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**THE SUPERVISORY EXPERIENCES OF  
ART THERAPY STUDENTS:  
AN EXPLORATION**

Catherine Anne Robinson

A Thesis

in

The Department

of

Art Education and Art Therapy

Presented in Partial Fulfilment of the Requirements  
for the Degree of Master of Arts at  
Concordia University  
Montréal, Québec, Canada

August 1992

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# **ABSTRACT**

## **The supervisory experiences of art therapy students: An exploration**

**Catherine Anne Robinson**

This thesis explores art therapy supervision in graduate training programs in North America which are approved by the American Art Therapy Association, by way of a literature review and a mail survey of students receiving individual faculty or faculty-assigned supervision in those programs. It focuses on an otherwise minimally explored facet of art therapy training that plays a critical role in shaping the professional identity and competence of the practising art therapist.

In addition to attaining a snapshot of how art therapy supervision is conducted through the mail survey, this thesis explores how supervision can best facilitate therapeutic understanding and competence of the student art therapist. The nature of the supervisory relationship is examined through the literature on the developmental approach to supervision, as well as through Winnicott's theories of "potential space". Both bodies of literature hold that effective and meaningful learning takes place in the context of a relationship. Further discussions in the thesis focus on the application of these ideas to art therapy supervision.

The thesis also investigates the feasibility and possible benefits of employing art-making practices during art therapy supervision and training, as the survey results indicate that art-making practices do not figure prominently in the education of the art therapist.

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I would like to thank my thesis supervisor, Jacqueline Wilson, who helped me to conceive the idea for this thesis and encouraged me to write about that which gives me meaning; Dr. Suzanne Leclair, a committee member, for her articulate guidance and expertise in the field of supervision; and Rachel Garber, thesis consultant, whose warm support and scholarly enthusiasm have helped me to write a better thesis.

I am deeply grateful to the following people who aided me in the preparation of the thesis: Frances Weller's generosity, allowing me to "hole up" in her office every weekend to write the thesis; Kathy Adams' kindness and humour, assisting me in some of the technical tasks of data collection; Julia Olivier's warm friendship and invaluable help in the computer layout of tables and graphs. I would also like to thank Mary Paddon, whose friendship over the years has helped me to believe in my abilities and myself. Finally, I wish to thank family and friends from Montréal, Ontario and Saskatchewan for their encouragement -- who never failed to greet me with the question, "Is it done yet?"

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# CHAPTER I

## INTRODUCTION

*Becoming is a process which begins, continues, and is never completed. We should always be in a state of becoming. (Bion, 1975, cited in Casement, 1991, p. 25)*

### 1.1 Importance of the supervisory relationship

Since the emergence of the psychodynamic helping professions, scholarly attention has focused on the process of human growth in psychotherapy, and this has continued in the field of art therapy. The way in which an individual metamorphoses from unawareness to a state of self-awareness has captivated the imagination of many a mental health practitioner, who endeavours to determine the role they play in a relationship which engenders change. Similarly, art therapy supervision is a place where a kind of metamorphosis takes place in the student. There, the neophyte art therapist grapples with therapeutic issues arising from the internship and attempts to synthesize theory with clinical practice in the presence

of the supervisor. As a result, the individual transforms from student to professional. However, unlike the many accounts of patients evolving during art therapy, little has been written on the evolution of the art therapy student in supervision. My own maturation from student to professional inspired me to explore through literature reviews and a mail survey of other art therapy students how this transformation might take place. However, it was mainly through the experience of art therapy supervision that I could trace my most meaningful insights into the practice of art therapy.

The journey on which one embarks to become a practising art therapist is indeed complex and fascinating, as is any process of growth. Like the therapeutic dyad, there is *another* individual involved, who facilitates learning and awareness. It is a special kind of relationship, where there are certain tasks to be performed by both supervisor and student. But what makes some supervisory alliances more successful than others? I believe that the relationship which develops between supervisor and student offers a key to determining whether or not fruitful therapeutic learning will occur.

My own experience in art therapy supervision is such that I understood the therapeutic process and theoretical concepts more deeply when I felt there to be a warm, supportive relationship with my supervisor. It was during these experiences that I sensed the supervisor understood my difficulties with therapeutic and aesthetic issues by virtue of the acuity of her interventions. On the other hand, I would imagine that without the supervisor being attuned to the student, no amount

of clinical and theoretical discussion, however relevant, would be as helpful.

Surely, the goal of art therapy supervision is to facilitate the student's proficiency in art therapy. In this thesis, I will explore what the optimal learning conditions could be for art therapy students in supervision in order to achieve this goal. As in any successful therapeutic alliance, much depends on how the therapist responds to the material of the patient. If an atmosphere of openness and acceptance exists, then the patient can venture into deeper psychic territory. Similarly, in supervision, the supervisor's responses to the student's material will, to a large extent, determine how deeply therapeutic concepts can be explored.

The thesis will survey theories which articulate the student therapist's passage from novice to professional. I will focus on literature that espouses the notion that meaningful learning takes place in the context of a supportive, encouraging relationship. The developmental perspective of psychoanalytic, psychotherapeutic and art therapy supervision holds this viewpoint. I will then explore Winnicott's (1971) theories on the mother-infant dyad which suggest that certain responses the mother makes to her child can initiate a state of independence and creativity. The feasibility of applying the developmental approach and Winnicott's theories to art therapy supervision will be discussed.

In an effort to know how other art therapy students feel about their supervisory experiences, I designed and sent a mail survey in March 1991 to 300 students enrolled in M.A. AATA-approved art therapy training programs throughout North America. Among other questions, I was curious to know if they perceived their

supervisory relationships to be instrumental in therapeutic success. And if so, what aspects of the relationship with their supervisors appeared to be more fruitful than others?

## 1.2 Importance of art in supervision

Undoubtedly, the practice of art therapy is very different from other psychodynamic intervention modalities. Psychic material is concretized during art therapy, as it is in no other type of psychotherapy. Therefore, one may conclude that the issues and concerns in art therapy supervision will be quite different from its psychoanalytic and psychotherapeutic counterparts.

It is inevitable that the legacy of any new field such as ours must partake of existing psychotherapeutic or psychoanalytic concepts as a springboard to defining a language that is particular to art therapy. Therefore, I will survey the supervision literature from other modalities with an eye to developing a foundation on which to build a model of supervision that accommodates the uniqueness of art therapy.

Langs (1976) prescribed that much of what is done in the course of supervision should depend on the model of therapy practised. He further suggested that the model of therapy be the foundation on which to build a subsequent model of supervision. Echoing this sentiment, Wadeson (1989) noted with a hint of sadness that "it is paradoxical indeed that the distinctive essence of art therapy -- art expression for the enhancement of human growth -- is utilized so little for the development of the art therapist" (p. 375). This surely implies that a model of art

therapy supervision should include the art therapist's basic therapeutic tool -- art making to further understand the workings of the creative process both in the therapist and in the patient.

The ramification of this is that art therapy supervision might be conducted in such a way that art therapy concepts are made understandable to the student, by way, perhaps, of discussions about aesthetic issues, the creative process and even engaging in art making practices. This, I believe is the other major determinant of a successful *art therapy* supervisory experience.

With this in mind, I will endeavour to determine through the questionnaire results the ways in which art therapy students view the role that art plays in their supervision: Are there some aspects of patients' artwork students discuss with greater frequency in supervision than others, and do students themselves engage in art-making practices with their supervisors or during art therapy training?

### 1.3 Thesis Design

*Chapter II* of this thesis will investigate the literature in psychotherapeutic and psychoanalytic supervision in order to determine the nature of the psychodynamically oriented supervisory relationship. The literature review will also explore some models of supervision that describe the dynamics between supervisor and student in an effort to understand what facilitates learning in the student. Various supervisory roles will be explored in relation to the student's evolving needs in supervision. This chapter will address issues relating to art therapy,

particularly creativity and how play and creativity can be integrated into supervision.

*Chapter III* will make general comments on the literature of art therapy supervision and explore proposed art therapy supervisory models in light of the main argument of this thesis. The chapter will conclude with a review of concepts explored in both Chapters II and III with a discussion of the feasibility of devising a model of art therapy supervision.

*Chapter IV* will present the survey design and methodology pertaining to the principal focus of the thesis, a mail survey of art therapy students in supervision.

*Chapter V* will present findings of the survey paying particular attention to two questions: What value do students attribute to the supervisory relationship in its contribution to the success of the supervisory experience, and how prominently do art issues figure in the agenda of their art therapy supervision? This will relate to the idea that the quality of the supervisory relationships is important in determining a successful alliance. Also, determining how prominently art issues figure in supervision may bring into consideration in Langs' (1976) recommendation that a model of supervision be based on the model of therapy practised. If any other major trends exist in the findings, they will be discussed.

*Chapter VI* will present a discussion of survey findings in relation to the idea that the quality of the supervisory relationship is important to a successful supervision. The following questions will be addressed: Is quality important, or is there something else of significance emerging from the survey findings? In light of

the literature review and survey findings, what recommendations can be made for devising a model of art therapy supervision, or for future research in this area?

It is not within the scope of this thesis to develop a new model of art therapy supervision. Its aim, rather, is to review the current literature on supervision from art therapy and other modalities and to explore art therapy students' perceptions of their supervisory experiences with an eye to determining what aspects may serve as possible building blocks for a model of art therapy supervision. As the bulk of literature on supervision is written by supervisors, another aim of this thesis is to shed light on the experiences and perceptions of the other half of the supervisory relationship: The students. Without knowledge of the present state of art therapy supervision, it is difficult to navigate a direction for the future.



## CHAPTER II

### THE BUILDING BLOCKS OF ART THERAPY SUPERVISION

*Including both its pleasures and its pains, psychotherapy supervision is a creative and fulfilling undertaking for both students and their supervisors. (Geben, 1991, p. 315)*

#### 2.1 The Nature of Supervision

The word, "supervision" to some, may conjure up visions of one individual standing over the shoulder of another to make sure the job is done proficiently. To others, it may evoke feelings of being controlled against their will, while still others see supervision to be an unequal alliance, where one member of the relationship knows more than the other, and the task of the one who knows less is to obtain the knowledge that they are lacking. All in all, supervision seems to evoke negative connotations. Undoubtedly, there are elements of authority and direction involved in supervision, but that is not where all of the learning occurs. One would have to

agree, therefore, that learning in supervision is not just a simple transmission of knowledge from one person to another, perhaps because it aims for more than an intellectual understanding of the therapeutic process. Rather, learning to "do" psychotherapy seems to involve the totality of the individual, including feelings for the patients, supervisor and oneself. Within the milieu of art therapy, considerations must be made for the therapist's reactions to the patient's artwork, and the willingness to look at oneself in an objective way.

