

Psychotherapy Supervision: Stages, Buber, and a Theory of Relationship

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Theoretical efforts in psychotherapy supervision have focused on supervisee stages. In this article, a review and synthesis of the major stage theories is first presented. Second, a stage theory of supervisor development is presented. Although attention has been directed to the supervisee and, to a lesser extent, the supervisor, the process of supervision has not been conceptualized *per se*. Typically, theories applied to supervision are overlays of theories of psychotherapy. In the third part of this article, supervisory phenomena are distinguished from psychotherapy phenomena, and the nature of the relationship in psychotherapy supervision is described. In the final part of the article, I present Martin Buber's concept of relationship and subsidiary concepts such as *I-Thou*, *I-It*, gaze, stress, and change, and internal structure as a theory that is most fitting for the supervisory process.

There is an irony confronting practitioners of psychotherapy supervision. Is psychotherapy supervision a domain that calls for a theoretical understanding in its own right, or is it sufficient to adopt theories from psychotherapy, tinkering with a concept here or a process there, in order to elucidate the dynamics of supervision? Are the processes of human change and growth seen within supervision essentially similar to other processes such as educational, psychotherapeutic, cognitive, and developmental processes, or are the roles (supervisee and supervisor) and the goals sufficiently distinct to warrant, and indeed demand, a theory of supervision?

In order to explore these issues, I describe the roles of the supervisee and supervisor and the aims of supervision in the first half of this article. In the second part I present a theory of psychotherapy supervision, based on Martin Buber's work, and apply it to illustrative case materials.

The Supervision Schema

Figure 1 depicts the basic characters in the supervision schema. The focus of this section is on the roles of the supervisee and supervisor. The client helps to determine some of the issues that will define the focus of supervision. Two classes of characteristics include the type of client problem and the demographics of the client. Therapy of inner-city drug addicts will differ from counseling of college students at a private university. The differences in socioeconomic, cultural, gender, and diagnostic statuses of clients will affect psychotherapy and its supervision. Others have addressed these issues for psychotherapy; however, these status differ-

ences as they influence supervision have received scant attention (however, see Brodsky, 1980; Gardner, 1980; Munson, 1987).

The second character is the therapist/supervisee. Some of the focus of supervision is determined by the supervisee's personality and the theoretical focus of the therapist. Whereas clinical lore and speculation about why a person prefers a particular theoretical orientation may be rife, little theoretical or empirical work exists. What does exist are stage descriptions of therapists in supervision, a summary of which follows.

The Supervisee

The supervisee, technically, is anyone being supervised. The type of person can range from a paraprofessional learning basic listening skills to a master of the psychotherapy arts who needs consultation on a case. The theoretical and empirical literature includes the gamut of such experience levels ranging from literature on training paraprofessionals to cases that puzzled leaders in the field and led to theoretical breakthroughs. For the purposes of this article, it is more important to determine the psychological need rather than the chronological stage of the supervisee. Having reviewed the literature, Hess (1986) determined that the various stage theories seem to have four psychologically meaningful eras in common. In reviewing these, one should bear in mind that a professional can recycle, in an ascending spiral fashion, through the stages. For example, an accomplished therapist may reexperience Stage 1 if he or she were to learn a new and unfamiliar set of skills such as biofeedback, hypnosis, or child psychodiagnostics. Refer to Table 1 to see how the various systems can be reintegrated into four superordinate stages.

1. The *inception* stage involves a role induction for the therapist and demystification of therapy. Various fears and fantasies are activated as a sudden change occurs; for example, one is now really responsible for a live client who has real problems such as suicidal intent, or who batters and threatens the life of a spouse. One of my supervisees, who is in Stage 3, had a client whose husband included the therapist in his

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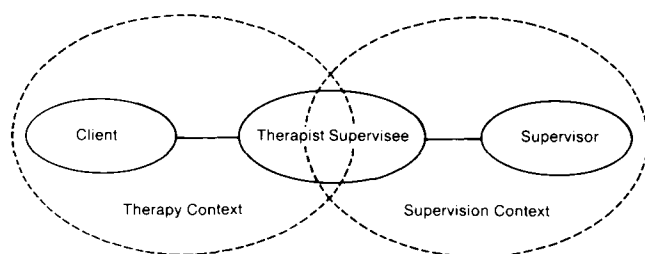


Figure 1. The supervision field. (The contexts of therapy and supervision can include actual settings in which therapy and supervision occur. These may be geographically distant. But the essence of the context differences refer to psychological phenomena such as differing goals, roles, expectations, power bases, and the like.)

jealous delusions about his wife's supposed lovers. Suddenly my supervisee displayed the feeling of being unanchored, uncertain, and gripped by fear. The well-learned therapist role yielded to fear, and supervision took on more of Stage 1 qualities, featuring basic skill and role definitions and setting of boundaries.

