was like this for her and she contrasted that with the "direction" she gets from her supervisor. This idea of being 'given direction' can be understood in light of Freire's (1970) critique of the banking form of teaching which is about acquiring knowledge rather than developing knowing.

One participant also felt that the management of the organisation where they work did not encourage the development of self-awareness as they didn't recognise the potential impact on the quality of the work or on client safety. In a sense this reveals some of the historical development of the MHSW role. I think there has been a growing appreciation of the importance of self-awareness in the profession that has simultaneously added to the development and professionalising of the role of the support worker, although as this participant

notes there are still support workers who have limited self-awareness. Herda refers to the connection between developing one's sense of self and creating the world we live in she says "When I change, the rest of the world changes" (1999, p. 7).

Cultural identity and supervision

Cultural differences in the client/supervisee/supervisor matrix impact significantly on these relationships and the personal and cultural identities of the people involved. As supervision concerns at least three and often more people, the different cultural combinations and accompanying power dynamics, can be complex (Grant, 1999). The first of the next two sections relates to supervision when the supervisee or clients are Maori and the subsequent section refers to other cultural differences in supervision.

Bi-cultural supervision

Partnership principles under the Treaty of Waitangi create a unique situation in Aotearoa where all government funded agencies are obligated to work inclusively with Maori (Cooper & Anglem, 2003). However, according to Webber- Dreadon : "In Aotearoa, supervision primarily reflects the cultural values and aspirations of the typically mono-cultural dominant Pakeha group" (1999, p. 8). Cooper and Anglem found that 'cultural supervision' was a term used only to refer to Maori and they suggest that this implies a belief that "white or Western supervision is culture free" (2003, p. 57). They also posit that from this perspective the issues of "white identity, privilege and marginalisation" (p. 56) do not come into supervision when the supervisor and supervisee are Pakeha.

This viewpoint was graphically reflected for me in my own process of doing this research. Reflecting on the experience of interviewing participants for this study I noticed that perhaps because I am Pakeha and my assumption (which was incorrect) was that the first three participants I interviewed were Pakeha also, the subject of ethnicity in relation to either supervision or the client work was not mentioned and I did not ask any questions relating to culture. It was only when the fourth participant identified herself as Maori and spoke about her bi-cultural experiences that I became more aware of this omission and what it may mean in

relation to power and my cultural approach to both supervision and this study. This experience fuelled my decision to explore cultural, and in particular bi-cultural, dynamics more fully in the focus groups.

Two of the participants in this study identify as Maori, both work in mainstream services and one currently works with Maori clients. Until recently the only supervision this worker received was from her team leader who is Pakeha. This cultural difference created difficulties for her because she feels the supervisor doesn't have an understanding of what partnership means and how that might be incorporated into their supervisory relationship. She recognises that the difficulty for her is not because of the difference in ethnicity per se. She feels she has to work very hard at getting recognition for partnership principles within the workplace and specifically with her supervisor. At times this has been an isolating experience for her. In some sense 'isolation' is the antithesis of 'partnership'.

> *…and I don't find that an issue, that he is a Pakeha, I find it difficult that I've been closed down on a lot of things, that's been the difficult thing, and then having to almost bowl the door down, but I haven't done that, but it feels like that's the only way that I'm going to get through sometimes. … you know from a holistic perspective, the relationships in every environment that you participate in, are important, they're very significant as to how you are, and who you are and why you are who you are and like for me being Maori…*

This participant is recognizing the importance of 'relationship' in all aspects of her work and the place of 'relationship' in defining who she is and that her existence occurs in 'relationship'. She sees this belief as being culturally based and wants her Maori identity to be incorporated into her supervisory relationship. Having a supervisor who not only doesn't understand and appreciate that cultural perspective but who is not open to finding out about it, has been an isolating experience for her. As her supervisor does not understand the significance of 'relationship' for her, he is also not understanding of the impact of that position on his relationship with his supervisee. She experiences his stance as non-supportive and that he is asserting his cultural position over hers. Cooper and Anglem (2003) suggest that because a supervisor generally has authority and status, their views and beliefs are often imposed on supervisees without acknowledgement or discussion. They say:

> It is essential to understand those aspects of culture where differences exist between one or all parties, as these differences can affect the content, process and outcomes of clinical supervision. Any cultural perceptions that are inappropriate or wrongly applied may lead to negative outcomes for one or all parties (p. 51).

This emphasis on the need to understand the impact of colonisation is discussed by Freire (1970) who says that invasion involves economic and cultural domination but that this can at times be difficult to recognise, particularly when the 'invader' is friendly and/or in the role of helper. According to Johnson and Pihama when difference is ignored the values, standards, and goals of the dominant group are viewed as the 'norm' by which others are measured (1995).

In the next excerpt the participant is reflecting on her experience within her team and is saying that despite working in a supportive team, having a supervisor who she doesn't experience as supportive has been limiting and distressing for her. This reinforces the importance of the supervisor as a key role in supporting the MHSW and that when it is not experienced as culturally supportive it is particularly isolating.

> *…it's very interesting because I've had to really push the fact that, you know the whole idea of the partnership, the Treaty of Waitangi partnership, I've had to really work hard on that, and I've felt at times, I've felt quite isolated, and yet I've got a very supportive, M's a very supportive CEO, we've got a very supportive management team, but my supervisor was the one person I felt less supported by, and that was really difficult, and it still is really difficult to deal with that.*

This section highlights the importance for supervisors working with MHSW in Aotearoa/New Zealand to have not only an understanding of the principles of partnership but how those principles are enacted in supervisory and client relationships.

"A place to feel safe": The impact of cultural supervision

One participant has 'cultural supervision' in addition to her internal supervision with her manager and this has made a big impact on her. Although the term 'cultural supervision' is increasingly being used, Cooper and Anglem found in their research that there is no common understanding of what cultural supervision actually is. For this participant the meaning of cultural supervision is supervision

with a Maori practitioner which has contributed to a feeling of being culturally 'backed-up'. She now has an experience of developing a supervisory relationship within different parameters and which she experiences as an 'alongside' relationship. Carter says Tino rangatiratanga is "the activation of our inherent potential to relate to our world and other people in ways that make sense to us as Maori" (2000, p. 260). For this participant cultural supervision provides that activation and empowers her.

> *I don't feel isolated, for a long time I felt quite isolated in that I'm the only Maori in the team and some of what I was saying wasn't being listened to but now I feel like I've got somebody there beside me and its a lot easier, yeah, I've been able to talk about it a lot more freely...*

In this excerpt the participant is implying that she is now 'being listened to' in the team which creates a sense that her cultural perspective is now being included in 'team dialogue'. Being 'listened to' also frees her up to be more culturally visible in the team. Although she is still the only Maori in the team, the experience of having a Maori supervisor alongside her, even though he works for a different agency, means that she no longer feels alone when she is in the team. She is experiencing validation for her cultural position and is no longer an isolated voice. This participant says that the process of addressing the issue of culture within her supervision has had a big spin-off in her organization as a whole and that other cultural dimensions are now being similarly recognized and addressed. She feels that naming cultural difference as a dynamic that needs to be acknowledged and examined within supervision and the organization has acted as a catalyst towards true partnership in this workplace and "it's actually OK to be Maori now". This shift is flowing on to the work with clients and means they are being supported with more cultural appropriateness.

> *...and interestingly around that from that whole cultural supervision being introduced, then the whole assessment process for Maori clients has slightly changed, there are now Kaupapa services involved in the assessment and in the allocation, which I believe is important and I believe relates to Maori identity. ...a lot of the whanau group are now having cultural supervision too. It's kind of had a flow on effect across the organization, which is really helpful, 'cos you kind of feel like now that it's actually OK to be Maori within the organization.*

Reflecting on her own experiences of being 'culturally isolated' and then 'culturally met' in her supervisory relationships has given this participant

valuable experience that she takes into her client work. The participant's cultural supervisor is a mental health professional and he is providing a safe place for the supervisee to explore some of the cultural dimensions of working with her Maori clients. The relative position of power that this supervisor provides legitimizes the supervisee's concerns and strengthens her ability to voice them.

> *… its kind of alleviated a lot of the difficulties, because my cultural supervisor he's a manager too so he's on the same level as my supervisor and it kind of creates that opportunity for a little bit of dialogue about some of the things…because it gives me that place to feel safe to say what I want to say.*

The fact that her Maori cultural supervisor is on the same hierarchical level as her Pakeha supervisor is significant for her as it gives her some sense of equalizing the power differential with him. As the two supervisors are equal in terms of the organisational power in their positions, their different opinions are more able to be seen as culturally based. This has the potential for the participant to be able to separate out the difficulties with her Pakeha supervisor into issues about cultural difference, which with the cultural back-up she now has she feels more able to challenge, and power issues related to his position in the hierarchy. She is also having an experience of being able to bring more of herself and her cultural identity to her work, an experience that will be helpful in her relationships with her Maori clients as she will be working more congruently.

> *I mean I feel quite safe now that I can actually say, it's quite good to be able to voice [?], that's the significant thing, especially for Maori people who have struggled with identity for a long time and part of that healing I believe, personally, is around their identity and when you can't be who you are that creates a huge dilemma for a lot of people.*

Here the participant is implying that when she was not being culturally supported she was denying who she 'really is', in other words she was not able to be authentic in the work environment. There is a danger that if she is not able to be authentic in the work environment that she may also not be so authentic with her clients. As she says not being who you are "creates a huge dilemma for a lot of people" as it will be I imagine for many of her clients. It is more challenging for her to model being someone who is comfortable with their own identity if that is not supported in her work environment. In the next quote this same participant says she was not aware until she had cultural supervision, why she needed it. This

participant said that her experience with her Pakeha supervisor had
helped her to have a greater appreciation for how it can be for clients when their
support worker is culturally different to them.