The great majority of those who have gone through the experience of supervision in a psychotherapy or art therapy training program will say that they did not learn their profession by being told how to do it by their supervisor. It may be difficult for the student to articulate what facilitates learning, as supervision, like therapy is usually a private and subjective experience. Problems inherent in individual supervision stem from the highly personal and individualized nature of the communication between therapist and patient and between student and supervisor, much like any other personal relationship. They also contribute to the difficulty in studying the process. One could ask each participant to give an account of their supervision, but both parties would undoubtedly relate a very different experience. The contact between one human being and another is always difficult to measure, schematize or situate in some context of understanding. All the more problematic is determining if the success of a supervisory alliance is due to the personality of the supervisor or to the framework, goals and tasks of the supervision itself. Hess (1987) declared that supervision is essentially a relationship. Superimposed on this

relationship is a body of tasks. "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" (p. 256).

It may be argued by some that an effective therapist is one who can be a "transitional object or space" for the patient (Winnicott, 1971; Casement, 1991). However, it may take a great deal of introspection and working through of personal issues on the therapist's part to allow that to happen. Perhaps the more the therapist works through personal issues, the more space there will be in the therapy room for the patient. Thus, greater self-awareness helps ensure that the therapist's personality does not intrude upon the patient in any way. It therefore requires a constant checking of therapeutic material in supervision between supervisor and student therapist to determine if any issues are being played out by the student. Inevitably, this process may touch upon some potentially very painful issues of the student which in some way may be related to the patient's issues. It could be said then, that the therapist's own pain is a window opening to a greater understanding of the patient's world. But paradoxically, the therapist needs to be able to be removed enough from the pain to still function as a therapist and not to be engulfed by feelings that may hinder the therapeutic performance. As Casement (1991) put it, "a therapist has to discover how to be psychologically intimate with a patient and yet separate, separate and still intimate" (p. 30). Acquiring a sense of balance amongst the therapeutic "pulls and pushes" (Casement, 1991, p. 30) is difficult to achieve without support from

the supervisor who is more practised in the intricate dance of therapy than is the therapist-in-training.

Supervision is not only a forum for illuminating the subtleties of the patient-therapist relationship, but it can be an outlet for exploring the therapist's relationship with either the training institution, or with the setting of the student's internship. Ekstein and Wallerstein (1976) termed the inter-relationship(s) between therapist-patient-institution-supervisor as the "Clinical Rhombus" (p. 11). They described this paradigm as one where the student therapist takes on different roles: with the patient, the student therapist is the helper; with the supervisor, the therapist is the one helped. Furthermore, the student therapist must also conform to the professional standards and ethics of the training and internship institution. Similarly, the supervisor not only "teaches" psychotherapeutic skills to the student therapist, but must also ensure that clinical standards are being maintained by the student therapist. The supervisor then, could be seen as an administrator of sorts, representing and upholding the institution's standards and, to a certain extent, its philosophy. This is not to complicate purposely an already complex learning situation, but to illustrate that supervision is indeed multi-faceted, and the student therapist's tasks are numerous.

In contrast to Ekstein and Wallerstein's essentially quadratic "Clinical Rhombus", Gauthier's (1984) model of supervision is conceived in two dyads: patient/therapist and therapist/supervisor "with the constant loss of one member of the triad". He viewed this "loss" to be intrinsic in the supervisory process, and that

the student is in a constant state of mourning, having to "deal with the loss of the supervisor in therapy, the loss of the patient in supervision and the loss of the present in relation to the past" (p. 517). Gauthier's notion of supervision may partially account for the fact that supervision can be an emotional experience for the student. While the student may witness the patient's mourning and loss, the supervisor may witness the student's.

It would certainly not be unusual for the student therapist to feel overwhelmed by the numerous tasks required, guided by a simultaneous need to appear adept (Barnat, 1980). What may result, is a "mask of competence" (Casement, 1991; Marshall & Confer, 1980), which apes an understanding of therapeutic issues by measures of doing "good enough" therapy, but really covers a core of anxiety at not being good enough, or not knowing enough. Rubin (1989) made a strong case of student anxiety in supervision being a possible impediment to learning taking place. Instead, what may happen is that didactic teaching is conducted as a defense against confronting not only the student's but the supervisor's anxiety as well. Bion (1975) asserted though, that it is the "not knowing" of the therapist that allows a connection to be made between the therapist's fear of the unknown and the patient's anxiety: "In every consulting room there ought to be two rather frightened people; the patient and the therapist. If they are not, one wonders why they are bothering to find out what everyone knows" (p. 13). Similarly, in the supervision room, surely one of the student therapist's tasks is not to use the knowledge gained from supervision to construct a mask of competence, so much as

to take off any false persona that may come between the therapist and the patient.

## 2.2 The History of Supervision

According to Fleming and Benedek (1966), it was not until 1910 that Freud recommended that "self-analysis" be an implicit part of the training psychoanalyst's education, and in 1912, he emphasized that a "physician should begin his analytic training by being analyzed himself" (p. 7). Eitingon (1936) (cited in Fleming & Benedek, 1966) pointed to Freud's notion of self-analysis as the precursor to formalized supervision in training programs. He distinguished self-analysis from didactic theory and yet different again from a pure analytic experience. Eitingon (1936) traced back the history of psychoanalytic training and stated what he considered to be the difference between a therapeutic and a training analysis:

The point in which instructional analysis or didactic analysis differs from therapeutic analysis is not in having a special technique but, as we say in Berlin, in having an additional aim that supersedes or goes hand in hand with the therapeutic aim. (Fleming & Benedek, 1966, p. 10)

But, by 1923, dissatisfaction with the effectiveness of a "didactic analysis" was widely felt, and the concept of *Kontroll-Analyse* or supervised analysis was accepted. Ferenczi and Rank (1924) (cited in Fleming & Benedek, 1966) of the Hungarian school of psychoanalytic training outlined one of the possible tasks of *Kontroll-Analyse* as being to enable the analyst-in-training to highlight the unresolved complexes of the candidate as they emerged during his work with his patient.

The implication of this early concept of supervision is that the supervisor of

the analyst-in-training takes on the role of clinician whose attention is more focused on the treatment of the student's patient and on the student only as intermediary. From this standpoint, the supervisor is seen to have vicariously treated the patient, via the trainee's guided interventions. Clearly, the control in supervision at this time was exercised by the supervisor: Perhaps this explains the dissatisfaction with supervision that was felt by analysts-in-training.

A conference on supervision took place in Budapest in 1937. Out of that conference, an important question arose: "Is the primary goal of 'control analysis' to give instruction in the art of analysis, or is its main objective simply the analysis of a candidate's practical analytic work? In other words, is the aim of supervision the 'control' of an analysis or the 'analysis' of the candidate being supervised" (Fleming & Benedek, 1967, p. 14). Betcher and Zinberg (1988) outlined the origin of this question in psychoanalytic supervision:

Very early in the history of psychoanalysis, this debate developed between the Hungarian and Viennese schools of thought about psychoanalytic training. The Hungarian school stressed the importance of the control (or training) analysis and thought that the therapist's irrational feelings about the patient should be dealt with in the control analysis, which would effectively serve as supervision. The Psychoanalytic Institute of Vienna maintained that the student therapist's personal analyst should not supervise. Thus, in Vienna students were expected to work with someone who would teach and not analyze them, and any personal issues that emerged in this didactic alliance were referred to the student's own analyst. (p. 797)

The legacy of these two perspectives on what should be the focus in supervision is still being explored and pondered today. (Springmann, 1989). As yet, a clear resolution to this debate has not emerged. Both viewpoints of supervision have apparently not been evaluated for their impact on the process of psychotherapy or

the development of the therapist who is being supervised (Betcher & Zinberg, 1988, p. 796). As result, the debate continues, couched in speculation and testimony.

With the onset of World War II in Europe, many psychoanalysts fled to North America where the social climate nurtured the growth of analysis: so much so, that the exploration of educational standards of psychoanalytic training assumed the form of many colloquia and seminars. In 1957, The American Psychoanalytic Association articulated the following didactic goals for supervision:

- (1) to instruct the student in the use of the psychoanalytic methods;
- (2) to aid him in the acquisition of therapeutic skill based upon an understanding of the analytic material;
- (3) to observe his work and determine how fully his personal analysis has achieved its aim;
- (4) to determine his maturity and stability over an extended period of time. (Fleming & Benedek, 1966, p. 16)

Fleming and Benedek's (1966) historical review leaves us at Bibring's (1955) declaration that "there has to be appropriate soil, an aptitude, the right endowment, a freedom achieved in one's personal analysis, so that there can be teaching and learning" (p. 18). Kramer and Isakower (1957) echoed that "psychoanalytic education is an integrated experience in which the training analysis initiates and supervision continues the development of the student's personality as an instrument of his professional work" (Fleming & Benedek, 1966, p. 19).

Another significant current flowing into the river of present-day supervision was its development in the field of social work. Supervision was initially created for the purpose of ensuring that assigned work was being done by volunteers placed within the various U.S. charity organization societies (COS's) in the late 1870's.



Agents hired by these societies provided no supportive or educational assistance (Kutzik, 1977), but were simply administrators who regulated volunteers' workloads and ensured that cases were being properly followed through. Not until the 1920's did the role of the social work supervisor change, when more educational meetings and systematized apprenticeship programs were introduced (p. 41). This trend culminated in the 1950's where the supervisor's priorities finally shifted from being an administrative overseer to educator and consultant.

As can be seen, social workers have increasingly expanded the consultative, educative and administrative capacities of the supervisor. From the beginnings of social work, supervision has been an integral component of the profession. It has developed into a very organized and sophisticated practice, with many types of supervision offered to fit many professional needs within the field, such as "close supervision", "educational supervision" and "peer group supervision" (p. 55).