2. *Skill development* involves an increasingly better fit between one's clients and the didactic and experiential materials being mastered. Differentiation occurs in being able to view clients' particular needs and one's particular skills and modifying the latter. One can sense the supervisee's beginning to identify with a system of therapy and a philosophy of human nature. An apprentice role and some degree of autonomy are featured in this stage.

3. The *consolidation* stage involves integrating the building blocks acquired previously. The therapist becomes self-defined and recognized by others for particular talents. By virtue of courses, training, experience, and personal abilities, a clinician may find that he or she is adept in the use of hypnosis in obesity cases or gifted in being able to work with terminally ill children and their families. The therapist finds that his or her identity is defined in part by his or her skills. The role of a therapist personality emerges, and skill refinement and competence are featured.

4. The *mutuality* stage involves the therapist in a different light: not in relationship with the supervisor per se, but as an autonomous professional who can create solutions to problems and share these insights with others. The give and take of peer consultation characterizes this stage. It seems that this professional is more a supervisor than a supervisee. Several theorists concerned primarily with student training do not postulate a fourth stage. However, it seems the Stage 4 therapist does face learning problems, including stagnation and burnout, and can obtain solutions by seeking out various resources, including peer consultation.

The Supervisor

The third set of characters in Figure 1 are supervisors. Although their personalities and theories of psychotherapy affect supervision, little has been written on these topics. Also, little has been written on stage of supervisor development.

What follows is a summary of one of the few accounts of supervisor stages (Hess, 1986).

1. The *beginning* supervisor frequently lacks any formal training in supervision (Hess & Hess, 1983). The move from the supervisee's side of the desk to the supervisor's takes a month, from the end of the internship to one's first job. Yet, a catastrophe (the Latin root means "sudden change," not pregnant with the negativity that current usage provides) or crisis often accompanies this move. It is worsened by one's realizing that one's peers are now not fellow graduate students but figures whose theories were read in texts and discussed in the student's graduate classes. Moreover, student evaluations of the supervisor quickly spread via the "grapevine," and because few formal, let alone valid, evaluations are conducted by the director of clinical training (Hess & Hess, 1983), the director is influenced by the "scuttlebutt."

One coping strategy may be to focus on what is concrete. Teaching dream interpretation, a flooding technique, or differential diagnosis are safer grounds on which to tread than is exploration of the parallel processes among client, therapist, and supervisor (Searles, 1955). McColley and Baker (1982) found beginning supervisors to have problems with (a) trainee resistance to supervision (26.7%), (b) not knowing how to intervene (21.3%), (c) not understanding the case (21.3%), and (d) lack of knowledge of techniques and research literature (15%–20%). Less experienced supervisors make more use of trait labels (Worthington, 1983) and presumably more permanent, internal attributions in supervision. Heppner and Roehlke's (1984) results suggest that inexperienced supervisors may be better equipped for technique-focused supervision with beginning therapists.

2. The *exploration* stage occurs when the supervisor can recognize better or worse supervision sessions and realizes his or her impact on the supervisee and can modify it for the betterment of the supervisee's learning. The supervisor comes to regard supervision as a professional activity. This involves scheduling regular times, not preempting the scheduled sessions for phone calls or other commitments, and giving the student attention and interest. If other commitments come first (one supervisor who was leaving the university to enter private practice missed 8 of 10 scheduled appointments) or if interruptions mark sessions, then supervision is not an accomplished or preferred activity. Two other problems occur in this stage. The supervisor may use supervision as a podium from which to proselytize a technique or theory. Some supervisors erroneously use supervision to conduct psychotherapy on the student, intruding in areas unrelated to the student's conducting of psychotherapy (Frijling-Schreuder, 1970).

The positive aspects of the exploration stage include a shift from the predication of supervision on formal power (grades, program requirements) to informal power (desire to learn what the supervisor can offer; Hart, 1982). Second, student learning needs take priority. The supervisor does not feel compelled to impress the student but readily focuses on clinical problems of the case or on blind spots and conflicts on which the student elects to work. The third hallmark of growth in this stage is shown by the supervisor's attention to literature in the area of supervision and to other such profes-