> *…so I understood once I started having it why I needed it, because I was actually missing it, yeah, because it's very...because I was brought up European and I got to know more about being Maori as I, well when I was in my forties, um, and its something that kind of falls over if you don't keep going back to it, yeah and because it kind of, it refreshes you and you always, I always knew from a child that there was something different about me, but I never knew that it was being Maori, mm...*

This section has addressed some of the ways bi-cultural difference in supervision
can impact on the supervisee's personal and cultural identity. The following
section looks at the possible impact of bi-cultural differences on clients.

"That's how we do it": The meaning of cultural appropriateness in supervision

The Blueprint for Mental health services in New Zealand (Mental, 1998) states
that to work with Maori "includes knowing how Maori cultural identity is
defined, and the values, beliefs and behaviours which are part of that identity"
(p.60). If there is a need for support workers to have this understanding it follows
that to guide and support their supervisees appropriately, supervisors also need to
have this cultural knowledge and understanding.

Cooper and Anglem note that "Maori's needs are different, but social differences
(except for gender issues) were not frequently discussed in supervision" (2003, p.
xii). They argue that Pakeha supervisors tend to work from a mono-cultural
perspective and therefore tend not to initiate discussion of the complexities and
challenges of working cross-culturally. For example, if the worker reports the
client doesn't want a Maori support worker the supervisor, depending on their
ethnicity, may then minimise the importance of the cultural differences and not
focus on them. Perhaps the client is not aware of how the difference in culture
may influence the relationship with their support worker, and the work they will
do together. The reasons a client has for wanting a support worker from a culture

different to their own, can be complex and may also be reflective of power issues on both a historical and personal level.

The participant in the following extract witnessed what happened for a Maori client when she met with two Maori support workers from another service. The client had been previously asked if she wanted a Maori support worker, although perhaps she was not aware of the full implications of that choice.

We had two visitors recently from a new service up North who came down here to just see what we do, and they were two Maori women and straight away there was such a bond between them and one Maori woman [client] here that I work with, that, there was something about their culture... and they made such a bond with this client. I mean I feel as if I've got quite a good bond with her, but I can feel that there is a definite, it must be just a cultural distancing somewhat, you know, there? They were very close and they talked about, they talked about she's from such and such an iwi up North and everything, and I've asked her about these things and she kind of doesn't want to talk about it much with me, but, so I thought that was really interesting.

From the support worker's point of view, having given the client the option of having a culturally matched support worker, they may feel they have attended to the issue, and that may be the last time they refer to cultural difference with that client. The degree to which a supervisor focuses on these cultural dimensions will impact on how the MHSW works with these issues with their client. In the following extract the participant feels that she and her Pakeha supervisor have different ideas about what is happening with a new client who is Maori and that the supervisor is missing some of the cultural dimensions in the situation.

…like, I had a client that I was going to take on board and we were trying to get an initial assessment set up, and what happened was,... I needed to talk to somebody who understood what it means to be Maori and the issues involved in communicating, and I said to him "look I'm trying to meet this client and his dad keeps answering because he's the only one with the phone, and he keeps putting off, you know making a time, 'cause he probably thinks there ain't nothing wrong with his boy, because that's how it is", and I knew that. But my manager [supervisor] was thinking other things, like I hadn't really been trying hard enough and I needed to keep trying…

This extract highlights the idea that cultural difference rather than being superficial is highly complex and requires an understanding of the long-term effects of historical racism and oppression. As the report on recovery competencies says, a competent mental health worker understands recovery

principles and experiences in Aotearoa including "understanding the impact of colonisation and Treaty non-compliance on Maori" and "knowledge of the differing health and socio-economic status of Maori and non-Maori" (O'Hagan, 2001, p. 9). Rather than understanding this situation from a cultural position the supervisor views the difficulties as being to do with the worker's skills and that she needs to 'try harder'.

> *…but just listening to Dad, the one time that I did manage to talk to him, he kind of reminded me of someone that didn't want to say too much in case he let the cat out of the bag, you know, but did think his son was OK, he just smoked a bit of dak now and again and he was OK, and I thought oh yeah OK I can relate to all of this. And didn't want to acknowledge that his son had a mental illness because that would be seen as a weakness and maybe he'd done something wrong by introducing him to alcohol or weed or, you know I could hear it all coming out eh, but not everybody would've picked up on that.*

In this extract the participant is presenting a client situation which she sees as needing to be understood as complex and many-layered, and which she is implying can be interpreted as an expression of cultural domination and oppression. She senses the father's suspicions of the (Pakeha) medical world that is likely to impose guilt on the father for his parenting. The participant is sensitive to the effect of racism and colonisation on her client and his whanau. She wants guidance on how she might use her understanding of all these cultural dynamics to communicate more effectively with her client. Her Pakeha supervisor on the other hand appears to be disregarding the cultural context and instead responding to the situation as a simple lack of effort and/or skill on the part of the MHSW.

Considering supervision and MHSW itself as social constructs which have been significantly shaped by the dominant Pakeha culture in which they are situated has significant implications for how they are practiced. A Maori approach to support work and supervision challenges some of these constructs.

> *…one of them [client] was dealing with a death recently, her mother died, you know terminal illness and we worked with that and it was really good because she was somebody that has had little contact with her whanau and then all of a sudden, she had everybody around, so it was different for her, it was anxious, and, then when mum died she had to take on this big sister role that she wasn't familiar with… yeah, and then I was even, culturally I was supported by him [supervisor] attending the tangi with me, and a few others, you know and it was kind of, yeeeesss (wonderment), that's how we do it! So it worked well.*

This excerpt provides a good illustration of the differences and complexity of working within cultural traditions to provide 'support' that is appropriate both culturally and personally. The participant's experience of attending the tangi for her client's mother with her supervisor is a very significant moment for her as it provides contrast with how she has experienced both her own way of working and supervised in the past. Her comment "yeeesss, that's how we do it" expresses her delight and a sense of being able to let go and relax at feeling both she and her client have been appropriately met and supported culturally. She feels she has provided good support for her client and in turn has been provided good support by her supervisor. This example illustrates well what Webber-Dreadon (1999) refers to when she says a fundamental difference in a Maori approach to supervision is the accountability not only to clients but to whanau, hapu and iwi of both the client and the MHSW and to the organization.

An example of how boundaries within both MHSW and supervision can be seen as culturally constructed is presented in the next extract. The participant had an experience when a Maori client of a Pakeha colleague disclosed something to her and the Pakeha supervisor was critical of how she had agreed to talk with a client she was not allocated to.

… I had actually supported a colleague's client who was Maori and the client had disclosed to me that she liked her [MH]SW, but she couldn't talk to him about the things she wanted to talk to him about because it wasn't appropriate, but she didn't want to lose the [MH]SW.

The participant feels that the supervisor does not understand the protocols of Maori culture which have made it difficult for the client to speak to her own support worker. This example again highlights the complexity of some bi-cultural issues and how if the worker doesn't know how to look for them they may be overlooked, at a cost to the client.

It's interesting, it's I actually addressed that because it was cultural, it was culturally appropriate for me to do that, and it wasn't really well received … It was basically well that's the way it is and that's the way it's going to stay, which I had difficulty with because for a client to have the courage to say that there is a reason for that and you know Kuia don't talk about things like that just to anyone so she'd actually felt quite comfortable talking to me and I think that that was significant.

This suggests that Pakeha ideas of professional boundaries and 'ownership' of clients may not be transferable to other cultural situations. The participant is experiencing being caught between cultural and professional protocols which have different understandings about appropriate processes of communication. To be truly in partnership culturally may require a reevaluation of these types of boundary issues within the client and supervisory relationships.

This section has considered how the supervisor's cultural awareness impacts on both on the supervisee and the client. The degree of importance the supervisor places on culture and how it impacts on identity can have far-reaching implications for the MHSW and their clients. The following section looks at other dimensions of cultural difference and how they may be articulated in supervision.

Supervision, MHSW and cultural difference

An evaluation carried out on the National Certificate in Mental Health Support Work (p. 23) discusses the implications of increasing cultural diversity in New Zealand on mental health support work. This cultural diversity is particularly noticeable in the mental health field. Trauma experienced in their country of origin and cultural isolation once they have settled in New Zealand, contribute to refugees and new immigrants becoming users of mental health services. The authors of the above report note that

> …support workers could benefit from a broader interpretation of culture. However, it is primarily about self-awareness and respect for other peoples' beliefs, whatever they may be. It is not about having an understanding of all different cultures but getting support workers to work directly with individuals so that they are responsive to the culture each individual identifies with (O'Hagan, 2001).

As support workers are a similarly diverse group, supervisors also need this understanding. The low wages and low status of support work means that these groups are also strongly represented in the mental health support workforce. I have supervised several highly qualified immigrants who are training to be MHSW because they are either unable to practice or find work in the field they are qualified in. The term 'culture' is inclusive of not only ethnic identity but such

things as sexual orientation, hearing impairment and identity as a
consumer of mental health services (Pederson 1991, cited in Kaiser, 1997). From
this perspective mental health support work and the supervision of MHSW is
always cross-cultural (Grant, 1999). The blueprint for mental health services
states that mental health service users should be encouraged to work as MHSW
and I would estimate that up to a third of MHSW do identify as service users.

Some of the issues relating to working in bi-cultural situations are also relevant to
working with other cross-cultural relationships. Issues of power can be present
when one or other party assumes a position of superiority based on difference,
and/or when one party carries the effects of internalized racism, discrimination
and/or oppression According to Grant, these factors will be present in any cross-
cultural interaction whether or not they are addressed explicitly. The low status of
support work means that people who experience marginalisation in some facets of
their life are strongly represented in the MHSW workforce. Kaiser (1997) says
that cultural issues are complex and that there are many variables that impact on a
person's response to these cultural issues.