In contrast to the development of supervision in the psychoanalytic field, social work supervision seems very pragmatic, dealing with the outward manifestations of case management, rather than the introspective approach taken by proponents of psychoanalysis. The implications for psychotherapy supervision could be that, rather than entirely focusing on the interior worlds of the therapist and patient as is implied by psychoanalysis, it may be helpful also to view the patient in the context of the real world, considering practical, everyday issues that occupy the individual outside of the therapy room. Supervision in social work and psychoanalysis therefore complement each other's orientations very well. It is the marriage of these two

perspectives that arguably comprise the present face of psychotherapy supervision today (Hess, 1980; Ekstein & Wallerstein, 1976; Greben, 1991).

### 2.3 Overview of Supervision Literature

The body of literature on supervision is abundant. What is to account for such a volume of words on such a private experience? One could imagine that many are tantalized by the mysterious process of supervision, and writing about it is an attempt to unravel its mysteries. Another explanation for the amount of literature on this subject is that there is no one right way to supervise, just as there is no one right way to do therapy. But ever since there was a desire to bring about change in supervision, its formal study and literature began. Dating back to the early 1920's, at the Berlin Psychoanalytic Institute, supervisors needed a set of assumptions and methods in order to effect learning in the student (Tarachow, 1963). Some have suggested that too much is written on the speculation of what happens in supervision and not enough energy is spent on measuring and quantifying its actualities. One of those is Carl Rogers (1957). He intimated:

Considering the fact that one-third of present day psychologists have a special interest in the field of psychotherapy, we would expect a great deal of attention might be given to the problem of training individuals to engage in the therapeutic process...For the most part, this field is characterized by a rarity of research and a plentitude of platitudes. (p.76)

One may assume that he was suggesting more studies be carried out in relation to students and supervisors alike in order to measure the efficacy of particular supervisory styles. Others, mainly supervisees and students, have noted

that the vast majority of the literature is written by supervisors, and consequently presents a one-sided view (Barnat, 1980).

The literature reviewed seems to represent three noticeable tendencies: *prescriptive*, *descriptive* and *statistical*. The prescriptive literature is largely speculative and presents theories that support its recommendations for adopting a particular model of conducting supervision. The descriptive literature usually presents a first-hand account of the experience of training in supervision or case studies of student therapists and their patients. Occasionally, former students have written about their supervisory experiences. The statistical literature gives findings resulting from a study, questionnaire, or interviews on the topic of supervision.

### Prescriptive Literature

As previously mentioned, the prescriptive literature has largely speculated on the virtues of adhering to a particular theoretical model or framework of supervision. Hess (1980) suggested that the advantages of prescriptive literature to the developing psychotherapist are to "(a) be clear about his or her psychotherapeutic functioning; (b) be aware of the varieties of alternative theories and procedures potentially available; (c) understand the historical lines of development that lead to current practice, and (d) be able to assess the quality and kind of service the client receives" (p. 3). Langs (1976) asserted the importance of a theoretical model of therapy as a foundation on which to build a model of supervision, but he did not articulate that the adoption of a theoretical model entailed an ambitious reading of this kind of

literature. Much of the prescriptive literature delineates the way in which the supervisor should be regarded by the supervisee and what the supervisee should expect to learn in supervision (Hess, 1980). This approach implies that supervision may be entered into as a chef follows a recipe for a desired result. Certainly, we may see this in Mead's (1990) "Task-Oriented" model on supervision, where both supervisor and supervisee follow prescribed tasks to achieve the goal of "changing the supervisee's behaviour to resemble that of an expert therapist" (p. 19).

Among theoretical or prescriptive literature on supervision is also to be found an outline of what the supervisee may come to expect at certain stages in the evolving supervisory relationship (Stoltenberg & Delworth, 1988; Dewald, 1987; Ekstein & Wallerstein, 1976; Fleming & Benedek, 1966). This view, the developmental approach, may be considered to belong to the descriptive type of literature, but it is presented to substantiate a recommended model or framework. Because this approach is of particular interest, it will be discussed in greater detail later in this chapter.

### Descriptive Literature

One may conclude that the dearth of descriptive literature on the supervisory experience is due to a lack of interest in the phenomenology of the supervisee (Gauthier, 1984). "Why should people want student observations when they can have professional ones?", Barnat (1980) quoted one of his supervisors in response to his idea of writing a paper on the experiences of the supervisee. Hess (1980), however,

provided readers in his book, *Psychotherapy Supervision, Research and Practice* with seven chapters eloquently written by former students in supervision. These chapters largely focus on the process of change from student to professional therapist and all of the feelings associated with instrumenting such a change (Lamb, Baker, Jennings & Yarris, 1982). Barnat (1980) emphasized that descriptive literature is important because it facilitates the student's search for a language that articulates the supervisory experience. Hess (1980) echoed that "descriptive literature is especially important for students who can gain some perspective on their own exhilaration and trepidation upon entering supervision, and for the supervisor who may need to relearn the students' perspective" (p. 28).

### Statistical Literature

The term "statistical" refers here to formalized studies carried out to measure or quantify any aspect of the supervisory process. In general, the studies attempted to find out what goes on in supervision, as well as to measure its efficacy -- to objectify a very subjective experience. Not until 1964, however, did formalized studies begin to emerge, analyzing supervision as a variable separate from the rest of the psychotherapeutic or psychoanalytic training experience (Demos, 1964; Hansen and Barker, 1964). What ensued was a series of studies measuring the varying effects of supervisory educational techniques, such as the use of audiotape, videotape, and roleplaying (Boyd, 1973; Deshaies, 1974; Ross, 1973). Lambert (1980) divided the statistical literature of supervision into three categories: (1) studies that dealt with

the question, "Does supervision help?", (2) studies designed to compare the effects of a traditional method with an innovative method and (3) studies which investigate the interaction of personality variables of both supervisee and supervisor. One of these studies attempted to measure the frequency of certain behaviours of supervisors during the course of psychotherapy supervision as the beginning of an inventory (Shanfield, Mohl, Matthews, Hetherly, 1989; Greben, 1991). More will be said about these studies in a later chapter. The tools of measurement according to Lambert (1980) largely took the form of questionnaires.

#### 2.4 Developmental Approach to Supervision

The developmental approach to supervision seems to be one of the most pervasive viewpoints emerging from the literature. This perspective seems to cross the various theoretical perspectives, such as psychoanalytic (Fleming & Benedek, 1966; Dewald, 1987), psychodynamic (Ekstein & Wallerstein, 1976; Hess, 1980, 1987), cognitive (Miller, 1977) and even behavioral (Mead, 1990). The term, "developmental" as applied to supervision was advanced by Stoltenberg and Delworth (1988) and Sansbury (1982), among others. Their model was designed for counsellors, social workers and psychologists to use in supervision (Stoltenberg & Delworth, 1988, p. xi). Their underlying assumption is that existing prescriptive theories do not take into account the individual differences of each therapist-in-training and counsellor, and therefore are seen as a case of trying to fit a square peg into a round hole.

While not necessarily termed "developmental" in each theoretical perspective, this approach is characterized by an acknowledgement that the supervisee moves through a series of stages involving increasing sophistication and mastery. For instance, Mead (1990), a proponent of task-oriented supervision (behavioral), preferred to emphasize the "performance" levels of the supervisee (p. 7). Fleming and Benedek (1966) described the psychoanalytic supervisory relationship as being a "process" whereby the student analyst "progresses" through "phases" of increasingly profound learning objectives (p. 83). Hess (1987) also acknowledged the supervisory dyad as essentially a relationship where the supervisor's skills and knowledge affect or enhance the competence of the supervisee. He framed his understanding of the supervisory relationship in the concept of the Buberian "I-thou" alliance, "by which humanizing, spiritual exchange occurs" (p. 257).

Generally speaking, each stage builds upon the preceding stages, progressing to increasingly profound levels of therapeutic understanding, enabling the student to venture into deeper psychic territory with the patient treated. Over the course of time, a supervisor and supervisee evolve in their relationship through three or four stages -- each stage calling upon the supervisor to play a different role in response to the changing needs of the supervisee. This approach describes the evolution of the supervisory relationship, and, taking into account the natural process of the relationship, prompts the supervisor to be sensitive to these different stage-specific needs of the supervisee. Hess (1987) recommended the developmental approach to supervision as the best strategy to take into account the supervisee's learning, thereby

addressing increasingly sophisticated needs. Hess (1987) unlike the other authors mentioned above, theorized that the supervisor was progressing through stages in the relationship as well. The four stages of the supervisee and the three of the supervisor are all characterized by a simultaneous growing familiarity with one another and an increasing confidence in their roles.

In a similar vein, Fleming and Benedek (1966) conducted an exhaustive study on the process of the supervisory relationship in a psychoanalytic milieu by tape recording four supervisory couples for a period of an average of 100 hours. Their findings revealed that each phase was characterized by different learning objectives and tasks.

Casement (1991) recognized that the student therapist passes through three distinct phases whilst undergoing training. He marked the initial phase as one where the student has limited resources to draw upon in terms of understanding and carrying out therapy. In particularly stressful moments with the patient, the student "reverts to earlier modes of functioning that are familiar" (p. 31). The supervisor's "crucially important" response is to hold the student in such a way that supervision becomes a safe place to understand and contain what is being said by the patient. Provided the "holding" by the supervisor is "good enough", students will acquire their own capacity to reflect upon the therapy session in such a way that they can see themselves with the patient.

Casement (1991) proposed that the term, "internalized supervisor" sufficiently describes this mental space within which the students can oversee the therapeutic



relationship from a greater distance. Casement added that the third phase in the therapist's development is marked by a dialogue between the "external supervisor" and the "internalized supervisor". That is, the supervisor is no longer needed to hold the student so much as to interface with that part of the student who can see the therapeutic relationship from almost the same perspective as the supervisor (p. 32). In a sense, both supervisor and student become colleagues and equals, separate and unique at the end of the supervisory experience.