Table 1
Supervisee Stages

	Superordinate stages			
	Stage 1: Inception	Stage 2: Skill development	Stage 3: Consolidation	Stage 4: Mutuality
Hogan (1964)	1. Insecurity-dependency	2. Dependency-autonomy	3. Self-confidence	4. Creativity
Delancy (1972)	1. Initial session 2. Facilitation of supervision relationship	3. Goal identification and strategy selection 4. Strategies-instruction 5. Termination and follow-up		
Gaoni & Neumann (1974) Yogev (1982)	1. Pupil 1. Role definition	2. Apprentice 2. Skill acquisition	3. Therapeutic personality 3. Solidification and evaluation of practice	4. Mutual consultation
Loganbill, Hardy, & Delworth (1982) Blount & Glenwick (1982)	1. Stagnation 1. Adequacy-inadequacy	2. Confusion 2. Dependency vs. autonomy	3. Integration 3. Conditional dependency vs. individuation	4. Independent practice and collegial consultation

sional activities (participation in workshops, symposia) that lead to a professional identity as a supervisor.

3. *Confirmation of the supervisor's identity* is characterized by an excitement for supervision on the part of both the supervisee and the supervisor. Supervision for degree or licensing requirements are secondary to the excitement of learning. The stresses and satisfactions of psychotherapy seem to mirror those of supervision. B. A. Farber and Heifetz (1981) found stresses of psychotherapy to include feeling depleted by the pressures of therapeutic work, poor working conditions (work load, organizational politics), and two client qualities, overt pathological symptoms and resistant behaviors. Satisfactions include promoting growth and change, achieving intimate involvement in patient's lives, and feeling professionally respected. It seems that the joy of building competence in supervisees would lead to findings similar to B. A. Farber and Heifetz's, but to date this remains unverified for supervisors.

With the shift to informal power in the previous stage, with the confidential, trusting relationship (Newman, 1981) that supports effective psychotherapy, and with learning as its goal, the stage appears to be set for the supervisor to provide effective supervision. However, the question of evaluation merits attention. Although evaluation is required by accrediting bodies and most university programs, and although such procedures should be explained to the trainee beforehand, one can hardly expect to inspire trust or confidence if the student perceives a lack of privacy in regard to personal issues. One of my supervisees was remarkably restricted in the materials that he brought to supervision and would not reveal his attitudes despite the fact that he appeared to possess good therapy skills, according to the few materials that I reviewed. It was a source of frustration to me until I recalled that 3 years earlier, in his first supervision, his supervisor encouraged his disclosure and subsequently charged him with not being clinically skilled and asked the clinical faculty to suspend his degree candidacy. One could hardly expect nondefensiveness from him, given his experience.

On the other hand, supervision should not be a refuge for scoundrels. Unethical and illegal conduct should be encountered as one might face such a behavior by a client in treatment; suspension of confidentiality, termination of therapy (or supervision), and notification of third parties who may be harmed are such actions that poor conduct can trigger. To do otherwise would jeopardize clients and the profession and could make a supervisor legally liable as an accomplice after the fact by the doctrine of respondent superior whereby supervisors are responsible for those functioning under their aegis. Any conflict from dual relationships in cases in which free disclosure by the student can penalize the student because of the supervisors' obligations for evaluative functions (such as the supervisor's also serving as an employer or as a member of a credentialing body) must be clarified, minimized, or avoided. One workshop participant argued ardently that his employee-supervisees knew that he could separate what he heard in supervision from his decisions about pay raises. His employee-supervisees lingered after the question-and-answer session at the workshop to let me know that he was well intentioned, but they were clear that they carefully censored

the materials that they brought in for supervision so that their merit evaluations, pay raises, and promotion opportunities would not be jeopardized.

Of course, evaluation is inherent in any relationship. If the end-of-semester evaluations by either the supervisor or supervisee reveal surprises, then there are problems in supervision. The ongoing process during which a student might say, "I am having trouble ending therapy with Gus because he is going out of the prison with unrealistic plans to the same wife, friends, and no clear employment situation" is quite revealing on a number of dimensions. Working on various aspects of the problem such as "Does the student know the literature on termination?" (didactic-cognitive), "Is the student picking up on client fears?" (clinical sensitivity), and "How does the student respond to my suggestions?" (openness to supervision) provide an abundance of evaluative material by which subsequent supervision sessions can be guided. The supervisor has abundant evaluation material that is continuously fed back to the student, and so the attentive student should be well aware of his or her standing. Similarly, the supervisor can read the many cues that tell whether a student is able to use the supervisor's help or is experiencing supervision painfully.