One of the participants in this study felt that 'cultural difference' tended not to be
acknowledged overtly in her workplace despite the diversity of ethnic cultures,
particularly Asian, represented in the team of MHSW and managers. She feels
that it is the workplace ethos not to talk about difference and that they hope to
minimise the impact of difference by ignoring it. This suggests a dichotomy
between the expectation of how support workers will work with service users and
what is modelled in the workplace.

> *…we've actually got more Asian support workers than other and that's been a
> huge shift in that short [time] that I've been there, and that was really hard
> for me to adjust to… and when I talked about how difficult it was for me in the
> team there was almost that shutdown on me for talking about that, and I found
> that really interesting… Yeah! It's like it's a sin, I find that really weird, yeah
> "it's not really happening, don't you know that!" [laughter].*

Most of the participants in this study felt that working with cross-cultural and
sometimes multi-cultural situations was not straightforward and that supervision
could be helpful in getting some understanding of the complex issues. Sometimes
the situations require specific cultural knowledge which may need to be accessed
from a source outside of supervision. One participant in a focus group said this:

> *… I think we do need some place to put those questions, whether its another cultural worker in the team or a different service that we could say such and such has happened or I'm visiting this family what do you think? Because it can be very complicated, some of the situations I've worked in have been very culturally complicated, I need someone to get some perspective. For example I worked with a client who was part Japanese, part Samoan. His dad was Japanese, he lived with his dad and the whole dynamics was so different. Fortunately the [MH professional] was also from Asia, who could put some perspective on things. But, yes it's very hard to get that in one-on-one external supervision.*

Cultural awareness can have different implications for MHSW than other health professionals as often the work involves intimate contact with the client in their daily living situation. This can include going into the client's home where sensitivity to cultural protocols could be crucial factors in establishing a trusting relationship with the client. The outline for Recovery Competencies for New Zealand Mental Health Workers (O'Hagan, 2001, p. 20) states that a competent mental health worker demonstrates an awareness of cultural diversity including understanding of "the experience of dispossession or minority cultural status" and "understanding of new immigrant and refugee adjustment issues" These statements reinforce the complexity of working with the issues impacting on these clients and the importance of supervisors to be able to explore this complexity with supervisees.

The values of the supervisor in focusing on cultural issues can be an important influence on the level of importance the MHSW gives to these issues when working with their client and therefore on the quality of the support work for the client. The participant in the next quote from a focus group, implies that he appreciates a supervisor who is able to keep him mindful of the larger context that his client lives in.

> *Some Pakeha, if you like, or some people are very good at thinking outside of the square and thinking laterally and thinking "oh is this about culture", and point us to the right people or say "I think you need to get some advice", like this current supervisor who gave me some support about the Maori client, I'd rate him as very good at thinking about all aspects, but other supervisors, I would say would be more used to working with Pakehas and quite Pakeha and they wouldn't be so good at, picking up…*

These comments illustrate how practitioners who are members of the dominant culture may not be aware of how much their style of working is culturally

influenced. Cooper and Anglem say that dominant Western discourse on supervision "has been silent on issues of critical race theory" and "what that means in terms of dominance, privilege, marginalization and oppression, and the extent to which this creates feelings of disrespect, distrust, subjugation and blindness" (2003, p. 54).

Articulating cultural difference in supervision

All the participants in this study expressed either explicitly or implicitly a belief in the value of making 'difference' overt in their supervisory and client relationships. In the following quote the participant is referring to his experience of having managers and supervisors who identify as belonging to minority groups.

> *And if they are able to model that towards say someone like myself, it will be like me thinking ah, they're thinking about they're understanding me from my world and that's a great thing you know it's sort of like they're modelling that, if you like, I was, yeah it's quite a difference from having, other managers who I wouldn't say they are from marginalized positions, it's quite a different experience...*

This participant identifies as a service-user and as such views himself as belonging to a marginalised group. In this quote he is appreciating having team managers and supervisors who make any form of 'difference' overt as it implicitly conveys to him understanding and acceptance of his own cultural difference. He also appreciates that in doing this they are providing him with a model for making the experience of 'marginalisation' overt. This helps him to be more visible in his own identity as well as modeling ways of talking about difference with clients. He is also appreciating that when cultural difference is overt it can raise people's awareness as to the impact of culture and can expand the context in which things are considered. There are links here with the previous section on bi-cultural issues where the participant who began receiving cultural supervision had similar feelings of increased visibility which impacted positively on her sense of identity. Acknowledging differences implies visibility.

> *I think what's interesting I've noticed is two of the managers I've had have identified quite strongly as being lesbian and will talk about those issues and also they've obviously given me one-on-one advice or supervision, but I think there is something about having supervision from people who are going to*

articulate issues of difference, it creates an environment where other differences are OK.

The atmosphere of 'acceptance of difference' that is created when differences are overtly acknowledged, as this participant describes, has important implications for MHSW as clients may have many ways that they experience 'feeling different'. Our sense of identity is strengthened when we accept all of ourselves, including our 'different-ness'. Nelson Mandela said:

> We were born to make manifest the glory of God that is within us. It is not just in some of us; it is in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others (cited in Carter, 2000, p. 260).

Articulating difference is important not only for service user/support workers but for the many people from other minority groups working in the field. This point has implications for experiential learning in supervision as well as modelling in client work.

> *I think there is something about having people who are from marginalised positions or different positions from society in places of power in your, in say the team or in the organization or just say the peer support person...they've got a voice then to influence, but if they're just a member of the team and they're only, they're a minority in a team full of, well a mono-cultural team if you like, that voice is weakened.*

This quote from one of the focus groups expresses the participant's belief that having workers (or supervisors) from any marginalized and/or minority group in places of power within mental health agencies, means that these issues are more likely to be addressed rather than remain hidden. He refers to 'having a voice' and that this is a vehicle for "influence". There is a connection here with critical social theory and the idea that people have the power to influence and create the society that they envision (Herda, 1999) which is also congruent with the philosophy of the recovery approach.

The meaning of supervision in developing a professional identity: "We're not just care-givers"

In all the interviews for this study there was discussion around the development of the role of the MHSW and the place of supervision in contributing to that

development. There was feeling that supervision plays a part in the professionalizing of the role. The provision of supervision conveys an expectation that MHSW will be reflecting and developing self-awareness and consciousness about their work which will assist a shift in the perception of the role both within and from other disciplines. There was a general feeling from the participants that supervisors of MHSW need to be clear about the role of support work and assisting their supervisees to have clarity also. One participant felt that the supervisor has some part to play in developing the role of MHSW and had an expectation that the supervisor would have clarity about the role, what makes it distinct from other roles, and be monitoring the MHSW to stay within that role.

> *…there's more purposes than just say for a nurse or say a counsellor who goes to get supervision, they might have a clear idea of their role and what they're meant to do, community support seems to be needing more input into understanding well who are you, what's your role, …*

This point is supported by the report on the evaluation of training for MHSW which states that "The National Certificate could teach more about the limits of the role and how support workers can seek out other resources so that they don't step beyond those limits" (MHSWAG, 2003, p. 15). Supporting the MHSW to stay within the boundaries of the role presupposes that the one providing that support (supervisor) is clear about the role.

> *I'm an ideas person so I look to supervisors who are highly analytical, highly trained people, with high value base too, so somehow I don't want to lose myself. I think community support needs highly trained, highly skilled supervisors and this guy, I rate him very highly, because he came from the NGO world he understood, he pushed me to be professional but he knew I was doing [training] and that seems to me to be the ideal, that they can understand where you come from and where you're working from but still make, sort of push us to be professional, more and more professional.*

This quote is referring to the ongoing development of the role of support worker and the participant's belief that supervisors of support workers are actively participating in the development of the role. He is valuing of supervisors who have high expectations of him and other MHSW as they raise the expectations of the profession. Although he values a knowledgeable supervisor he also doesn't want "to lose myself", he wants a learning environment where he is able to retain his own identity rather than being 'colonised' by another's ideas and/or professional stance.

... you're in systems that don't operate in the same models, how do you help your support worker to keep their value base in these complex medical orientated systems, so, there's a lot of purposes in there and I think it takes a lot of skill, the supervisor has to almost get outside of their own discipline as well and to think, OK this is a community based support worker, and if people can't do that, supervisors can't do that I think they can almost try and make us into whatever discipline they are.

Here he is expressing his belief that the recovery philosophy is at times at odds with other professional approaches and that it can be challenging for support workers to hold onto their recovery focus and not be colonized by other values and beliefs. The inherent power differential in any supervisory relationship may be exacerbated when the supervisor's professional discipline is not support work and that may make it more difficult for the MHSW to challenge. Although the recovery approach is mandated through the Mental Health Commission's blueprint (1998) health practitioners who have practiced in the old paradigm have not necessarily embraced the recovery philosophy.

I think if an individual supervisor asked me those questions, I'd actually feel it as quite a pressure because we have talked a lot about the organizational pressures on us, as people who work with clients but all this organizational stuff comes down on us ...But, I might feel it as a pressure because there's some things I think I just can't change, I wouldn't want my supervisor to put pressure on me personally to change some things that I can't change.

This participant in a focus group discussion, didn't feel that as a MHSW she should be expected to also be actively involved in advocating for the development of the role if it meant that she had to be challenging service managers and supervisors about the boundaries of the role; she feels that she has enough to do focusing on the clients and their needs. The implication from this person's perspective is that supervisors should be people who are clear about recovery and the role of MHSW.

"You're at the bottom of the power hierarchy": MHSW as an oppressed group

Johns (1999) states that nursing has traditionally been seen as a 'caring' profession and as such is an extension of women's traditional roles which are often viewed as 'unskilled' and therefore undervalued. He refers to Robert's view of nurses as an 'oppressed group' who have internalised the values of the

dominant group. Johns contends that the process of supervision as a

tool for empowerment may be compromised by the values of the organisation where it is practised, and that a supervisor may intentionally or unintentionally act in such a way as to reinforce these values. It seems that MHSW, with its historical roots being in untrained 'care-giving' is similarly challenged in terms of being valued as a role requiring specific skills. It is likely therefore, that some MHSW carry the internalised values of an 'oppressed group'. The MHSWAG evaluation of the National Certificate of MHSW notes: "There is a perception by other health professions of the role having low status and therefore support workers could benefit from developing skills to mitigate against the 'disempowering games of some health professionals'" (2003, p. 27). The following quote illustrates this point well and the possible role of supervision in ameliorating the impact on the support worker.