Fleming and Benedek (1966) likened the supervisory to the analytic processes: both moving through a sequence of initial, middle and end phases. These phases have been defined according to a sequence of learning objectives which correspond to the sequence of operations that an analyst goes through in functioning as an instrument in the therapeutic process. The implication of this important research is that the more attentive the supervisor is to the processes of the student, the more accurately the supervisor can respond to the needs of the developing therapist, thereby ensuring success in the therapeutic and supervisory relationships. This way of seeing the supervisory relationship as a dynamic, evolving one implies that the role of the supervisor, in response to the student, is simultaneously an ever-changing one.

### **The Initial Stage**

Ekstein and Wallerstein (1976) described a developmental approach to supervision as analogous to a chess match, whereby a "move" made by the student

prompts the supervisor to appropriately respond. The "beginning phase" is characterized by the supervisor and student evaluating one another's strengths and weaknesses. It parallels the pattern of the first interview of therapy, and is "not unlike the first dream which the analysand brings to the analyst, and which reveals the core of the neurosis". "The student's behaviour is such that it leaves very few choices to the supervisor, that is the supervisor must fit in with many of the givens of his supervisee, certainly at the outset of supervision" (p. 15).

Fleming and Benedek (1966) stipulated that the most fundamental aspect of any psychoanalytic alliance, be it supervisory or therapeutic, is the development of the analyst's attention to the patient. It could be said that they were also referring to beginning analysts' attention to their own unconscious processes, and that self-awareness could in some way be acquired *both* in supervision and analysis (p. 85). They declared that developing a "therapeutic ear" is a cardinal achievement, in light of the fact that the student may be undergoing such turmoil in the beginning phase. One possible scenario representing difficulty was described thus: "Some student-analysts have not succeeded in integrating childhood reality limitations with childhood wishes nor in differentiating childhood hopes from adult reality limitations, so that the position of learner is felt as a narcissistic blow to be defended by secrecy and obscurity" (p. 89).

In general, Fleming and Benedek (1966) cited examples of beginning supervisees re-experiencing early childhood conflicts and anxieties related to starting a new process. Hess (1987) expressed similar views. He characterized the first stage

to be one of "inception," where various fears and fantasies are activated. Hogan (1964) identified the issues at this stage of the student's development in supervision as "insecurity-dependency". Similarly, the supervisee was observed by Hess (1987) to be dependent on the supervisor, assuming a subordinate, "pupil-like" role in the relationship. Stoltenberg (1980) also noted that the trainee is "dependent on the supervisor; imitative, neurosis-bound, lacking self-awareness and limited in knowledge and skills" (p. 52).

As a resolution to the student's state of not knowing, all these writers agreed that the supervisor responds with a facilitative, supportive, but yet challenging relationship, only to the extent the student's "fragile" ego will tolerate. This supervisory relationship helps the student progress to the next phase.

### The Second Stage

Hess (1987) called this stage "skill development," where the student adopts particular skills. There is a simultaneous lessening of dependence on the supervisor with a more complex understanding of therapeutic issues. Dewald (1987) noticed a greater openness on the student's part to share notes and observations without fearing the supervisor's judgement. There is greater ease between the two, as a result of working through the supervisee's issues of dependence vs. independence. It is implied that the student resents the knowledge of the supervisor, and also the felt dependency. Fleming and Benedek (1966) identified the student's task in this phase as working with the transference of the patient, while the supervisory

relationship is simultaneously being worked through. They described it as a "working through of interpersonal conflicts between supervisor and student, taking the form of defensive behaviours" (p. 127). Stoltenberg and Delworth (1988) also classified this stage as one where conflicts arise out of the supervisory and therapeutic relationships, superimposed on a growing need for independence. They also observed that the student in this stage becomes more self-assertive and less imitative (p. 70). Hogan (1964) saw this stage of the student's development to be "dependency vs. autonomy".

Again, the writers discussed here agreed that the supervisor's identification of the student's issues is important to a nurturing, growing experience. However, at this stage, support and nurturance are not needed as much as confrontive interventions (Stoltenberg & Delworth, 1988). The trainee's ego strength is sufficiently developed to take on more sophisticated, demanding tasks.

### **Stage Three**

Hess (1987) called this stage "consolidation" in that the student grows into a kind of self-knowledge of strengths and weaknesses. In other words, there is a consolidation of professional identity occurring simultaneously with a growing independence from the supervisor. Hogan (1964) corroborated this stage as one of "self-confidence" (p. 140). Dewald (1987) and Fleming and Benedek (1966) noted, however, that upon the termination of the supervisory relationship, the main therapeutic issue for the student is termination. But it is with a gained inner

strength, reminiscent of Casement's (1991) "internalized supervisor", that accompanies the therapist into complete and utter autonomy. In response to the supervisee's growing independence, the third stage marks a shift in the supervisor's role to less active direction and more silence as the supervisee is encouraged to become more independent (Stoltenberg & Delworth, 1988, p.15). It should be noted that the developmental approach to supervision outlines the *successful* passage of the student novice to professional. It seems that very little literature exists on the unsuccessful supervisory relationship. Lamb, et al (1982) speculated, however, that marginal interns, "often overly preoccupied with issues of competency, would experience difficulty integrating into the training site, have a distorted sense of their strengths and limitations, and thus not be able to proceed through the other stages of the internship" (p. 668).

What seems to characterize the approach to viewing the supervisory relationship as a developmental one is that the student's drive for independence from the supervisor is contingent upon the supervisor adequately responding to the student's changing needs, until an "internalized supervisor" (Casement, 1991) can take over. Rubin (1989) postulated that the success of the supervisory relationship is contingent upon the interplay between the capacities or needs of the supervisees and those of the supervisors. Further, he suggested that the supervisor's acute sensitivity to the supervisee's experience at various stages of professional development helps to avoid impasses and defenses that arrest learning and growth. It should be emphasized that the change in the supervisee is brought about by a

change in the supervisor, measured by his or her attunement to the student and subsequent response (Hess, 1987). The dance that ensues between the two, seems to parallel that of the therapeutic relationship: Issues between both dyads dovetail and feed one another.

## 2.5 Winnicott's Developmental Theory of Play

In an effort to understand these developmental concepts on a more profound level, it would not be out of place to suggest a parallel between Winnicott's notion of the "good enough" mother initiating the baby's growing independence, and the developmental approach to supervision. Based on Winnicott's (1971, p. 54) theory of play, we can see that it is very much like the successful supervisory relationship whereby the supervisor encourages an objective understanding of therapy, but encourages experimentation and "as-if" situations that validate the supervisee's uniqueness and individual style. The experience of psychotherapy supervision and Winnicott's theoretical formulations seem to share the idea that a series of phenomena occur whilst "travelling from dependence towards independence" (Winnicott, 1971, p. 177). The capacity of the supervisor to "hold" or support the student seems to enable the therapist-in-training to acquire greater confidence and proficiency in therapeutic interventions. Davis and Wallbridge (1981) put it this way:

Although the 'holding phase' in Winnicott's theory is equivalent to the stage of being merged or of absolute dependence, ego-support continues to be a need of the growing child, the adolescent and at times the adult, whenever there is a strain which threatens confusion or disintegration. (p. 101)

As we have seen from the literature, the experience of learning a new profession

such as psychotherapy can indeed be strenuous and confusing to the therapist-in-training (Barnat, 1980; Stoltenberg & Delworth, 1988). It is therefore valuable to the student if the supervisor can offer holding or support during supervision.

To be sure, Winnicott's theories point to the notion that a *facilitating environment* or a supportive atmosphere could allow the child, patient or student to feel safe enough to search for what is meaningful to the individual. In this case, the task of the therapist-in-training is to be an effective mental health practitioner, while at the same time search for a psychotherapeutic style that is one's own. It is evident that the developmental approach to supervision supports the view that the supervisor should provide the student with a nurturing, facilitative environment in which to search creatively for psychotherapeutic competence.

It is interesting to note here that while most writers on the developmental view of supervision conceived of three stages, Hess (1987) saw four. The fourth phase was one of "mutuality," characterized by independence and most importantly, creativity (p.253). Creativity has been described by Winnicott (1971) to be a product both of playful activity and a successful relationship. I will qualify the word "successful" by Winnicott's statement, "it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 63). He portrayed its opposite to be "compliance" and declared the polarity to be either "living with meaning or futility" (p. 76).

In the first stage of his theory of play, Winnicott described the baby as merged

with the object. It is implied that there is a high degree of dependence on the mother, but rather than the mother encouraging this dependence on her, she is more oriented towards facilitating the baby's understanding of the object. Implicit in Winnicott's theory is that the baby's increasing knowledge of the object will move the infant farther away from the mother. This, paradoxically, cannot happen unless the mother's presence is felt by the infant. The baby's knowledge of the object is subjective, whereas the mother's knowledge of the object is real or actual. The mother's aim is to bring the infant's understanding of that same object to a semblance of reality (p. 54). We may see this "working through" quality in Winnicott's second sequence of play.

The object is repudiated, re-accepted, and perceived objectively. This complex process is highly dependent on there being a mother or mother-figure prepared to participate and to give back what is handed out...The precariousness of play belongs to the fact that it is always on the theoretical line between the subjective and that which is objectively perceived. (p. 59)

Initially, the supervisee's level of understanding the therapeutic relationship is imbued with a feeling of anxiety at not being an effective helper. The supervisee perceives the therapeutic relationship through subjective eyes at this point. The supervisee therefore depends on the supervisor's knowledge of the therapeutic relationship. But the supervisee grows increasingly ambivalent towards feeling dependent on the supervisor. Resolution of this ambivalence helps to usher in the second supervisory stage (Hess, 1987; Ekstein & Wallerstein, 1976; Stoltenberg & Delworth, 1988).

The second stage of supervision has been viewed as characterized by a stormy,



conflict-laden relationship between student and supervisor (Stoltenberg & Delworth, 1988). The previously discussed authors paint a picture of a student who paradoxically wants the knowledge of the supervisor, but also resents wanting it, perhaps because the student does not wish to perpetuate dependence on the supervisor (Hogan, 1964). In the second stage of supervision, the supervisee's resolution of this conflict is to search for a personal understanding of the therapeutic relationship, and acquire more skills as a result of this search, in an effort to gain more control and mastery in the therapy. But as the literature on supervision and Winnicott's theories suggest, it is important for both supervisee and baby to gain this mastery and control within the context or framework of the relationship. One may even go further to conclude that creativity, an expression of true independence (Winnicott, 1971, p. 63), is impossible without working out one's individuality in the context of *some* relationship, such as the one described by Winnicott. Similarly, the student's independence from the supervisor seems to be the motivating force to a state of separateness or "identity-formation" (Erikson, 1956, p. 156). But as we can also see from Winnicott's writings, this sense of independence characterized by mastery and control would be meaningless were it not framed within the supervisory relationship.