A student who requested supervision from me was, after several requests, finally assigned to me. She conducted psychotherapy in a formal fashion, adhering to a stylized behavioral approach. When I asked about any aspect of her treatment, she tended to cite literature authorities or claim that the rigid psychiatric policies of the hospital prevented other options. In response to this defensiveness, I became less inquiring, which resulted in the student's bringing less, not more, material into supervision. The student encountered a flurry of new bizarre symptoms in the client and simultaneously, and in an action unusual for her, missed two supervisory sessions. I must confess that I became frustrated and made no inquiry other than leave a note in the student's mailbox with the appointment time and a "?".

Sheepishly, the student claimed to have encountered some turmoil, apologized, and denied any resistances, parallel processes, or other personal dynamics. I suggested that she think about her learning goals because examining those was my purpose, not any personal exploration. I gave the student a spare schedule book I had on hand and we set up another appointment. The student missed the appointment. Upset, she came in for the next session and said, "I do not know what to say. I will say that something is going on." I kept silent and this staid, controlled supervisee revealed a tumultuous set of feelings. These included an impending marriage that included the responsibility of raising stepchildren, a set of quite bizarre symptoms in her client, and feeling too much responsibility for structuring supervision with the feeling that whatever was brought in would be judged insufficient.

I responded by citing various accomplishments she attained with prior clients. She was surprised that I remembered. I told a couple of humorous stories from my marriage, showing marriage was not graded or scored but lived and adjusted to. Finally, I said that the patient was ready to express emotions by way of several exercises; for example, if the therapist said that the patient were the symptom (hand washing, bloody

dreams, and compulsive collecting), what feelings would the symptom have? Other specific expression-of-feeling exercises were given to the student to use. In addition, I instructed her to listen and foster expression of feelings and acceptance of the patient, as opposed to appraisal, interpretation and behavior-change tasks, and to remember that the patient could not be harmed, given her poor state, and so the student ought to relax and visualize being shoulder to shoulder rather than butting heads with the patient.

In the following sessions the student described the patient as relinquishing many symptoms, expressing feelings in coherent sentences, and actually making his own interpretations and implementing behavioral tasks that the student had mentioned months before. The student asked at the end of the session whether I cared to see something. She showed me several pieces of artwork that expressed a wide range and intense depth of feeling.

I fully appreciated and was moved by her sharing both her artwork and her therapy with me.

This third supervisor stage is characterized by less worry about relationship and more relationship per se. Attention is paid to students' learning needs, but these needs can now be brought up by the supervisor in a nonintrusive fashion and mutually agreed upon or set aside for other learning needs.

The Setting

The setting can provide enormous impact on supervision. Gendel and Reiser (1981) used the term *institutional transference* to devote feelings toward an institution that preempted meaningful therapy. A supervisee of mine came in upset that he could not do therapy with an addict. Upon brief inquiry, I found that a nonclinician administrator arranged to have the clinic collect urine samples as part of the addict treatment program, and the therapist, because of personnel shortages, would do the collecting. Collecting the urine samples preempted the possibilities for conducting psychotherapy, introducing gross distortions in the therapist and client roles.

Positive influences of settings occur, too, as when appropriate role models are present, a convivial learning atmosphere is fostered, and seminars and learning groups are sponsored. There exists little literature on the promotion of positive settings and supervision.

Relationship: The Basis for Supervisory Interaction

The main elements of supervision—the client, supervisee, supervisor and setting—were just described. Throughout the discussion, the quality of the supervisory relationship was directly described or indirectly mentioned. It is time to directly examine the relationship basis of supervision.

Fitting Phenomena With Metaphor

The selection of a theory that best suits a phenomenon is a curious process involving a mixture of the veneer of scientific rationale overlaying a personal and artistic sense of concep-

tual fit, as described by Koestler (1964) and Albert Einstein, among others. For example, I am fairly certain that debates about the "best" theory of psychotherapy among psychoanalytic, behavioral, and humanistic approaches are unresolvable in the form that the debates take. Two simple reasons for this are that (a) the criteria used are scientific and hence on a level that is far from the epistemological bases by which the theories differ, and (b) the theories differ in terms of their sources or the experience base of the theorist, and thus they differ as to their point of maximal application. A particular theory may be best applied to a specific problem, termed by George Kelly as a theory's *focus of convenience*. Kelly (1955) termed the array of problems to which a theory can be extended as its *range of convenience*. Pepper (1942) claimed that any theory that vies for adherents must claim a limitless scope; otherwise, it can be easily proven limited by its not treating certain people or problems. Pepper proposed *root metaphor theory*, according to which a theory is built on a set of metatheoretical assumptions that have at their core an image or a metaphor of the nature of the phenomenon. Freud's closed energy system, B. F. Skinner's pigeon reduced to 80% of body weight, Kurt Goldstein's organism, and Carl Rogers's tree growing on a precipice of the ocean (Evans, 1970) are examples from personality theory of various root metaphors. Lakoff and Johnson (1980) wrote a provocative book, *Metaphors We Live By*, in which they described such root metaphors as "Time is money." People predicate much of their actions on such implicit metaphors. It might be useful to see which metaphor supervision provides, rather than taking a psychotherapy theory and fitting supervision to the theory with no regard as to whether its root metaphor fits supervision.