> *...you could ring the nurses and they were like, don't want to talk to me because I'm a support worker...[my supervisor] he could understand it and give me ways to handle it.*

I have had many similar stories told in supervision sessions, where a support worker experiences the knowledge that they may have gained about a client, merely by virtue of spending a reasonable amount of time with them, is disregarded in favour of the 'medicalised' knowledge a psychiatrist or nurse has gained in a short meeting with the client. I also hear stories of organisations treating their workers in disrespectful ways. For example, a worker being told to terminate longstanding relationships with clients, the following day, because of decisions made by management for restructuring an organisation. This 'power over' action did not take account of the needs of either the clients or the support worker and reinforced the idea that none of them had the power to make decisions that impacted so greatly on their working relationships. Although the relationship between service user and MHSW is seen as a vital ingredient in the service user's recovery, it was given less value than the needs of the organisation.

The participant in the following excerpt gives a clear example of working with the expectation to empower her clients when she experiences limited power in her role as MHSW. How she feels she is treated in relation to supervision and by the organisation where she works, clearly impacts on her work with clients.

I definitely think there's a place for encouraging and trying to empower your clients, but you have to always be judging how much, how realistic is it really? I mean we tried things like, for instance when we lost our supervision..., we decided we just wanted to check in with each other and kind of do a little bit of peer supervision, and support and they told us we weren't allowed to do that because it was, we couldn't use working time, and they were really nervous about something and they wouldn't let us do it, so you know we just tried a little bit of empowering ourselves in that way...

In this example the participant is expressing her own world view and belief in assisting her clients to be empowered and to challenge oppressive or disempowering behaviour, a view that is congruent with the aims of the recovery approach. The fact that she does not know why the decision, to not allow peer supervision, was made suggests that there was no room for dialogue between the parties. By their request the MHSW are voicing their own knowledge about their needs and their thinking about addressing those needs, as the participant says, empowering themselves. In saying "no" without discussion the organisation is not valuing the MHSW's knowing of their own needs and is experienced as assuming a power over position. This creates a dissonance between the participant's beliefs and her own experience that she is struggling to reconcile. She continues with this theme.

So I've experienced this organization as being very disempowering to people and, it seems a silly thing to say I don't know how much I want to encourage someone to be empowered. ... Yeah I guess I always come down on the side of empowerment and I will always encourage my clients to try and bring up an issue with whoever it was appropriate to bring it up with and try and deal with it in a really constructive way, no matter how many times I might get told, something, you know, so yeah I do believe in empowerment really, I guess I've just been so disenchanted by some of the things that have gone on here.

Her experience with the organisation threatens to undermine her conviction that 'empowerment' is possible. According to Jacobson "Professionals can facilitate recovery when they believe in the "vision" of recovery" (2004, p. 74) The participant interprets the behaviour of the 'organisation' as feeling threatened by workers being empowered. Again this contrasts with the aim of empowering clients.

In response to a question about the impact of having a team supervisor who she didn't like being chosen for the team by the programme coordinator, one participant said this:

> *Well it certainly affected me, I don't know how much it affected the others but, yeah, I just think it's a process and there's lots of parallel process throughout the whole organization around that kind of use of power and they're very unconscious about everything and they just sort of took on the whole corporate model, yeah they did take on that and that's a kind of a hierarchical model you know, and they're not very clued up at all about getting the best out of your employees by treating them with a little bit of respect and wanting to sort of empower them in various ways...*

In this quote the participant is expressing her observation that her employing organisation is not conscious of the way actions, such as not having the power to choose a supervisor, is experienced by support workers as disempowering. She sees a connection with the adoption of a corporate, hierarchical model of management and the erosion of autonomy, within her organisation.

In the focus group this same participant spoke again about what it was like for her to have a supervisor chosen by the programme coordinator to work with the team. Not having the power to choose her supervisor was another example where this participant felt the organisation was operating from a power-over position and reinforcing the MHSW role as having little power. This feeling was renewed in her whenever she attended the supervision because she also personally disliked the supervisor and she strongly disagreed with his approach to supervising. She described how this impacted on her and her client work.

> *...if there was something, some issue that I could of really used some resourcing or input or information, then I wouldn't of got that, ...there's always issues here in this work that you know that supervision is very useful for, and I felt that we wasted a lot of time.*

This description is in stark contrast with how the participant describes her current supervision with a supervisor that the team was given the power to choose, as nurturing and resourcing. Rapp says that having options is an important aspect of empowerment and that "to "be empowered" a person or group requires an environment that provides options and ascribes authority to the person to choose" (1998, p. 22).

Summary

This chapter has presented the meaning of supervision revealed as relating to self, cultural and professional identity. It began with a section addressing the way that supervision facilitates self-awareness and the relevancy this has for MHSW. The focus then shifted to the subject of cultural identity, particularly in relation to bi-culturalism in both MHSW and supervision of MHSW. The subject of cultural supervision as a means of addressing some of the power issues that may arise in bi-cultural support work and supervision was presented from one participant's experiences. The significance of making cultural differences overt in supervisory and, by implication, client relationships was also expressed. The final section addressed the professional identity of MHSW and the development of the role and the place of supervision in that development.

This chapter and the preceding two chapters have presented the analysis of data obtained through transcripts of interviews and focus groups of the study participants and has included some beginning discussion of this analysis. The analysis has been presented in sections referring to the meaning of supervision revealed as having specific purposes, as occurring within relationship and as relating to personal, cultural and professional identity. The concluding chapter will bring all these meanings together and discuss what they mean in relation to MHSW as they engage in their task of supporting mental health service users.

Chapter 7 Discussion: "Supervision is far more than supervision"

The findings derived by taking parts of the texts and analyzing them from explanation of 'what the text says' to understanding of 'what the text talks about' (Geanellos, 1998a) have been presented in the three previous chapters. What was being talked about revealed the meaning of supervision as; serving certain purposes; about being in relationship and as relating to self and professional identity. Within these three groups of meanings the data was broken down further into smaller 'elements' of revealed meanings. This chapter aims to complete the hermeneutic circle by considering how these meanings meet the purpose of this study. In this discussion the interconnectedness of the meanings and how they contribute to an overall sense of the meaning of supervision for MHSW in the context of supporting mental health service users will be presented. The chapter will then focus on the strengths, limitations, implications for further research and evidence of the impact of the study.

The meaning of supervision for MHSW

The overall meaning of supervision for MHSW as revealed by the participant interviews is that it is a valued resource that ideally provides support and facilitates skill development. However, the benefits of supervision were found to be dependent on the willingness of the supervisee to engage in the supervisory relationship and hence the supervisory process. The nature of the supervisory relationship was found to be a critical element in the willingness of the supervisee to engage and benefit from the supervision. A trusting relationship that is experienced as a collaborative partnership and that implicitly and explicitly addresses the empowerment of the supervisee is more conducive to MHSW engaging in supervision. As the work of the MHSW is concerned with empowering the service user on both a personal and social level it appears the supervision of support workers needs to address the empowerment of the MHSW. For the MHSW disempowerment is experienced on both personal and social or professional levels and involves not only the supervisory relationship but the

MHSW relationships with their employing organization and other agencies and professionals.

Although the functions of supervision are interconnected the supportive functions appeared to be the most valued by the participants in this study in that they were most necessary for them to both engage with their supervisor and to work with their clients. The data from this study suggests a supervisory relationship that is experienced as supportive enhances the willingness and ability of supervisees to engage in the other supervisory functions. This finding is supported by Heath and Freshwater (2000) who comment that in nursing supervision when the supportive function takes priority it creates an environment which contributes to the efficacy of the other functions. This contrasts with some other writers who emphasise the educational (Holloway & Poulin, 1995) and managerial and safety (L. Clouder & Sellars, 2003) functions.

This study found that a supervisory relationship that was experienced as supportive was a relationship where there was a high degree of trust. This again parallels the relationship between a service user and support worker. Trust for the service user and the supervisee is more likely in a relationship based on mutual respect which includes respect for boundaries and reliability. A service user in the evaluation report commented that if a MHSW talks to them about other clients it "makes me concerned about talking about myself with them" (MHSWAG, 2003, p. 53). When there was limited trust in the supervisory relationship the participants in this study reported reluctance to disclose to their supervisor and even resistance to attending supervision sessions. Factors that inhibited trust in supervision included issues around boundaries, such as confidentiality and what might be done with information shared through the course of supervision. The suspicion that supervision may be acting as a form of surveillance for management (Gilbert, 2001) was more likely when there was lack of clarity about what would be done with information. The implication here is that information shared needs to be contained within boundaries that are clear to both parties. To not do so will undermine trust and limit the potential of the relationship to contribute to positive change.

A relationship between supervisors and MHSW which is collaborative and alongside and which parallels the service user/worker relationship described by Rapp as "an experience in mutual learning" (1998, p. 55) is highly valued by the participants in this study. It contributes greatly to the sense of being supported and is likely to be more conducive to learning. Learning that occurs through inquiry rather than 'depositing' of knowledge is more meaningful as it is learning that occurs from within and therefore is experienced as personally empowering. Knowledge dispensed downward from a 'knowing expert' tends to imply that knowledge equates with power and can have the effect of negating knowledge held by the other who has less power. This process reinforces the learner in the role of passive recipient a process which in support work can lead to client's 'learned helplessness'.