Winnicott (1971) described the third stage of play as to "be alone in the presence of someone" (p. 55). Further: "The child is now playing on the basis of the assumption that the person who loves and who is therefore reliable is available and continues to be available when remembered after being forgotten" (p. 55). If we

follow Winnicott's third sequence of play, we will again notice similarities in the third stage of supervision, as delineated in the previous discussion. The supervisee now has more or less resolved the conflicts within the supervisory relationship by way of developing unique therapeutic interventions based on the supervisor's teaching and guidance. It may be implied from Casement's (1991) notion that the "internalized supervisor" of the supervisee can relate to the supervisor more or less on an equal footing as they freely share ideas, theories and therapeutic material in an atmosphere of mutual trust and respect. Perhaps Casement had in mind the seemingly paradoxical relationship of being alone, but being together -- being creative and separate, but in the context of a relationship.

The parallels that may exist between Winnicott's theory of play and the developmental approach to supervision are presented in order to frame the supervisory relationship in a way that may facilitate a greater understanding of it. It is also presented to suggest that learning occurring with the therapist-in-training seems to be inextricably intertwined with the quality of the relationship developing between supervisor and supervisee. Perhaps we can say that any kind of learning may take place within the context of *some* relationship, where both teacher and learner change in response to one another.

It must be noted, however, that juxtapositioning Winnicott's developmental theories with supervision no way suggests that the supervisee is as helpless and infantile as the baby. Rather, it points to the notion that learning seems to be relational, and Winnicott's theory of play appears to sufficiently account for the

changes both supervisee and supervisor undergo.

## 2.6 Importance of the supervisory relationship

As we have just discussed, Winnicott (1971) suggested that effective and meaningful learning takes place in the context of a nurturing, supportive relationship. In addition to Winnicott, there are writers in the field of supervision who advocated that the theoretical orientation of supervision is not as important as the quality of the relationship between student and supervisor. One of these writers was Harkowitz (1958), who recounted the course of his psychiatric education to comprise six different supervisors. Incredible and possibly confusing this situation may sound, he observed that it was not these supervisors' theoretical perspectives that instrumented learning, but the quality of relationship that developed over the course of training. We may view Harkowitz's anecdote with some reservation, but we could ponder its essence. It brings us to an important question which has arisen in the past: What is of most importance in supervision, the relationship that develops between supervisor and student, or the learning and understanding of a theoretical perspective in psychotherapy? As we have previously discussed in light of the developmental approach to supervision, one cannot learn without the context of a relationship. The literature seems to suggest that the quality of the supervisory relationship very much affects the learning of the student. Without the supportive, nurturing atmosphere generated by the supervisor, any teaching may be fruitless.

In the same vein, since the aim of all psychodynamic psychotherapy

professionals is to facilitate emotionally corrective relationships with individuals seeking change in their lives, it may not be out of place to suggest that the supervisory relationship be a blueprint for understanding the therapeutic one. In other words, supervision may not just be the acquisition of theoretical knowledge and therapeutic skills, but of equal importance may be the relationship that is developing while this acquisition is being made by the student. It may be said then that the process by which supervision is conducted, via the relationship, is crucial. The supervisory relationship is not just a means to the end, but the means may be the end. Springmann (1989) corroborated that, based on therapists' numerous accounts, a correlation existed between supervisory relationships and therapeutic results. Further, the supervisors' going on vacation was "frequently accompanied by therapists subsequently reporting exacerbation of symptoms in their patients" (p. 223). This is not to discount the need to investigate the other variables of supervision, but rather to emphasize the interrelatedness existing between the personalities of the supervisor and the supervisee, and the theoretical discussions taking place between the two. Contrary to this dynamic perspective, Mead (1990) acknowledged that both patient and supervisee do indeed pass through stages of development, but the characteristics of these stages do not change from one individual to another:

When we have identified supervision variables that lead to predictable changes in therapist behaviours, it will be necessary to show that the changes in therapist behaviour are related to changes in client behaviours. Then, if the supervision variables that predict therapist changes can be manipulated, we can begin to control the supervision process in order to more consistently produce capable and competent therapists. (p. 3)

It is not surprising, based on Mead's statement of purpose previously cited, to read

further that "the purpose of supervision is to change the behaviour of trainees to resemble the behaviour of an experienced expert therapist" (p. 4). Focusing on outward behaviours of the supervisee seems to be in direct opposition to other theories of supervision, where a deeper understanding of the therapeutic and supervisory relationships will manifest these behaviours for which Mead aimed.

### 2.7 The Goals of Supervision

As previously mentioned, the purpose of supervision is to know how to "do" psychotherapy better, in the critical presence of an "expert". This is a very broad ambition, and does not delineate the specific role supervision plays in the overall education of a therapist. Springmann (1989) suggested that supervision is important because students often become emotionally involved and caught up in the interaction with patients, thus creating blind spots to the process of the therapeutic relationship. The supervisor is one step removed from that relationship, but still in vital contact, lending ability to divine aspects that the supervisee was initially unable to see.

Fleming and Benedek (1966) described supervision as a place to work toward integrating clinical practice with theoretical understanding. On a deeper level, however, they hinted that the learning goal for the student in supervision is the development of self-awareness. One may infer that they were suggesting that students develop the capacity to observe themselves more or less objectively and to become more aware of their own processes which may obscure the patients' material. Barnat (1980) concurred, by reflecting on his developed self-awareness during the

course of his supervision as "one of the greatest tools to being a therapist" (p. 58). Learning at this level can be compared to the therapeutic experience of "working through" in which defenses against change are gradually eroded, permitting "shifts of energies, modifications of structure and development of mature modes of experiencing" (Fleming & Benedek, 1966, p. 6).

Ekstein and Wallerstein (1976) discussed the dilemma inherent in a psychotherapy training program. They noted that it is important to instill in the student practical skills of intervention, active listening, and the writing of process notes -- all of the tools necessary to "make" an effective psychotherapist. But yet, they added, it is also important for the supervisor to encourage students to tap into their own creative well for the purposes of exploring the patient's world and its theoretical implications. They advanced that it should be the goal of the supervisor to "teach creative expression and technical skill, as both represent aspects of our teaching ideal" (p. 26).

We have discussed that facilitating creative thinking in the student is important, as it fosters independence, and innovative approaches to the therapeutic situation. How does a supervisor go about creating an atmosphere conducive to creativity and a state of play in the supervisee? Fleming and Benedek (1966) have just suggested that "teaching" creative expression is all that is needed for the student to work creatively as a therapist. Is that enough? Pierce and Schauble (1970) did not think so, based on their research that focusing on personal growth in the trainee was more effective than didactic approaches. This seems to suggest then, that the

goal of the supervisor should not be so much to instruct as to encourage the supervisee to explore the therapist-patient relationship in a creative and meaningful way within the frame of the supervisory hour.

This approach of focusing on the personal growth of the student is reminiscent of the client-centered approach to supervision, described by Rogers (1957) and Truax and Carkhuff (1967). They recommended that a supportive and encouraging atmosphere be the hallmarks of supervision. Rogers (1975) later explained that in the client-centred approach to supervision, the student is asked to focus on the experience of being in a "real" relationship with the patient being treated. The supervisory space would be the forum in which to do so. Since Rogers theorized the individual to be fundamentally motivated toward growth and differentiation, it is further assumed that they will explore unknown, anxiety-producing areas of self *if* conditions of safety and encouragement are established. Rice (1980) and Barnat (1980) contended however, that this approach to supervision of focusing more on the trainee's own feelings and attitudes in relation to the client rather than examining actual responses and their probable effects neglects the important aspect of exploring technique and interventive skills.

From a psychoanalytic viewpoint, Dewald (1987) recommended that the goal of supervision is to "impart to the candidate a minimum core of psychoanalytic technique as applied to the particular patient under study." He listed subsidiary goals as: developing the candidate's personal identity as a psychoanalyst; fostering a sense of pleasure and creativity and helping to increase the capacity for curiosity as well

as surprise (p.13).

Langs (1976) identified one of the goals of supervision as facilitating students' acquisition of therapeutic skills, enabling them to be effective with patients using these same basic techniques. But at the same time, Langs added that student therapists must learn to vary these techniques to cater to the special needs of each patient, but yet to avoid modifications and deviations in technique which may compromise the patient's well-being. He stressed that it is also important to respect the therapeutic framework and ground rules.

Despite the ambitious ideals and goals that the literature seems to suggest supervisors have for their students, Blumenfield (1982) noted how little prepared they really are to carry them out. He expanded that while, on the whole, these supervisors are generally effective with students, each supervisory "couple" discovers styles and techniques of supervision that work best for them (p. 1). This seems to imply that goals are fluid and contingent on the levels of development of both student and supervisor, rather than ascribing to pre-set goals and learning objectives from outside agents, such as the training institutions or the university. Further to this notion, there is the viewpoint that supervision is conducted without a model in mind, much less one that echoes the psychotherapeutic philosophy (Langs, 1979; Ekstein & Wallerstein, 1976). Perhaps we can say that supervision may more accurately reflect the supervisor's personal tastes and personality than any kind of structured model.



## 2.8 The Role of the Supervisor

Alonso (1985) saw supervisor tasks as falling into three categories, as they correspond to the varying needs of the students. The tasks are as follows: (1) a cognitive and primarily didactic process; (2) an emotional growth experience for the maturing clinician; and (3) an interpersonal process that focuses on the "empathic connectedness between the concerned parties" (p.13).

In the first category (cognitive), Alonso explained that the student assumes a passive position to the supervisor's transmission of knowledge, without much concern for the phenomenology of the supervisee. The second category (emotional), is explained by Alonso as the supervisor taking on the task of assuring the development of the student from novice to expert by emphasizing emotional growth. In doing so, the supervisor facilitates a kind of maturational process, as the student develops a simultaneous awareness of self and professional identity through encouragement for personal reflection and articulation of feelings. The supervisor consequently becomes a mentor and almost therapist to the student. Alonso's third category stipulated a middle ground between the didactic and emotional approaches to supervision.