Supervision as Relationship

Markowitz (1958), an accomplished therapist, decided to enter supervision with six supervisors of differing theoretical persuasions. He found their orientation not to matter, but the supervisor's ability to relate was paramount for effective supervision. In her supervision with Frieda Fromm-Reichmann, Ann Gourevitch (1982) found the two to differ in case formulation, but she said that

she rarely criticized me or told me I should have done this or that. . . . Our relationship was on a footing of equality as colleagues, and she fully accepted the possibility of different viewpoints. Each person represented a unique encounter to her. At times . . . I found her impressions of my patient to differ markedly from my own. Yet, quite often, when dealing with a new patient, something about the perspectives conveyed by Frieda would become a part of my approach. (p. 5)

The quality of relationship is apparent. Several other studies reveal information that one can use in developing a theory of psychotherapy supervision.

Grunebaum (1983) studied the qualities that therapists look for in their own therapist and found the key criteria to be (a) competence (determined by reputation and friends' recommendations); (b) nonoverlapping professional and social networks; and two personal style criteria, determined by inter-

action: (c) warmth, caring, and flexibility ("I felt affirmed," "I was respected" vs. "not very caring" and calling the therapist "Dr. Ill Will"), and (d) the therapist's willingness to talk rather than maintain silence.

Clients from a Veterans Administration (VA) population prefer therapists who "make a good impression," "can be frank and honest," and are "appreciative"; they abjure those who are "easily embarrassed," "easily led," "impatient," "bossy," "sarcastic," "cruel," and "timid" (Hartledge & Sperr, 1980). Netzky, Davidson, and Crunkleton (1982) found that professionals consider the following most important in judging professionals: Am I treated with respect? Does the therapist use understandable language? Do I feel understood? Is the therapist sexually seductive toward me? Clients judged the following items as most important: Am I being treated with respect? Do I have the therapist's undivided attention? Is the professional rushed, with no time for me? Does the therapist give me encouragement when I need it? Do I feel intuitively at ease with the professional? Strupp, Fox, and Lessler (1969), Beutler and McNabb (1981), and Garfield (1981) supported these findings. Essentially, these judgments, not of supervisors but of therapists, focus on relationship issues. Would judgments of supervisors yield similar results?

Aldrich (1981; Aldrich & Hess, 1983) found supervisees to appraise supervisors on (a) defensiveness (is the supervisor comfortable with student comments?), (b) professionalism (role model), (c) clinical experience (what skills can be provided), (d) theoretical base (how conceptually adept the supervisor is), (e) experience as a teacher (ability to address student needs), (f) appropriate interest in student's life (able to explore student's expressed concerns), (g) likability (approachable and friendly vs. noxious), and (h) motivation (degree of inspiration provided by supervisor). Some focus on skills is evident, but the qualities contributing to relationship are also evident. Does the supervisor see similar qualities in the supervisor as important?

Swain (1981) found supervisors to judge supervisees on (a) interest in client and client welfare (is the client just a "case"?), (b) preparation for supervision, (c) knowledge, (d) self-awareness, self-exploration, self-disclosure, and self-esteem, (e) openness to suggestions, (f) clinical and interpersonal skills, (g) boundary management, and (h) decision-making skills. Relationship is found in points (a), (d), (e), and (f), although relationships is not as focal as with Aldrich's (1981) findings.

Assuming that relationship is a focus, if not *the* focus, of psychotherapy and of supervision, what might be the goals of supervision? Masserman (1972), having trained as a psychoanalyst and conducted landmark research in experimental psychopathology, concluded that psychotherapy is the mitigation of uncertainty. Through didactic and emotional work, uncertainty is reduced or at least accepted. Corrective experiences rather than catharsis are promoted.

Essence of Supervision

As reviewed in the supervisee stages and seen to some extent in the supervisor stages, in the desirable attributes sought in supervisors and therapists, and, to a lesser extent, in supervisees, supervision is a relationship in which one

person's skills in conducting psychotherapy and his or her identity as a therapist are intentionally and potentially enhanced by the interaction with another person.

This involves the supervisee who is stirred by a crisis concerning professional identity and beset by uncertainty in areas of professional and personal competence and who seeks affirmation.