Distrust was more likely to occur with internal supervision when dual roles contributed to blurred boundaries and lack of clear contracting as to purpose and when there were other power dynamics operating within the supervisory relationship. For example, if the supervisor was also a team leader or if people in management roles were present in team supervision. The degree of reciprocity and power sharing also impacted on the level of trust. Participants felt more trusting in a relationship where their expertise and knowledge had validity than a supervisory relationship based on the supervisor as the holder of knowledge and power. A relationship where power is shared and both members are credited with possessing knowledge creates an atmosphere that is more conducive to sharing one's thoughts and ideas.

As the purpose of support work is to support the client they are the drivers of the process within the defined parameters. So too having ownership of the agenda for supervision is experienced by the participants as empowering. An ideal supervisory relationship, as identified through this study, although not equal in the power held by each partner is a 'power with' rather than a 'power over' relationship based on mutual respect. Service users have stated that MHSW need to "be more aware of the power that they have" (MHSWAG, 2003, p. 52), in other words, they want MHSW to have greater understanding of power dynamics operating in their relationships with their clients and awareness of how this power can be abused. Rapp says:

People with severe mental illness continue to be oppressed
by the society in which they live and reinforced by the practices of the
professionals responsible for helping them. This is rarely done
intentionally or with malevolence but, rather, is provoked by
compassion and caring (1998, p. 1).

Service users in the evaluation report seem to accept that there will be a power difference in the relationship with their support worker that can have benefits for them, for example acting as an advocate and providing support during periods of un-wellness. However they are also noting that this power can be easily misused and that MHSW need to develop awareness of when and how this occurs. Supervision with its focus on reflection and developing self-awareness is one place where this can happen. The isomorphic connection between support work and supervision of support workers means that the understanding a supervisor has of the power they hold in their relationship with their supervisee and how they express that, will raise the supervisee's awareness of power dynamics and influence how the support worker works with the power dynamic in their relationship with their client.

Although ideally the supervisory relationship is collaborative and reciprocal the position and role of each member is different. In this study the participants noted when there was lack of clarity about the difference in roles of supervisee and supervisor the trust was affected. For example, too much or the wrong type of self-disclosure by a supervisor had a detrimental effect on the trust in the supervisory relationship. Supervisees need to know the supervision is for them not for the benefit of the supervisor, just as support work is to benefit the client not the MHSW. Participants who had experienced their supervisors as 'needy' felt the effectiveness of the supervision was undermined. When the supervisor brings their own neediness to the supervisory encounter, the supervisee's trust in the supervisor to be able to hold their supervisee, is compromised and is likely to result in the supervisee withholding their own needs.

However, self disclosure by a supervisor can contribute to the climate of reciprocity and mutuality by modeling the process of self disclosure and at the same time implicitly stating that the process is not all one-sided. According to Worthen and McNeil "Good supervisors self disclose and create an atmosphere of experimentation and allowance for mistakes" (1996, p. 26). Self disclosure has a

positive effect when it provides information than can be used by the supervisee as a model. For example, a supervisor sharing their own experiences of marginalisation had a positive effect for a supervisee in this study as it implicitly conveyed to him acceptance of his own difference and concomitant marginalisation. For this participant who identifies as a service user this acceptance was an important contributor to his trust in the relationship.

Mental health support work is about supporting service users to attain their goals and all of the participants in this study referred to the stress inherent in doing this work. Sometimes this stress is a result of working with clients who are themselves feeling stressed and anxious and who may at times be experiencing symptoms of their mental illness which can cause them to behave in ways that are challenging and/or difficult to be with. The evaluation of the National Certificate of Mental Health Support Work reported that service users felt MHSW need to deal with their own stress better and some had experienced support workers "unloading" onto clients (MHSWAG, 2003, p. 54). They also commented that sometimes "support workers dealt with difficult situations by avoiding them [client], and if they [client] weren't feeling well their support worker wouldn't visit" (p. 52).

The psychotherapeutic concepts of 'holding' (Winnicott, 1965) and 'containing' (Casement, 1991) provide ways of thinking about what support workers can do to support service users with their stress and anxiety. Parallel process suggests they will be better equipped to do this if they are themselves being held and their own stress and anxiety is being contained. This can occur through supervision either by a supervisor or in group supervision by the other group members as well. Supervision can concurrently provide modelling of how to then do the same for clients. If the service user's stress is not able to be contained by the support worker, it will be more likely carried by the support worker and may find inappropriate expression through, as service users have noted, offloading onto their clients. Managing their stress and anxiety contributes to the supervisee's sense of personal empowerment. Although most of the participants in this study did not use the therapeutic terminology of holding and containing they did express appreciation of the nurturing quality of effective supervisory relationships and used expressions such as "an oasis"; "a place for me" and "a time to offload".

One participant did make overt reference to being 'held' by various supervisors at particularly stressful times.

One of the basic tenets of psychotherapy is that gaining insight into our unconscious processes enables healing and frees us to live more intentional and conscious lives. The development of insight in supervision is similarly freeing and empowering and as participants in this study said gaining understanding of the dynamics operating between them and their clients produced a calming effect and a reduction in anxiety that enabled them to engage more fully with clients. Personal mastery of these unconscious processes is empowering. According to Haynes, Corey and Moulton (2003, p. 7) reflection in supervision empowers the supervisee as it develops their ability to trust in their own judgement.

The aim of support work to empower the service user and develop their sense of personal agency implies a process of assisting them to develop self awareness. Anthony (cited in Nehls, 2000, p. 65) says "recovery may best be viewed as a way of relating to other human beings" and is a deeply personal process of changing ones "attitudes, values, feelings, goals, skills and/or roles". This implies that one's self identity is strengthened through self awareness. There is again a parallel between the support worker's experience of and valuing of the development of self awareness and their ability to assist their clients to do the same. When the philosophy of recovery is fully understood and embraced by the worker the place of reflection in supervision as a way of developing self awareness is also appreciated.

From the point of view of the supervisee the form of supervision impacts greatly on the experience of the supervision. The most desirable form of supervision identified in this study was individual external supervision. The reason for this is that it is the supervisory arrangement that appeared to be conducive to the highest level of trust. Boundaries were generally clearer when the relationship was based solely on supervision and was not affected by other roles the participants may have with each other. Internal supervision was often characterized by distrust as to who else may have access to information shared.

Team supervision was a common form of supervision for these participants and they assumed this was because of its cost effectiveness. A common practice

seems to be to provide individual supervision for people in leadership roles and only team supervision for support workers. When individual supervision is the most preferred form of supervision, this arrangement can create feelings about status affording privilege. Team leaders and programme coordinators often also attend team supervision and when they do participants noted the groups are often characterized by lower levels of trust. This seems to be due again to lack of clarity about purpose and boundaries in regards information disclosed. Team members in leadership roles, especially if they also have individual supervision, are likely to have different agendas for team supervision than support worker members. Because of the power they hold their agenda may take precedence over MHSW agenda. When those in leadership roles also conduct performance appraisals on team members this can severely inhibit the degree of disclosure about work practices in team supervision and undermine the effectiveness of the supervision.

Participants expect their supervisors to have specific training in supervision and to have good knowledge of support work and what makes it unique. There was an implication that managers providing internal line supervision often had insufficient training particularly around areas such as clear contracting and clarity of boundaries. This implies training in understanding of the power dynamics operating within the support worker/supervisee and manager/supervisor roles and how these might impact on the support worker and their work with clients. A greater appreciation of the complex nature of the relationship between support worker and client and its potential to contribute to the client's recovery journey is an aspect of the development of the role of the MHSW and differentiates it from a care-giving role. However some managers who are providing line supervision have limited experience of client work and some have not experienced receiving supervision themselves. Participants felt that supervisors need to take greater responsibility for teaching support workers how to make use of supervision as from their observations support workers who don't have this understanding are more likely to be resistant to supervision. If supervision is an agent of empowerment, not teaching supervisees how to use it keeps them oppressed. As Herda says "most of us need to exercise our sense of responsibility more than our

rights in order to change and improve society", to act as advocates for those who are not in a position to exercise their personal and social rights (1999, p. 8 & 9).

It is widely accepted that mental health support workers are at the bottom of the hierarchy of mental health professions and within their own organizations. That view is implied in Cooper and Anglem's report which emphasises the differences between MHSW and mental health 'professionals'. MHSW are almost viewed as a 'troublesome' group because they do not fit the professional paradigm and many supervisors found the supervision of workers in this role "particularly challenging" (2003, p. 81) (the 'professionalising' of the role of MHSW and implications of this is discussed on pages 30-32). According to Rapp : "two of the most oppressed groups in mental health are clients and their case managers" (i.e. MHSW's) (1998, p. 55).

This position of perceived low status means that whilst their role is to support service users and assist them to be empowered, support workers are involved in their own struggle for empowerment and recognition. This struggle is not only confined to their professional role but is compounded often by personal identification with other marginalised and oppressed groups. This study found that making overt reference in supervision to identity, difference and marginalisation is important for supervisees as it gives validity to these concerns, legitimises the personal struggles they may face and gives implicit permission to discuss these issues. These struggles are often reflective of their client's struggles as feelings of difference and marginalisation are contributing factors in the oppression of people with diagnoses of mental illness. The open discussion of difference and marginalisation in supervision again has a two-fold benefit. Firstly it implies that a support worker/supervisee is being seen for who they are in their totality, which will mean they are able to be more fully present and not keep parts of themselves hidden in the supervisory process. Worthen and McNeill found that "as supervisees perceived less need for self-protectiveness, they concurrently experienced an increase in receptivity to supervisory input" (1996, p. 31). Secondly, it provides modelling for support workers in how to work with clients and their feelings of difference.

The supervisory matrix potentially contains many cultural dynamics.