Writers placing the supervisor's role in this category stress an integration of the two, whereby supervision is "not quite therapy, but not quite teaching" (Ekstein and Wallerstein, 1976). Other writers, including Fleming and Benedek (1966), identified the integration of the two poles as the "syncretic dilemma" (p. 15), namely, the conflict between the pedagogic and therapeutic roles of the supervisor. If we compare the developmental approach to supervision with Alonso's theories, they

seem to be suggesting that the student's growing needs and simultaneous self-awareness should be responded to by the supervisor in such a way that it not only appeals to the student's needs, but initiates movement on to a more complex level of tasks. One may be reminded here of Ekstein & Wallerstein's (1976) "chess match" (p. 20).

Hess's (1987) view of supervision as being fundamentally a relationship implies that the supervisor, rather than adhering to a theoretical dictum, responds to the supervisee in whatever capacity or role is needed to facilitate therapeutic understanding. However, paradoxically, Hess (1980) also emphasized that it is essential to structure the supervisory relationship. In an unstructured human relationship, the rules of which are largely unspoken, the goals remain a guessing game. He noted that it was insufficient to structure the supervisory hour with goals and theoretical or philosophical orientation. He stipulated that optimal effectiveness was produced by identifying the roles the supervisor might assume with the supervisee. Each of Hess's six identified supervisor models involve a different goal and relationship to the supervisee. They are as follows:

**TABLE 1     HESS'S RECOMMENDED SUPERVISOR ROLES**

<b>Model</b>	<b>Goal</b>	<b>Relationship</b>
Lecturer	Convey global conceptual schemes and technique. Generates enthusiasm.	One to mass audience
Teacher	Teach specified content and skills within programmatic scheme	Superordinate to subordinate
Case review	Explore ways of thinking and relating to cases.	Elder to younger
Collegial-Peer	Support and gaining a different, unforced view	Equals in shared intimacy
Monitor	Maintain at least minimally acceptable levels of service.	External censor, evaluator
Therapist	Help psychotherapist grow and reach new levels of adaptiveness with self and clients.	Benign supervisor, trusted model

(Hess, 1980, p. 17)

Hess explained that these models of supervision conducted within the psychotherapeutic milieu are selected by the supervisor in response to the varying nature of material presented by the student. The "lecturer" role was designed for situations other than individual, but these other models are chosen by the supervisor to optimize the performance of the supervisee, according to the student's current

needs and concerns. Another factor determining what role the supervisor will assume within the supervisory relationship is the supervisor's personal style and comfort with one particular model over another.

In a later paper, Hess (1987) clarified that particular supervisor roles such as those listed in Table 1 may correspond to particular developmental stages in the student's training. For instance, he suggested that at the first stage of supervision, as discussed earlier in this chapter, students are dependent on the supervisor, and as a result, rely on the supervisor to guide them. According to Hess, the "pupil-like" stance of the students is responded to by the supervisors in the role of teacher, resembling that of a "master-apprentice" dyad. Later on, at stage two, the supervisor may assume a less directive role, in response to the students' growing independence. During this stage, Hess (1987) hinted that therapeutic issues with students require a less global approach; and instead the supervisor may zero in on specific areas requiring attention. The supervisor's role at this stage, therefore, is one of a consultant, less didactic, but nevertheless supportive and confrontive. The third stage according to Hess (1987), is characterized by a prevailing sense of "mutuality", wherein the student's independence prompts the supervisor to interact as a peer, or professional colleague. Fleming and Benedek (1966) echoed that the supervisor's role must be flexible, where "some tasks lend themselves more to a didactic approach, depending on the student's needs" (p. 10).

## 2.9 Discussion

The majority of writers reviewed here have acknowledged the importance of the supervisee learning the theoretical aspects of therapy in the context of supervision. These writers have also hypothesized that the quality of the supervisory relationship will, to varying degrees, facilitate the supervisee's learning of theoretical and therapeutic issues (Ekstein & Wallerstein, 1976; Hess, 1980, 1987; Stoltenberg & Delworth, 1988). This is not to diminish the importance of teaching concepts in supervision, but the literature seems to imply that the supervisor's skillful interplay between teaching and working through of aspects in the supervisory relationship will facilitate the student's theoretical understanding. Perhaps one can say that the optimal attitude lies in a balance between teaching and emotional experiences, resulting in unique theoretical formulations (Newman, 1986).

Similarly, Abroms (1977) suggested that supervision be best perceived as a *third* process, distinct from personal therapy and traditional education, but yet integrating the two polarities into a new combination. It is also important to understand that one does not replace the other. Rubin (1989) emphasized that supervision is not, nor can it be, therapy. But he advised that perhaps the sensitivity and perceptiveness needed to be a good therapist can be borrowed by the supervisor to more accurately pinpoint issue(s) the student therapist is dealing with and intervene accordingly.

Based on the discussion of Winnicott's theories, we have observed that the supervisory relationship could be seen to echo some aspects of the mother-infant

dyad and the "potential space" that exists between them. The objective of the supervisory and the mother-infant relationships is the same: a movement from a state of dependence to one of independence. The supervisory situation seems to recall earlier experiences when the student was dependent on a caretaker or parent. Perhaps to enhance the supervisory experience for students, one might regard the space between the supervisor and student as a "potential space" (Winnicott, p. 126). He suggested that the caretaker, be it therapist, parent or supervisor, create an atmosphere of trust, so that the individual being cared for may have the confidence to achieve a sense of autonomy. It must be emphasized that the supervisee's independence from the supervisor is quite different from the baby's. But certain parallels can be seen to the extent to which the student therapist is once again in a dependent state, this time in relation to the supervisor, due to the former's inexperience in the field of therapy.

To begin with, students must have some degree of confidence and trust in the expertise of the supervisor. If this does not happen, there can be no helpful relationship. Furthermore, students must believe in the reliability of the supervisor. "Here, where there is trust and reliability is a potential space, one that can become an infinite area of separation, which the baby, child, adolescent, or adult may creatively fill with playing, which in time becomes the enjoyment of the cultural heritage" (Winnicott, 1971, p. 127). Perhaps we can say that the potential space in supervision is a place where the student can develop his or her professional identity and autonomy. Winnicott (1971) added that creative play is the method by which

one works through separateness and autonomy in this potential space:

In the potential space between the baby and the mother there appears the creative playing that arises naturally out of the relaxed state; it is here that there develops a use of symbols that stand at one and the same time for external world phenomena and for phenomena of the individual person who is being looked at. (p. 128)

It seems that if some semblance of "potential space" were to be created in the supervision room, the supervisor would strive to initiate a state of relaxation in the student that Winnicott (1971) recommended:

In the relaxation that belongs to trust and to acceptance of the professional reliability of the therapeutic setting (whether it is analytic, psychotherapeutic, social work, architectural, etc.), there is room for the idea of unrelated thought sequences which the analyst will do well to accept as such, not assuming the existence of a significant thread. (p.65)

To be sure, the unrelated thought sequences of the student may only be tolerated by the supervisor to a certain extent before the function of supervision is lost in a web of free association and wayward meandering. But there may be something of worth in Winnicott's recommendation, for our purposes. Indeed, the art therapist-in-training would be more receptive to the guidance of the supervisor if there existed in supervision, an acceptable level of frustration and challenge in which the student can function. This point should not be emphasized to any great length, but it is presented here to illustrate that there are certain considerations the supervisor should make in order to introduce a kind of "potential space" in supervision.

It is implied by the literature in psychoanalytic and psychotherapeutic supervision that the student has an inherent desire to grow into an independent professional. But paradoxically, this growth into independence cannot seem to occur

*without* the supervisory relationship. We have seen that the supervisor plays a large role in this relationship, not just to teach concepts and theories, but to support and encourage. The developmental approach to supervision could provide both supervisee and supervisor with a loosely marked road map that points to what may lie on the horizon (Hess, 1987). This approach may also serve as a guide for the supervisor to respond to the student's needs and concerns in a way that would initiate professional growth and competence. Within this framework, the supervisor may employ any role, be it teacher, consultant or collegial-peer, to facilitate this growth. Casement's (1991) "internalized supervisor" and Langs' (1976) "self supervision" may be helpful concepts for beginning therapists in their development of a sense of independence and autonomy. Casement elaborated his concept of the "internalized supervisor" this way:

I regard playing as one of the functions of the internal supervisor, and it is through this that the therapist can share in the patient's creativity. It is also here that he can discover a balance between what he knows of the nature of the unconscious and the pitfalls of premature assumption. (p. 35)

While reviewing the literature on supervision, at least two key questions come to mind: What constitutes learning in the supervisee, and how does supervision in psychoanalysis and psychotherapy address issues on creativity -- an important aspect of art therapy? The answer to the first question is not a simple one. As we have seen, it is important for the supervisor to respond appropriately to the supervisee's concerns, anxieties and needs with the acquisition of more sophisticated therapeutic skills. The developmental theory of supervision seems to take into account the ever-changing needs of the supervisee, and, subsequently, the supervisor's accommodation



to these changing needs. Also, this theory regards the supervisory relationship as a fluid one: growing and evolving. According to the literature, the student learns as a result of the supervisor's acute assessment of the student's present capabilities and needs.

In response to the second question, as previously suggested, Winnicott's (1971) theories extend the discussion of the developmental approach to supervision. He focused on the quality of relationship developing between parent and infant, or therapist and patient. His observation that creativity is a product of trust and acceptance is also viewed as an essential tool which enables the child or patient to discover the self (p. 63). It is implied here that creativity is intrinsic to any true relationship. Therefore, Winnicott's theory would be a useful paradigm for the supervisory relationship. The next chapter will include a discussion of Winnicott's theories in relation to art therapy supervision.