Concepts by Which Effective Supervision Can Be Conducted

Two sets of concepts are reviewed: Janis's (1983) and Taylor's (1983) concepts concerning stress and threat, and Buber's (1970) work concerning relationship.

Taylor (1983) described the process by which people confront tragedy. First, people try to find meaning in the event and its implications. Second, they gain a sense of mastery or control. Third, after catastrophe, there occurs a strong need to restore self-esteem. In a real sense, masterful functioning can depend on denial and the creation of illusion of control (Alloy, Abramson, & Viscusi, 1981; Lazarus, 1983); otherwise, in the face of what is perceived as uncontrollable, depression and debilitation (I. E. Farber, Harlow, & West, 1957) can result. According to Greenwald's (1980) concept of totalitarian ego, maintaining information processing and behavior persistence in the face of threat and failure is a function of morale, which can be enhanced by "revisionist" history or by denial and distortion of past events and their attribution.

Supervisees are confronted with wealth of material, often tragic and stress inducing, from each client session. The search for meaning and for indications as to how best to conduct therapy can reach crisis proportions. How much the supervisor needs to furnish explanations depends on the ability of the students to generate explanations for themselves. To the extent that a supervisee can grasp meaning, he or she can anticipate using one or another therapeutic technique. Some rehearsal of skills can occur in supervision in order to facilitate a sense of mastery.

The restoration of self-esteem is most interesting and relates to two major supervisor themes. Supervisors tend to not see student stress, which students in turn tend to hide (Marshall & Confer, 1980). Some supervisors do not see their task as raising student morale. Some see supervision as uncovering certain problems in the student's personality. These positions tend to alienate the student, creating resistance and game playing (losing audiotapes or process notes) by supervisees (Kadushin, 1968). On the other hand, supportively engaging the student will stimulate the student to psychologically enter into the relationship. Weisel (1972) told a story in which Rabbi Levi-Yitzhak of Berdichev saw a coachman from his congregation during morning devotional time, working on his coach while reciting prayers. Rather than scold the coachman for doing his chores at prayer time, the rabbi looked upward and said, "Lord, see how devoted your flock is. Even while working, they pray" (p. 89).

Similarly, the restoration of self-esteem can be seen in the following case illustration:

A student told me how, in his first group therapy experience with delinquents and with no course work in group treatment, he

finally had it with the group's chaos and yelled at them to be silent and just sit in their chairs for the balance of the session. He seemed ashamed. I remarked that he seemed to get their attention. Now, what did he plan to do with it? We both laughed, and then discussed how he may use various other methods to get the group's attention in the future, how he can address the group needs before chaos reigns, what he might expect next time he attends the therapy group after the blowup, what therapeutic steps he might take, and which reading materials he ought to consult.

Janis (1983) described support procedures to enhance commitment to stressful decisions. He focused first on building on motivating power by encouraging self-disclosure, giving positive feedback, and using self-disclosure to provide insight and cognitive restructuring. Second, he suggested using this power to set norms and inculcate values by endorsing courses of action, eliciting commitment to these courses of action, attributing endorsement by other parties, giving selective, positive feedback, and helping the person to assume personal responsibility for the course of action. In addition, Weick (1984) taught that "small wins." One can best accomplish Janis's objectives by taking a simple task that the student can accomplish as a first step. The case cited earlier continues:

Judging from his prior, individual therapy experience I thought the student was capable of reflecting feelings. Thus I suggested one course of action was for him to begin the group by asking each person in turn to tell how they felt before he stopped them the last session, and how they felt during the silence. I suggested he tell the group when a person spoke, no one else speak since they would get their turn. Subsequently, he was to tell a bit about how he felt and was to use the balance of the time to set up a framework for subsequent sessions. He could readily identify his actions with many theoretical constructs which had been, to that point, unused and sterile.

Janis suggested several means of retaining motivating power after contact terminates: by reassuring that the counselor will maintain interest by exchanging phone calls, letters, or other contact; by giving reminders that maintain change; and by building confidence that change can continue in the counselor's absence.

Buber, I-Thou, and the Gaze

Buber, born in Vienna in 1878 and a master of nine languages, is known for his contributions to the philosophy of religion, for making known Hasidic thought, and for his exposition through these contributions on the nature of true relationship in *I and Thou* (1970), first published in 1922.

In *I and Thou* and *Between Man and Man* (Buber, 1955), Buber presented several important concepts. The concept *I* stands not alone but only in relation to a *You*, a *Thou* or an *It*. The *I* is not self-contained but actuates in relationship to an object or person. The relationship is *I-It* if the person being addressed is related to as an object in an unrelated way. Thus a clerk at a shop who "processes" customers, giving a mechanical "Have-a-nice-day" smiley button smile, is making of himself or herself and the customer an *It-It* relationship.