It has been suggested by other researchers (Cooper & Anglem, 2003; Webber-Dreadon, 1999) that ideally Maori workers should be supervised by Maori. This current study provides some support for that view in recognition of protocols and ways of being that are specific to Maori. However, there is also recognition for the potential for learning how to be with difference that effective bi-cultural supervision can provide. The study found that supervisors will better meet the cultural needs of their Maori supervisees if cultural differences and the implications of these differences are openly discussed authentically and consistently so that cultural issues become an integral part of the ongoing dialogue. Supervisors can honour the contribution of cultural identity to a person's sense of self by merely acknowledging cultural differences. Talking about culture and cultural differences enables people to claim their identity more openly and empowers them to bring more of themselves into their supervisory relationship.

Participants report that setting the agenda for supervision is empowering, however, supervisors may need to be mindful of modelling the overt discussion of culture and difference. By embracing the co-constructed nature of supervision in this context other cultural perspectives can be included. As a supervisor of MHSW I recognise a need to be vigilant in identifying how my thinking is culturally constructed and what this means to the supervisory relationship. For example, I believe boundaries of supervision and support work that are culturally defined from a Pakeha framework of individualism may be inappropriate in a system inclusive of whanau, hapu and iwi (Cooper & Anglem, 2003). To do justice to the Whare Tapa Wha model supervisors may need to consult with Maori more consistently to recognise when we are enacting cultural hegemony (Mental Health Commission).

Mental health support workers who also identify as service users form a large and important sub group within the mental health support workforce. The dual roles that they hold create some unique challenges for them in doing the work and therefore some specific needs of supervision. The participant in this study who identifies as a service user said "a lot of buttons were being pushed" as he began working in the mental health system having previously been a client in that

system. Supervision provided him with much needed support to cope
with the emotional responses he was having to memories being triggered.

Working with clients whose emotional and psychological distress mirrors their own experiences so closely can make service users very effective support workers. However it can also create big challenges in how to hold some emotional distance and maintain their own mental health. As most mental illness is exacerbated by high stress levels, service user/support workers need to manage their own stress if they are to survive in the work. Supervision can provide holding and containing for these workers whilst they work with the challenges of their role and assist them to manage these stressors. An appreciation of the dual roles these workers are holding is integral to providing supervision for this group of MHSW. In some ways supervisors are also called on to hold dual roles; to provide some of the functions of support worker as well as supervisor.

A common area of debate in supervision literature concerns where the boundary lies between teaching and treating the supervisee (Berman, 1997; Bernard & Goodyear, 1998; Frawley-O'Dea & Sarnat, 2001). This study suggests that as the supervision of service user/supervisees includes the interface between their role of service user and their role of support worker a rethinking of previously held boundaries between their supervision and personal work may be required. In the words of the service user/participant "supervision, even though it wasn't meant to be like that, it was a very personal support system".

The identification that service user/support workers have with their clients and their own experiences as service users can also provide challenges in negotiating the boundaries between the role of support worker and the clients they are supporting. Such issues as finding themselves in a professional supporting relationship with someone they may have previously known as a fellow service user also contribute to the challenges for these workers. The boundary between self-disclosure that is useful and self-disclosure that is counter-productive is another example of the types of boundary issues that has particular meaning for this group of MHSW. The modelling by a supervisor can provide a powerful method for learning about these sorts of issues.

The evolving nature of MHSW in New Zealand was well articulated in this study and participants felt that the role is becoming more clearly defined and developing authority in its own right. It is seen as desirable that the complexity of the role comes to be recognized and acknowledged. The provision of supervision for support workers is an important contributor to this evolution. One aspect of this is that providing supervision for support workers implicitly conveys a valuing of support work and assists the raising of the professional profile of MHSW with other professions and the public. There was strong feeling that raising the profile of support work was a necessary adjunct to the aim of challenging discriminatory practices and marginalisation of service users.

The view of support work as a low status position which is not taken seriously by other health professionals may in some part be due to a flow on of the prejudice and stigmatized view of mental health service users. The historical roots of support work in the care-giving role and the fact that it has no established tradition also contributes to this view. Raising the professional profile of the role may therefore also impact on the stigmatised position of service users. In recognizing the need for professionalising of the role there was also some concern expressed that the unique qualities of support work and its 'community' flavour not be lost in this process and that having supervisors who have a clear understanding of the role will support this. Support workers have a unique position in service user's lives due in part to their 'non professional' status so professionalizing the role has ramifications for service users. The participants were concerned with challenging the perception that support work is synonymous with care-giving and wanted the complexity of the role to be understood by others. They felt that supervision when it focuses on self awareness and recognition of relationship dynamics, such as transference and countertransference, contributes to appreciating the complexity of the MHSW role.

While it may have been adequate having supervisors from other professional disciplines while the role of MHSW has been becoming established it may now be timely for MHSW to take up the task of providing supervision from within the profession. In Cooper and Anglem's report, MHSW are the only group who are supervised by other professionals and supervisors commented that they had

difficulty supervising support workers because their experience was

in supervising 'professional' staff (2003, p. 81). This statement hints at an assumed power difference between 'professional' staff and MHSW which may contribute to the difficulty in MHSW embracing supervision from non-MHSW professionals.

This section has presented the overall meaning of supervision as revealed by the analysis of the participant interviews as being about the personal and professional empowerment of the MHSW. The following section addresses the strengths, limitations and the impact of the study.

The impact of the research process and strength of the study

Research in the critical paradigm recognises that knowledge as reflected in language through dialogue is socially and historically constructed. The impact of the process of inquiry on how supervision was thought about was evident at times in the transcribed texts of the participant interviews. For example in relation to a question about the boundaries of supervision a participant said:

> *...that's a good thing you've brought that up because we probably need to reinforce that with a new staff member, or two new staff members actually...we've got a young new employee who's very unfamiliar with what supervision's all about, so that's a good point, I think I'll, we'll need to talk about that at our next supervision time.*

During the interview process another participant came to a realisation that her trust in her supervisor was limited which prompted thoughts about what was contributing to that mistrust.

> *That's very strange I didn't know that ... no I never thought about that (laughs), you're not supposed to be supervising me.*

The process of inquiry in the research dialogue means that the participants begin to think about their experiences and the meaning they make of them in a new way which then alters the meaning they make. This contributes to the shifting of the horizons of the participants and subsequently the researcher (Herda, 1999, p. 39). The participant later in the interview said in relation to something happening with her supervisor:

*…I wonder about that, maybe I need to challenge that, maybe its
time to challenge, I don't know…*

In the focus group she mentioned that she had now begun to address her supervisory relationship with her supervisor. These two examples illustrate that the research process has produced action or praxis. At the end of the two focus groups the participants were asked if they were aware of any direct impact of their involvement in the research project. One participant noticed that she had had an interest in the field of supervision for sometime:

…and I'm thinking to myself, and like the other day after you'd rung, I thought I wonder if I should pursue that line somewhere along there, you know I wonder if there's something that's telling me something…it's kind of like a supervision in itself being able to participate [in the research].

This indicates that her involvement has facilitated this participant thinking about supervision and what it means for her not just how it has been but how it maybe in the future. After receiving the three data chapters another participant wrote me a letter describing how being involved in the project has impacted on her.

It was very thought provoking… As well I have found it a useful vehicle for ongoing critical thinking across a range of issues related to working in this area. It was great to have the opportunity to have the perspectives of other MH professionals and what they were saying followed by your ideas, thoughts and conceptual analysis. I found this very exciting because for me your perspectives have had the ability to consolidate, formulate or as I say create ongoing critical reflection for me in my thinking, particularly in terms of what supervision is all about and indeed the Community Mental Health role.

These examples imply recognition of what Herda refers to as a

...process of being-in-the-world rather than being-with-the-world. The distinction is that in being-in-the-world, we join in our environment as co-creators of what happens in that world instead of simply being with and existing without having any effect on it ourselves (1999, p. 39).

Participants were also asked what they would like done with the research findings and they all had ideas about making the study available to their employing agencies to increase the knowledge and understanding of those making decisions about supervision. One person considered collaborating on writing a paper for a journal and another suggested presenting at a forum for MHSW. Again this is evidence of these participants' appreciation of themselves as co-creators in their

world and that as such they are actively collaborating in 'the discourse of supervision for MHSW'.

Before and after the two focus groups the participants (none of whom knew each other previously) found they had much to talk about in regards the similar work they are all engaged in. In this way the research process has also contributed to the ongoing building of the community of mental health support work in Auckland. Herda (1999) sees the contribution to the development of community as an important aspect of a collaborative and critical research project. As a supervisor I am a member of the mental health support work community and am also an agent in the co-creation of this community.

The research process has been a significant journey for me, during the course of which I have grappled with the methodology and how it contributes to the interpretation process. As the study progressed my understanding of the methodology did also. Because both the research methodology and the recovery approach are based on critical social theory my understanding of the methodology and its application to the research data has contributed to a deepening of my understanding of the recovery philosophy and what this means for supervision of MHSW. In this way my appreciation of recovery and support work has broadened into a wider context of understanding the concept of 'humanisation' (Crotty, 1998) that we are all engaged in whether client, MHSW or supervisor.

Before I began interviewing the participants I identified my current 'horizons' in relation to what I already believed about the meaning of supervision for MHSW (refer to page 42). These horizons formed part of the context from which I engaged with the texts. As a result I feel that my horizons have, as Gadamer suggests, fused with those of the study participants and have shifted somewhat. My understanding of the task of supervising MHSW has deepened and my practice has changed. I have greater appreciation of the centrality of the relationship in both support work and the supervision of MHSW. I feel more clarity that the modelling provided in supervision will impact the client work. I am noticing more when I move to 'teach' rather than 'inquire' and also notice the difference this makes. I am noticing when I move into a position of thinking of myself as an expert dispensing knowledge rather than as someone with certain

experience that can be shared in partnership and have greater sensitivity to the nuances of the expression of power in my supervisory relationships. I am more conscious of collaboration and partnership and how I can embody those principles in the supervision process.