## CHAPTER III

### THE PRESENT STATE OF ART THERAPY SUPERVISION

*Psychological theory must be recast into the language of art so that psychodynamics can be felt and comprehended within a nonverbal frame. (Robbins, 1981 cited in Rubin, 1987, p. xvi)*

#### 3.1 Introduction

In the last chapter, we explored the way in which the quality of the supervisory relationship could facilitate the student's understanding of theoretical and clinical concepts. We also discussed the notion that a "successful" supervisory relationship could be measured in terms of the student's increased proficiency in carrying out therapy within the practised therapeutic modality (Langs, 1976). The literature on the developmental approach to supervision is one perspective that articulates the passage from student to professional in various stages, and this approach also recommends what role the supervisor could assume in response to the student's evolving therapeutic concerns. We have seen that it is a very dynamic model, which attempts to explain the changes the student undergoes during training. These

changes, both intellectual and emotional, are manifested in the supervisory relationship.

One could almost envisage a parallel process occurring between both the therapeutic and supervisory dyads. Rich material issuing from the therapeutic relationship arrives on the doorstep of the supervision room, requiring the student therapist to work through similar issues with the supervisor as with the patient (Ekstein & Wallerstein, 1976, p. 177; Case & Dalley, 1992). Also, the same can be said of the supervisory relationship as it could affect the therapeutic relationship (Springmann, 1989). All in all, the literature from psychotherapeutic and psychoanalytic perspectives seems to point to the idea that the supervisory relationship is a powerful and meaningful one for the student therapist.

As we discussed, the developmental approach to supervision is one perspective emerging from the psychoanalytic/psychotherapeutic literature that acknowledges the supervisory relationship to be a dynamic one. As dynamic as the developmental approach to supervision evidently is, what seems to be lacking in its discussions is the notion of creativity. We can surmise that supervision in art therapy should be a creative experience, in order to understand the creativity that is implicit in art therapy (Robbins, 1989; Wadeson, 1989). It stands to reason then, that creativity should be a central aspect of the supervisory relationship. Let us not forget Wadeson's (1989) critique that "the distinctive essence of art therapy -- art expression for the enhancement of human growth -- is utilized so little for the development of the art therapist" (p. 375). This perspective suggests that art therapy supervision

could be much richer if art making activities were integral in its practice. But rather than just simply introduce art making in supervision, it is of utmost importance that we place it in some sort of paradigm, in order to understand how these images can facilitate the student's understanding of the therapeutic relationship and its theoretical implications. Rubin (1987) emphasized the importance of art therapists working within some theoretical perspective, which could extend to implications for art therapy supervision:

If art therapists are to function as sophisticated members of any clinical or educational team, it is vital that our comprehension of any theoretical stance be as deep and clear as that of other professionals. Theory is only meaningful and worthwhile if it helps to explain the phenomena with which it deals in a way that enables us to work better with them. Theory and technique should go hand in hand: the one based on and growing out of the other, each constantly modifying the other over time. Although this may sound too intellectual for most art therapists, it may be as important to the continued development of our field as defining the 'basics'. (p.xvii)

As was suggested in the last chapter, to "do" something creative such as art making is not necessarily sufficient to tap into the creative well of the student. Rather, Winnicott's (1971) theories suggest that creativity could be implicit in the relationship, as it is between mother and infant -- or supervisor and student. The similarities between the Winnicottian (1971) mother-infant dyad and the developmental approach to supervision have been discussed in some detail: Winnicott's ideas do seem to extend the developmental approach's discussion of the supervisory relationship into the realm of creativity. In this chapter, we will look at the possibilities of borrowing some of Winnicott's ideas of play and "potential space" (p. 126) to apply to art therapy supervision. But first let us turn our attention to the

literature of art therapy supervision.

### 3.2 Overview of Art Therapy Supervision Literature

Curiously, not many writers of art therapy supervision envisioned its practice to be a creative experience. That is to say, they did not place creativity at the centre of their discussions on art therapy supervision (Edwards, 1989; Rubin, 1984). There are other writers, though, who recognized the importance of creativity in art therapy supervision, expressing more of a recommendation than a proposed model.

The creative process thus engendered can bring about mutual growth, and in the process, will reflect the deepest goals of art therapy. (Marion & Felix, 1979, p. 40)

We may see a similar concern expressed in Shaun McNiff's (1986) recommendation:

The creative arts therapies must initiate art-based modes of communication within supervision. In art therapy supervision, students and supervisors can create artworks expressing their perceptions of what is happening within relationships with clients. This process can also be applied to the supervisory relationship (p. 163).

Without a doubt, the preceding passages reveal a desire to incorporate art therapy processes into the practice of supervision, but this sentiment does not seem to translate into an in-depth investigation of formulating a supervisory model. Marion and Felix (1979) hypothesized that supervision in art therapy is a process often taken for granted by many clinicians and educators. They postulated that art therapy supervisors resort to "traditional" modes of conducting supervision because there are no alternative models available (p. 37). Problematic in the preceding recommendations and the claim that there are not alternative models available, is the

sense that art therapy professionals seem to be waiting around for others within the field to formulate a model of art therapy supervision. This kind of attitude could account for the dearth of literature in art therapy supervision.

Durkin, et al (1989) as well as McNiff (1986) offered another reason for art therapists' readiness to utilize more traditional models of supervision. They speculated that art therapy interns are often assigned to placements in which they are supervised by mental health workers who are not well informed concerning the dynamics of working with images. They asserted that this results in a situation where a student art therapist accustomed to art making professionally and personally is not given the creative opportunity to use it as a learning tool in supervision. This suggests a split in the art therapist's professional existence: the employment of creative art making techniques both in therapy with patients and with oneself, but not used as a learning tool in supervision. Does this connote that the image is not relevant nor powerful enough to be implemented in supervision?

In contrast to the attitudes presented from the preceding writers, Durkin, et al (1989) investigated the possibility of incorporating creativity into supervision by way of art making and journal writing. They explored this practice with an eye to working towards devising a model of art therapy supervision as a tool for the student to understand both the supervisory and the therapeutic relationships.

Two student-supervisor dyads decided to examine the supervisory format of art therapy, incorporating the exchange of journal writing and art making throughout the internship to discover a more appropriate model of supervision and its impact upon the supervisory process. (p. 390)

Indeed, this seems to provide evidence of a search for a more appropriate model of art therapy supervision, utilizing creative methods in its practice.

Theoretical speculations in art therapy supervision literature seem to span the spectrum from promoting a very psychological viewpoint to a more aesthetic one (Marion & Felix, 1979). This contrasts with the psychoanalytic/psychotherapeutic literature which is distinguished by varying psychological theory (Hess, 1980 [psychodynamic]; Mead, 1990 [behavioral]; Dewald, 1987 [psychoanalytic]). It is interesting to note here that despite the variety and richness of psychological viewpoints advocated by numerous art therapists in literature on therapeutic interventions, this richness does not seem to extend to literature on supervision<sup>1</sup>.

The art therapy supervision literature abiding in the psychological sphere of the aesthetic-psychological axis does not seem to champion any one psychological school. As a result, the text takes on a rather generic quality -- psychological to be sure, but the theoretical framework is not clear (Marion & Felix, 1979; Edwards, 1989). In other words, it is not evident as to *what* particular psychological perspective the writers of art therapy supervision literature espouse. This may be an important distinction to note between the supervision literature in the psychoanalytical/psychotherapeutic domains and that in art therapy, but its uncertain implications are uncertain. One may deduce from the literature that art therapy supervisors either do not necessarily extend their own theoretical perspectives to the

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<sup>1</sup> One of the best sources in which to appreciate the richness of theoretical perspectives in art therapy, is *Approaches to art therapy, theory & technique*, ed. Judith A. Rubin. (1987, New York) Brunner/Mazel, Publishers.

supervision room or that they have priorities outside a psychological framework. One may also conclude that the existing psychoanalytic/psychological perspectives are incapable of accommodating the art therapy process. Calisch (1989) contended, however, that existing psychotherapeutic models *can* accommodate the "multiple parts" of art therapy supervision. She advanced the notion that blending theories, namely psychodynamic, interpersonal, person-centred, behavioral, to form a "hybrid" of sorts, best serves the needs of the supervisee. It is not specified in the article, though, *how* art therapy supervision is more multidimensional than any other kind of supervision, apart from the assumption that the art element adds to this multiplicity.

Near the midpoint of the psychological-aesthetic axis, some writers have expressed discontent with psychological theories alone to account for what happens in art therapy supervision (Robbins, 1981 cited in Rubin, 1987; Wadeson, 1987; Rubin, 1987; Calisch, 1989; Durkin, et al, 1989), while others have drawn theoretical positions from aesthetic frameworks to better explain practice (Robbins, 1987; Wadeson, 1987, Wilson, 1984).

Descriptive articles or papers which recount the passage from novice therapist to a more confident professional, constitute part of the body of art therapy supervision literature (De Knecht, 1978; Durkin, et al, 1989; Wilson, et al, 1984). Another element present is prescriptive literature, which attempts to make recommendations for practices in supervision (McNiff, 1986). Statistical literature which discusses findings from surveys or studies does not seem to exist in the field



of art therapy supervision. The survey conducted in this thesis is thus timely. Currently, many writers in the field of art therapy are searching for theoretical foundations which explain and describe the phenomena occurring between therapist, patient and artwork. But training issues such as supervision do not seem to be discussed with the same vigour and urgency.

As previously mentioned, Rubin (1987) recognized the importance of fusing theory with clinical application. But it is a moot point as to whether the search is for *one* unifying psychological theory of art therapy supervision, or if there are other criteria being considered in this quest.

### 3.3 Developmental Approach to Art Therapy Supervision

As was presented in the literature in psychoanalytic and psychotherapeutic supervision, the developmental approach emerges in art therapy supervision literature. One of the more vivid and influential accounts of art therapy supervision was authored by Wilson, et al, (1984). Their article, titled "Art Therapy Supervision: Part I, Part II, and Part III" traces the developmental stages of the art therapy intern. The focus of the article was not just to identify the three developmental stages which the training art therapist goes through, but to recommend skills and techniques the supervisor should possess in order to adequately respond to these phase-specific needs. Wilson, et al's (1984) article inspired Durkin, Perach, Ramseyer & Sontag (1989) to apply these identified developmental stages in supervision by chronicling this process using creative art making techniques. In their chapter, titled, "A model

for art therapy supervision enhanced through art making and journal writing", they described how their evolving supervisory relationships were given visual form in their creative products.