When a customer personalizes the relationship by saying that the clerk seems like he or she is ready for a work break, and the clerk replies, "You aren't kidding; my feet are killing me," the flavor of *I-Thou* has entered the relationship. It is through dialogue or the direct address of the *I* to the *Thou* by which actualization occurs. In the 1950s, when Buber was popular in the United States, the phrase "Let us have a dialogue" was common and meant for two parties to have a meeting of the minds on an issue, and on a personal level primarily, so that any conflictful issue could be resolved.

The concept by which dialogue occurs is called the *gaze*, a specific, molecular, behavioral unit. It is the moment of exchange when the clerk hears the *I* addressing his or her fatigue and chooses to respond as an *I* to a *Thou*. In supervision, I noted that a trainee presented himself as always correct in his interpretation, and when I suggested courses of action, he claimed to understand and to have anticipated them. Was there some issue of risk taking, of trying something in therapy and failing, that was at issue? He had the choice of entering into relationship with me or treating me as an *It* by evading the issue with a variety of responses such as "I like to be effective with clients by not overinterpreting" or "I have been taught to let the client lead," which he used when confronted in the past as reasons for not taking risks with clients. This time he elected to tell how he had been put on notice by his program director several years earlier and had taken a "minimax" (minimize the potential cost) perspective ever since, a fact noted by another practicum supervisor, too. I told him I thought of assigning him the paradoxical task of making an error, a faultless, perfect error, but then decided that he had done enough perfect things in therapy. He noted my grin and, pointing his finger at me, had a cathartic belly laugh. Using Janis's (1983) and Taylor's (1983) notions of exploring the meaning of his actions and the use of support or self-enhancement procedures, he was able to provide a more spontaneous, intimate, and effective therapy. His attendance in supervision had been irregular, but he has asked to extend supervision for another semester and has brought in material to explore with me in a collaborative and personal relationship.

The gaze has several key features. It can occur at any time that the *I* and *Thou* permit it. It has no space-time boundaries; rather, it is entirely psychological. It is a small, behavioral-social interaction. Thus the gaze is a useful way for a supervisory intervention to occur. For example, a therapist had encouraged a client to fill the session with talk, a way for the therapist to avoid errors. The intervention consisted of the therapist's recognizing when the client was switching topics. At that point the therapist was to paraphrase, reflect or interpret what the client said. This was to occur in the first 10–15 min of the session and once or twice more. The therapist reported qualitative shifts in therapy in that the client chattered less and seemed more reflective and attuned to what both the client and the therapist were saying. The therapist was delighted to shift from an avoidance-of-errors style to one in which he felt engaged with the client. In subsequent supervision he dealt with stage issues such as demystifying the concept of intimacy (Stage 1), using interpretation skills (Stage 2), how his personal style of vacillating between assertion and reticence affected therapy (Stage 3),

and boundary management issues regarding intimacy versus role maintenance, both with his client in therapy and with the supervisor (Stage 4).

The smaller the gaze or what is presented to the supervisee as his or her task is, the more likely compliance and success will follow. Implicit in gaze are Weick's (1984) concept of small wins' having a cumulative, momentum building effect and Janis's (1983) and Taylor's (1983) concepts of support as providing meaning for the supervisee's sustaining self-esteem and helping internalization and generalization.

Two points about *I-Thou* and *I-It* and about the misconception of Buber as a rank subjectivist will conclude this section. First, *I-Thou* is the mode by which humanizing, spiritual exchange occurs. Yet people live in an *It* world, too. Buber (1970) said that people need to put food on the table: The therapy and supervisory sessions are bounded by real-world limits. He said, "Only he [who] believes in the world achieves contact with it" (p. 143). If a client does not keep up with paying his or her fee, this *It* consideration must be addressed. It may provide for a deepening of the *I-Thou*, or it may reveal that what the therapist felt was *I-Thou* was duplicitous. The second point, which concerns the *I-Thou* relationship, is that *I-Thou* is neither a relationship involving an object as the *Thou* nor emotionalism as the *I*. Thus the criterion for *I-Thou* authenticity is not "If it feels good, it is right"; "Feelings merely accompany the fact of the relationship, which after all is established not in the soul but between an *I* and *You*" (Buber, 1970, p. 129). The *I-Thou* subsumes and transcends objectness and subjectivism. In concluding this section, it is interesting to note Applebaum's (1979) findings. Trained as a psychoanalyst, he explored the "new therapies" and found that the factors contributing to growth and healing are insight, ventilation of feelings, suggestion, overcoming demoralization by way of reasonable explanation of one's difficulties, and grappling with real and transference relationships.