I have referred previously to my making cultural assumptions which had a potentially limiting affect on the research process and how I had acted on that in the focus groups and in addressing ethical implications. This process has caused me to appreciate the nature of mono-culturally constructed supervision and how I can counter that and contribute to a multi-cultural supervision discourse to meet the multi-cultural needs of MHSW and their clients. I am particularly struck by the significance of 'identity' for those engaged in MHSW and the importance of making 'difference' overt within the supervisory relationship.

I have noticed that I have used the study findings directly in many supervision sessions when I recognise dynamics that resonate. Sharing this knowledge at the time legitimises the supervisee's concerns and conveys the notion that they are not alone. This strengthens both them as individuals and the role of MHSW and is another aspect of the building of tradition. I supervise many service user/MHSW and feel more enlightened as to the supervisory implications for people holding these dual roles. This new knowledge and my acting on it, also contributes to the tradition of service user/support workers and again strengthens their contribution to the provision of support work services.

I was struck by the importance given by the participants of the need for supervisors to take responsibility for teaching supervisees to use supervision and the connection with developing an appreciation of self-awareness. As a result I have become much more conscious of how I can impart an understanding of the benefits of supervision to facilitate the engagement of support workers as willing partners in a collaborative process. As a supervisor who provides supervision in two MHSW training programmes, I am responsive to the challenge of taking on that responsibility.

Limitations and recommendations for further research

Participants for this study were recruited though flyers explaining my position as a student and as a supervisor of mental health support workers and my interest in supervision. Those who responded to my invitation to participate were all people who had at least three years experience as MHSW, had had positive supervisory experiences and value supervision. The voice of those who don't experience any value in supervision has not been heard perhaps as there was a covert implication that it was not a legitimate position. This could also be a useful focus for further research as it implies evidence of prejudice and hegemony. The factors that contribute to people not valuing supervision were surmised both through participant's observations of colleagues and times when they had supervisory relationships that for some reason did not work for them. Three of the participants did have experiences when there were difficulties in the supervisory relationship and they had resistance to the process. The fact that all of these people had previously had positive experiences where they found supervision to be beneficial meant that they tried to address the difficulties and their belief in supervision per se was not shaken.

The fact that one participant identifies as a service user has provided some useful understanding as to the meaning of supervision for this sub-group of MHSW. However as this group comprises a large part of the MHSW workforce a study specifically of this group would further refine understanding of how supervision can serve those who hold the dual roles of service user and support worker. The implications for the personal/professional interface in supervision could be further illuminated.

Similarly, although two participants identify as Maori, they both work in mainstream services and only one of them currently works with Maori clients. This study provides some understanding of the experience of working in these bi-cultural situations and when supervisors do not share their supervisee's cultural identity. However, the subject of supervision of Maori support workers by Maori, and particularly in Kaupapa services has not been addressed at all and I do not feel qualified to judge the extent to which the findings of this study have

relevancy for them. This area could be usefully served by research specifically aimed at these workers.

This study has deliberately focused on the meaning of supervision for MHSW through interviews with MHSW themselves and apart from me has not included the meaning of supervision for supervisors of this group. A further study including supervisors as participants might extend the understanding even further.

Contribution to education and practice

I have identified how this study has impacted on participants and me personally. As stated previously Cooper and Anglem (2003) found that supervisors coming from other professions often had difficulty supervising MHSW. By illuminating how the supervisory relationship is experienced by MHSW/supervisee's and identifying some of the factors that impact on those experiences this study will be helpful to supervisors of MHSW as well as managers of support work services. It will also contribute to greater understanding of the contribution supervision can make to the practice of support work. Similarly educators of MHSW will also benefit from appreciation of the experiences of MHSW and particularly the importance given to the training of supervisees to use supervision. Understanding of the power dynamic between trainees and educators and supervisees and supervisors, how that impacts on learning and the implications for client work is another useful contribution.

Before and during this project I had many people who either work as supervisors of MHSW, who are in management roles in organisations employing support workers or who are support workers themselves, expressing keen interest in this project and what it might contribute to the recovery of mental health service users. My continuing dialogue with all of these people is another aspect contributing to the project of understanding the meaning of supervision for mental health support workers. Similarly you the reader of this thesis may find yourself now thinking about this subject in new and different ways and hence contribute to the supervision of MHSW discourse also. One answer to the question "what is the meaning of supervision for mental health support workers" is that it is a dynamic

process that all of those who participate in it, whether as a service
user, support worker, supervisor, manager or other stakeholder, are contributing
to.

Summary

This chapter has addressed the completion of the hermeneutic circle. The three
analysis chapters were concerned with identifying all the 'elements' of meaning
illuminated by the participant interviews. This chapter has put those elements
back into relationship with each other, into a larger context, to provide more of an
overall sense of the meaning of supervision for mental health support workers.
This meaning concerns the personal and professional empowerment of MHSW.
The chapter has also reflected on the meaning of the study, its strengths and
limitations and possible contributions both to MHSW and the supervision of
support workers. Included in this has been a description of how the study has
impacted on the participants and me personally. The following chapter provides a
brief conclusion to the thesis.

Chapter 8 Conclusion: Supervision in a new paradigm

My purpose in conducting this research study was to understand the role supervision plays for MHSW as they support mental health service users. Four MHSW were interviewed individually and in focus groups about their experiences of supervision. The transcripts of these conversations were interpreted using a critical hermeneutic methodology. Critical hermeneutics incorporates the notion that we are co-creators of the world we live in, that we have the power to act not just to be acted upon, it is concerned with "who we are, how we got this way, and where we might go from here" (Kincheloe & McLaren, 1998, p. 309) and is thus congruent with the recovery philosophy. Sections of the text were interpreted by considering first a naïve understanding of 'what the text says' through to a deeper understanding of 'what the text talks about' with a view to uncover both explicit and implicit meanings (Geanellos, 2000).

Through this research process I have come to understand supervision of support workers is reflective of the principles of personal and collective empowerment that is the focus of MHSW in the recovery paradigm. Effective supervision has the potential to empower MHSW both individually and as a professional group. The effectiveness of supervision in this context was found to be dependent on certain conditions beginning with a relationship characterized by a high degree of trust. A supervisory relationship based on trust, reciprocity and mutual respect and which is held within clear and overt boundaries is experienced as supportive and empowering. This suggests that the first requirement of supervisors of MHSW is to establish a relationship based on these values. A relationship between supervisor and supervisee that has these values as its foundation empowers the MHSW to fully engage with the supervisory process and increases the effectiveness of the supervision. A relationship that the MHSW experiences as supportive enhances their willingness and ability to engage in other supervisory functions such as skill development through reflective practice and attending to managerial concerns. Participants felt more trusting in a relationship where their expertise and knowledge had validity than a supervisory relationship based on the supervisor as the holder of knowledge and power.

I have come to appreciate the part that supervision plays in the development of the role of MHSW. MHSW as a professional role is evolving and establishing its own tradition and those who work as MHSW are central to the development of that tradition. A perception of MHSW as being of low status and at the bottom of the hierarchy of mental health professionals was illuminated through this study. Supervision was identified as one means to raise the status of MHSW by developing the professionalism of the role and thus empowering MHSW as a group. The personal empowerment of MHSW as individuals will also impact on the professional status of the MHSW role. Empowering supervisory relationships have an important contribution to make in establishing the tradition of MHSW and the practice of recovery. This is in keeping with the aim of critical social theory which underpins this study and which recognises the place of dialogue in the creation of social reality.

I propose that as MHSW occurs within a new paradigm that the supervision of support workers must also be located in this paradigm. For me this means embracing the recovery philosophy for myself and my supervisees also by acknowledging that we are all on the same journey towards humanness. Within the recovery paradigm the relationship between service user and support worker significantly impacts on the empowerment of the service user. Supervision that is congruent with the recovery paradigm places the empowerment of the supervisee at the forefront of the supervisory process. In practice this means establishing supervisory relationships characterized by partnership and collaboration. The meaning of supervision in this paradigm is alluded to in the words of one of the participants of this study, "supervision is far more than supervision."

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Appendix A

A competent mental health worker:

1. Understands recovery principles and experiences in the Aotearoa/NZ and international contexts

2. Recognises and supports the personal resourcefulness of people with mental illness

3. Understands and accommodates the diverse views on mental illness, treatments, services and recovery

4. Has the self awareness and skills to communicate respectfully and develop good relationships with service users

5. Understands and actively protects service users' rights

6. Understands discrimination and social exclusion, its impact on service users and how to reduce it

7. Acknowledges the different cultures of Aotearoa/NZ and knows how to provide a service in partnership with them

8. Has comprehensive knowledge of community services and resources and actively supports service users to use them

9. Has knowledge of the service user movement and is able to support their participation in services

10. Has knowledge of family/whanau perspectives and is able to support their participation in services.

(O'Hagan, 2001, p. 7)

Appendix B

Auckland University of Technology

Private Bag 92006

Auckland 1020

10/6/05

Manager

Dear X,

I am writing to tell you about a research project I am about to start as part of my Master of Health Science, at Auckland University of Technology. The project is a qualitative research study aiming to uncover the meaning of clinical supervision for mental health support workers.

I am trained as a psychotherapist and have over five years experience supervising trainee mental health support workers (MHSW) as well as several individuals and teams in residential mental health services. I am aware that MHSW receive many different types of clinical supervision and I am interested in interviewing people who have had any form of supervision within the last six months, about their experiences. I am aiming to interview a total of six to eight participants. Participants will have an opportunity for further input, including into the analysis of data and the dissemination of research findings, by attendance at a focus group to be held when individual interviews are completed. All interviews will be confidential and privacy protected.

Could you please place the enclosed flyer on your staff notice board or otherwise bring it to the attention of staff that may be interested and eligible to participate.

Concerns regarding the conduct of the research should be notified to the Executive Secretary. AUTEC, Madeleine Banda, madeline.banda@aut.ac.nz, 917 9999 ext 8044.

For further information contact me, Robin Sutcliffe, robsut76@aut.ac.nz

Or phone 025 618 5767.

Many thanks for your co-operation,

Robin Sutcliffe.

Appendix C

<u>Invitation to participate in a research project.</u>

Kia ora, Hi, my name is Robin Sutcliffe and I am about to begin a research project as part of a Master of Health Science qualification with Auckland University of Technology. I have trained as a psychotherapist and have over five years experience providing supervision for trainee MHSW as well as experienced individuals and teams.

My project aims to uncover the meaning of supervision for people employed as mental health support workers. The ultimate purpose is to develop a model of supervision specifically tailored to the unique needs of MHSW in Aotearoa, New Zealand.

To carry out this project I need to interview six to eight people who are employed as MHSW about their experiences of supervision. The interviews will be about one hour in length and will be audio taped. Participants will also be asked to attend a focus group with other interviewees, lasting about one and a half hours.

For further information or to register your interest to participate in this study please contact me on 025 618 5767 or <u>robsut76@aut.ac.nz</u> All enquiries and participation will be confidential and privacy assured.

Appendix D

63 Station Rd

Waimauku

Auckland 1250

16/11/05

Dear X

Please find enclosed a transcript of the interview that you participated in as part of my study on "What is the meaning of supervision for mental health support workers?"

I have interviewed four people altogether and have decided in consultation with my academic supervisor not to recruit any more participants. I would now like to organize the focus group with you and the other three participants. Could you please consider your preferences as to days and time-slots. The interview will take an hour and a half. I will ring you in a few days to ask you your preferences and then try to find a time to suit everyone. The group will probably be held in a small room at AUT, Akoranga, in Northcote. If this venue is difficult for you please let me know.

I have done some preliminary analysis of all four interviews and have come up with some headings and sub-headings that cover most of the topics raised by participants. They are not in any particular order.

1. The purpose or definition of supervision for MHSW.

- ❑ Safety
- ❑ Modelling, experiential learning
- ❑ Space for thinking, 'holding'
- ❑ Personal awareness
- ❑ Support, minimizing stress

2. The supervisory relationship.

- Boundaries, clarity of roles and contractings

- Values, personal history

- Choice of supervisor, personality of supervisor

- Collaboration

3. The supervisor.

- Skills, training and professional background

- Responsibility for teaching use of supervision

- As expert

4. Power

- Different status within team supervision

- Choice of supervisor

- Confidentiality, surveillance

5. Parallel process

- Supervision and support work.

6. Definition and development of the role of MHSW

- Professionalism

- Tension between management and workers

- Recovery and empowerment

- How the role is viewed by other mental health workers

7. Supervision of service user - mental health support workers

- Extra support

8. Bi-cultural and/or cultural issues

- Context

- Personal history

9. Effectiveness of supervision

10. Models/forms

- ❏ Team

- ❏ Individual

- ❏ Peer

- ❏ Strengths based

When we meet together, I will be interested in your individual and collective responses to this list.

I look forward to meeting with you again.

Kind Regards

Robin Sutcliffe.

Appendix E

63 Station Rd

Waimauku

Auckland 1250

10/12/05

Dear X

I'm just writing to confirm that the focus group for my research study "What is the meaning of supervision for Mental Health Support Workers" will be held on the 15th December at 4pm, at Richmond Court, 103 Richardson Rd, Mt Albert, (in the group room behind the main house). I aim to finish the group by 5.30pm.

When I sent you the transcript of your interview I gave you a list of themes that I had identified from all the interviews. Below are some questions I have subsequently come up with that I would like us to discuss in the group.

- ❖ Does your feeling empowered/disempowered within the supervisory relationship impact on the effectiveness of the supervision? On your client work?

- ❖ Do you ever discuss issues about cultural difference in supervision? Do you think that working with cultural difference requires specialized supervisory input?

- ❖ Has your involvement with this study so far had any impact on your work or your experience of supervision?

- ❖ Do you have any ideas about how you would like the results of this study to be utilized?

If there are any other things you would like to raise in the group please feel free to do so. I look forward to meeting with you again.

Yours faithfully,

Robin Sutcliffe

Participant Information Sheet

Date Information Sheet Produced: 22/2/05

Project Title: What is the meaning of supervision for mental health support workers? A critical hermeneutic inquiry.

Invitation
This is an invitation to participate in a study that is to form the basis of my thesis for the Master of Health Science (Psychotherapy) qualification with the Auckland University of Technology.

What is the purpose of the study?
The purpose of the study is to find out what meaning 'supervision' has for people employed as Mental Health Support Workers. It is envisaged that the study outcome may contribute to the development of a model to more adequately meet the supervisory needs of MHSW.

How are people chosen to be asked to be part of the study?
I have sent letters to managers of mental health services, both NGO's and DHB's and asked them to display flyers informing MHSW of the study. Any MHSW who is interested in participating is asked to contact me. Six to eight people will be selected with a view to providing a gender mix, cultural diversity and a range of supervisory experiences, e.g. one-to-one, group, internal, external, etc. Anyone who I am currently supervising will be excluded from the study.

What happens in the study?
We will arrange a time to meet for an interview preferably in your home and lasting about one hour. The interview will be audio taped and then transcribed. I will then analyse the transcription and you will be sent a copy of this. You will then be asked to attend a focus group with myself and other participants. The purpose of the group is to a) check the validity of my interpretations with participants, b) give participants an opportunity to make some of their own interpretations, c) give participants a chance to meet and 'bounce ideas' off one another as to their understandings of their experience and d) invite participants to have some input as to how next to proceed with the study and what to do with the study findings. (The study will initially be submitted as a thesis for the MHSc, AUT)

What are the discomforts and risks?
There should be no discomforts or risks to you by participating. Your manager and work colleagues do not need to know you are participating.

What are the benefits ?
This is an opportunity to have a say about your experience of supervision. It is hoped that the study will contribute to a model of supervision that specifically takes account of the unique context of MHSW in New Zealand at this time.

How will my privacy be protected?

Your name and any identifying information such as the service where you work and the name of your supervisor will be changed. Your consent form, interview tape and transcript will be kept in a locked cabinet in my office for six years after the completion of the study and will then be destroyed. If you attend the focus group you will also be required to sign a confidentiality agreement about information shared by group members. A typist will be employed to transcribe the tapes, this person will also be required to sign a confidentiality agreement.

How do I join the study?

If you are employed as a Mental Health Support Worker and you have received some form of supervision in the last six months, and you are interested in participating in this study please email me at robsut76@aut.ac.nz or phone 025 618 5767

What are the costs of participating in the project? (including time)

The cost to you is your time. This is envisaged to be up to one hour for the initial interview and then approximately 1½ hours for the focus group.

Opportunity to consider invitation

Thank you for your interest in reading this information sheet. Please email me at robsut76@aut.ac.nz or phone 025 618 5767 if you would like to participate in this study. You are free to withdraw from participation in this project anytime prior to completion of data collection, in which case all relevant tapes and transcripts will be destroyed. If you wish a report of the outcome of the study will be sent to you after completion. If you require any more information or you have any other concerns that have not been addressed above, please feel free to email me at robsut76@aut.ac.nz Or phone 025 618 5767.

Participant Concerns

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor.

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, madeline.banda@aut.ac.nz , 917 9999 ext 8044.

Researcher Contact Details: Robin Sutcliffe, robsut76@aut.ac.nz ph 025 618 5767.

Project Supervisor Contact Details: Margot Solomon, margot.solomon@aut.ac.nz 917 9999 ext 7191.

Approved by the Auckland University of Technology Ethics Committee on: 20/5/05

Appendix G.

Participant Information Sheet

AUT
U N I V E R S I T Y
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

Date Information Sheet Produced: 21st August 2006

Project Title: What is the meaning of supervision for mental health support workers? A critical hermeneutic study.

What is the purpose of this information sheet?

The purpose of this information sheet is to provide additional information to the participants of the above research project.

No names are used in the report for this study and where names are included in quotations they have been substituted with an initial different to the original name. None of the employing agencies have been identified although it has been stated that they are all mainstream services. During the analysis of the transcribed interviews and focus groups for this study it has become clear that the cultural identity of participants and/or identification as service-users are factors that have great relevancy to the subject matter. In the initial information sheet given for this study it was not made clear whether these factors would be included in the final study report.

Including details of cultural and service-user identification in the study report increases the risk of identification of study participants. If this is of concern to you I ask that you contact me and I will attempt to address your concern. I include a copy of the analysis to be used in the study and ask that you inform me if you object to the inclusion of any of the material. In this instance I will consult with you as to how I may include the material in such a way as to address your concerns. If you still do not feel comfortable with the amendments the material in question will be deleted from the report.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Margot Solomon, margot.solomon@aut.ac.nz, Ph 921 9999 ext 7191

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, *madeline.banda@aut.ac.nz* , 921 9999 ext 8044.

Whom do I contact for further information about this research?

Researcher Contact Details: Robin Sutcliffe, robsut76@aut.ac.nz, Ph 027 3620 396.

Approved by the Auckland University of Technology Ethics Committee on 20/5/05

AUTEC Reference number 05/51

Appendix H **Consent Form**	AUT UNIVERSITY TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

Project title: What is the meaning of supervision for Mental Health Support Workers: A critical hermeneutic inquiry

Project Supervisor: **Margot Solomon**

Researcher: **Robin Sutcliffe**

○ I have read and understood the additional information provided about this research project in the Information Sheet dated 21st August 2006

○ I am aware that details of participant's cultural identity will be included in the study report and may increase the likelihood of my being identified.

○ I have had an opportunity to ask questions and to have them answered.

○ I understand that I may withdraw myself or any information that I have provided for this project without being disadvantaged in any way.

○ I am happy to be identified (please tick one): Yes○   No○

Participant's   signature:
....……………………………………………………

Participant's   name:
....……………………………………………………

Participant's Contact Details (if appropriate):

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Date:

Approved by the Auckland University of Technology Ethics Committee on 20/5/05 AUTEC Reference number 05/51

Note: The Participant should retain a copy of this form.