Two further concepts meriting attention are issues of eclecticism versus theoretical pluralism and the concept of internal checks.

Pluralism. Applebaum's (1979) various factors and the core *I-Thou* relationship are subsumed or explained by every theory of psychotherapy and supervision. Adherents of psychoanalytic approaches can term the *I-Thou* supervisory contact as a "learning alliance," whereas followers of behavioral perspectives can term this factor "nonspecific supervisor" effect, or the reinforcement value of the supervisor. Humanistic-existential theorists may be most comfortable with Buber's (1970) approach but do not seem to come close to the level of specificity that research and positivist positions require. The notion of the gaze and testable propositions such as those of Janis (1983) and Taylor (1983) are not inherent in humanistic-existential approaches.

Rather than take a specific theoretical stand, a majority of psychologists take theoretical refuge in the fashionable term *eclecticism*. The logical problem of eclecticism (Pepper, 1942) is not examined in depth in this article, but the problem of a mixed metaphor versus a single metaphor is relevant. Simply put, adopting an admixture of approaches leaves the theorist in a quandary when the metaphors clash. Instead, Buber's

(1970) perspective allows one to use a root metaphor that is most compatible with the core phenomenon of supervision, the relationship. Should phenomena (a supervisee's displaying overt pathology, or a skill deficiency requiring classroom teaching) outside the essential supervisory task be present, then the appropriate remediation (therapy, coursework) can occur outside the supervision. Phenomena within a relationship framework that would be best addressed with a concept from psychoanalytic perspectives (supervisee dependence) or behavioral views (modeling, role play) can be incorporated into the relationship framework. The concepts of crisis and threat, adjustment, meaning, and support, and the change unit of the gaze provide theoretical representation of a consistent, meaningful supervisory metaphor.

Internal structure. Any theory of supervision must address the generalization of learning, internalization of structure, or identity-formation phenomenon. *Gaze* provides a mechanism by which such a process occurs. This behavioral unit, which is small enough for a therapist to practice easily and with little threat is internalized and represented by the therapist virtually spontaneously. Various uses and ways to implement internalization of supervision are not covered in this article, but an example of brief supervisory intervention illustrates its use:

A Veteran's Administration Hospital therapist could not get a client to come to the office or even meet in the hallway or even in the dayroom for more than 10 or 15 min. When he did meet the client, he felt under even more pressure to produce change. He was to be evaluated as part of the training program; the criteria put a premium on therapists engaging and retaining patients in therapy. The therapist encountered the client, telling him that if he complied, he could work on his problems and succeed. Otherwise, the patient would probably continue to have problems and be a failure. The therapist, a caring and well-intentioned person, was pained, irrespective of the evaluations, that the client resisted any meaningful discussion about himself, and pressed his advice on the patient even more.

The supervisor suggested that the therapist think about whether it is more effective to squeeze one's hand tight or to cup it gently when on the beach attempting to scoop up seawater and also about the idea that when two people are talking and one just stops, a social vacuum is created which the other person tries to fill. After spending a few minutes discussing these metaphors, the supervisor told the therapist that his therapeutic interest was clear and to be valued, that this type of client was the type who might be ready for the therapist to relax and pull back so a social vacuum is created, and that the therapist should visualize himself being an easily, not rigidly, cupped hand. He was to try this for one or two times when he could catch the client for 10 or 15 min alone in the dayroom and listen in an interested fashion, ending the interaction with a positive, building response.

Several weeks later the therapist reported that he and the patient had met three times, deciding to walk on the grounds rather than sit in an office, and that they had some casual chit chat as well as deeper conversation about the patient's feelings of constant failure and of abject lack of control over his environment.

The therapist was surprised at his spontaneity in therapy, at the patient's desire to spend the whole hour in therapy talking to the student, and how he had developed new ideas about therapeutic responsibility. He asked to borrow a book, Kaiser's *Effective Psychotherapy* (Fierman, 1965), which the supervisor

had mentioned in passing as relevant to relationship and responsibility.

Conclusion

I have presented a summary of putative stages of supervisee development based on a review of various proposed models, followed by a proposed set of three stages through which supervisors develop. These heuristic models are helpful but insufficient for a theory of supervision. A conceptualization of the *process* by which development or traversing through the stages is lacking.

The second part of this article concerned defining a metaphor for the supervision process and delineating a theory, that of Martin Buber, that seems to be most isomorphic to supervisory phenomenon. The concepts of Buber, Janis (1983), Weick (1984), and Taylor (1983) were described and applied to illustrative supervisory cases.

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