### The First Phase

Wilson, et al (1984) described the beginning student as experiencing much anxiety at the outset of supervision. Symptomatic of this anxiety is a tendency to be hasty with the patient, wanting to know the meaning of a piece of artwork "immediately". There is a sense that the student is not attuned to the rhythm and timing of the patient and instead forges ahead with what the student perceives to be the agenda of art therapy. Wilson, et al (1984) hinted that the student acts out with almost stereotypical interventions in an attempt to allay fears of ignorance. It is therefore the student's task to learn to tolerate these feelings of not knowing as well as tolerating the patient's illness. The supervisor's response to this need is to encourage verbalization of the anxiety, as well as to invite the student to be more in tune with the patient, teaching observational skills.

We may see evidence of the student's "nagging self-doubts" and lack of confidence chronicled in Durkin's et al (1989) chapter, as the beginning therapist experienced difficulty maintaining boundaries between herself, the knowledge of the supervisor and the illness of the patient. It is noted that the student responded to not having clear self-boundaries, with a construction of a "barrier", but later reported that "maintaining the facade of 'everything's okay' began breaking down" (p. 398).

It may be implied that the problem of self-boundaries is symptomatic of "being flung" into the unfamiliar role of art therapist, where the student's own capabilities, skills or mastery are as yet unknown.

Once the student has felt reasonably confident and secure in his or her new role as art therapist, there is a move towards integrating theory with art expression. The student starts to carry out more adventurous interventions with the patient (Wilson, 1984, p.102). We may see evidence of this in Durkin, et al (1989), where they felt movement from one phase to a later phase when they no longer saw themselves to be passive, but as making progress with patients (p. 399).

### Middle Phase

Wilson, et al (1984) observed that during this stage, the student's relationship with the supervisor is more cohesive. This cohesiveness is expressed in terms of the student asking "riskier questions, trying more creative interventions and challenging the supervisor's interpretations" (p. 103). There is also a greater sophistication in using the image in therapeutic interventions. It is implied here that the stereotypic attitude the student had towards the art from the previous stage is replaced by an increasing sensitivity to the patient's images.

Wilson, et al (1984) also noted that during this phase, the supervisee's client experiences resistance to the therapeutic work, just as the student sometimes resists the supervisor's interpretations. As a result, the student must call upon more sophisticated interventions with the client to aid in some sort of resolution, while

vicariously resolving some impasses with the supervisory relationship. The response of the supervisor is to challenge the student into an awareness that some major systemic changes have occurred in the treatment.

Illustrating Wilson's et al (1984) observations that the student is exploring the supervisory relationship at this stage, Durkin, et al (1989) described an aesthetic exercise she engaged in with her supervisor:

At one point during the making of the picture, I felt daring and drew over a prominent image of Joanne's (*her supervisor*), just to see what would happen. In response to her wiping my chalk off, I felt pushed away and went home feeling that perhaps it's time to think about moving on. In staying with the image, my fears of being pushed away were alleviated as we discussed the importance of setting limits and the limitations of our relationship. This helped me learn to respect our separateness. (p. 405)

### Third Phase

The third or termination phase of supervision is characterized by Wilson, et al (1984) as a time of working on issues of separation for the supervisee, supervisor and patient. The authors viewed this period as a powerful, poignant time, a time where learning during the two previous phases culminates in the supervisee's own understanding of separation issues. Doing this would enable the supervisee to explore issues of separation with the patient. It is the supervisor's responsibility to encourage the student to explore issues of separation. The authors recommended that art making would facilitate tapping into the supervisee's fantasies. This exercise would serve a two-fold purpose: to facilitate the student's understanding of feelings; and to allow the student to learn a technique first-hand with the possibility of applying it to the patient (p. 105).

Both Wilson's et al (1984) and Durkin's et al (1989) account of the "termination phase" of supervision echoed the end of the supervisory relationship. As well, both drew parallels to issues surrounding the end of the supervisory and therapeutic alliances. Durkin et al (1989) described a picture she had made of her supervisor that illustrated her identity as an art therapist, separate from her supervisor. There are tones of triumph at this new-found professional identity:

I drew Joanne amidst a bright aura of energy and creativity, newer, fresh, blossoming flowers. In the picture, I am attracted to Joanne's eyes, which symbolize her openness, alertness, and curiosity. Yet her eyes are receptive as well; she allowed me into her world, grew from me, and permitted our relationship to be a mutual exchange. Perhaps I am the flowers, unfolding at her side, at my own pace. In Joanne's presence, my professional identity as an art therapist emerged. (p. 413)

We have seen from the last chapter's discussion on the developmental approach to supervision, that it is essentially characterized to be dynamic and evolving. Durkin et al (1989) and Wilson et al (1984) portray the art therapy supervisory dyad from this perspective to be no less dynamic. The parallels between the psychoanalytic/psychotherapeutic and art therapy literature are unmistakable. The first stage of development in the art therapy literature describes the student to be unsure of the boundaries between herself and the supervisor, as well as having a prevailing sense of anxiety and self-doubt. This view seems to corroborate Hogan's (1964) description of the student to be essentially struggling with "insecurity-dependency". Further, Stoltenberg (1980) highlighted the student's experience as "neurosis-bound, imitative and lacking self-awareness". This is illustrated very poignantly in Durkin's et al (1989) depiction of a "disguised" creature, as she fears

that her supervisor will "expose my true self and discover that I'm an impostor playing out the 'good student role'" (p.394).

The second stage in both bodies of literature seems similar. Both articles in the art therapy realm paint a picture of the student acquiring more skills and greater sophistication with a simultaneous increasing self-confidence. This concurs with Stoltenberg and Delworth's (1988) description of the student becoming more self-assertive. Both the psychological and art therapy literature depict the second stage to be one of conflict and turmoil within the supervisory relationship. This is no less evident in Durkin's et al (1989) account of a joint drawing, where putting marks on her supervisor's drawing represented an issue of self-boundaries.

In the last stage, the salient issue in both the psychological and art therapy literature is termination, with simultaneous feelings of greater independence. Again, Perach's depiction of herself as a "whole" person, separate from the supervisor, coincides with Hogan's (1964) classification of "self-confidence". It is interesting to note here that Perach's description of her drawing could also match Hess's (1987) fourth stage, characterized by "mutuality" and "creativity" (p. 253). It may be natural to assume that creative activities such as art making and journal writing would usher in a stage characterized by creativity, and ultimately, independence.

Doubtless, the articles by Wilson, et al (1984) and Durkin, et al (1989) are important to the field of art therapy supervision. One may see the evolution of ideas described in the later article, possibly influenced by the earlier one. What makes both articles important is that there is an acknowledgement that the supervisory

relationship is dynamic and powerful, with the capability of promoting understanding of the therapeutic relationship. It is important to note from the latter article that art making practices can be successfully implemented in the context of art therapy supervision. Durkin, et al (1989) made the point that a simultaneous working through of both the therapeutic and supervisory relationships were achieved:

As I learned to accept myself, my limitations and abilities, I also learned to accept and appreciate my supervisor and my clients better. I know my supervisor had helped me to be transformed, to grow more comfortable with myself, both personally and professionally. (p. 412)

#### 3.4 Goals of Art Therapy Supervision

McNiff (1986) and Rubin (1987) both recommended that the goal of art therapy supervision be the integration of theory with practice. Based on the previous statement, one would not be able to distinguish the art therapy practitioner from any other mental health professional, as this goal seems to be a universal one (Langs, 1976; Hess, 1980; Fleming & Benedek, 1966; Dewald, 1987). This goal, therefore, does not acknowledge the role that art plays in supervision. Unfortunately, this is more the rule than the exception when reviewing the literature in art therapy supervision (Edwards, 1989). On a more dynamic level, Marion and Felix (1979) proposed that the goals of supervision should accommodate changing populations, client settings and activities (p.40).

In comparison to Marion and Felix's (1979) viewpoint, we can observe that the goals McNiff and Rubin articulated have a rather intellectual tone, without mention of the expressive factor. In a different light, Robbins (1980) emphasized that the

goal of all beginning art therapists should be to synthesize their divergent identities of psychologist and artist: "There still remains the core of me that is the artist that has merged with the psychologist and discovered a new sense of wholeness and professional mastery" (cited in Rubin, 1987, p.xv). Case and Dalley (1992) concurred with Robbins (1980), McNiff (1986) and Rubin (1987) that art therapy supervision is a place to integrate disparate elements of theory and practice, but they added that it can be a separating-out process as well (p. 169). They were referring to the art therapist's task of differentiating between his or her countertransference<sup>2</sup> feelings from the transference<sup>3</sup> feelings of the patient, so that "the distinction may inform and aid the progress of the work rather than impede it" (p. 168).

### 3.5 Philosophy of Art Therapy Supervision

The literature on art therapy supervision seems to focus more on the unfolding therapeutic relationship than on making the process fit into a theoretical perspective. Doubtless, most writers espouse the view that theory is important, but only to the extent that it is used as a tool to describe the art therapy phenomenon. Robbins (1981) encouraged art therapists to "creatively respond to the patient. You feel and see as well as move with the complex melodies and rhythms of your patient's

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<sup>2</sup> Refers to the process by which the analyst or therapist transfers thoughts and feelings from his/her relationships onto the patient. By working with this process in supervision particularly, one can clarify and elucidate the progress of the therapeutic relationship (Case & Dalley, 1992, p. 243).

<sup>3</sup> Refers to the process by which a person in analysis or therapy displaces feelings on to the person of his or her analyst or therapist which were originally felt in relation to previous figures in the patient's life...In art therapy, one works with the twin concepts of transference to the picture as well as transference to the person of the art therapist (Case & Dalley, 1992, p. 252).



pathology, and you are not limited or defined by a particular theory" (p.316).

In the same spirit of diversity, Calisch (1989) suggested that an eclectic theoretical perspective of supervision be created to "fit its multiple parts" (p. 37), encompassing four clinical approaches: psychodynamic, interpersonal, person-centred, and behavioral. It was Calisch's hypothesis that eclectic blending adapts extremely well in the supervision of any psychotherapist. The implication of this eclectic viewpoint is that a more creative, fluid approach be taken, moving in and out of theories with ease, as they apply to patient material. Rubin (1987) on the other hand, stated that an "additive eclecticism", creating a collage of various theories to account for what happens in art therapy, is not the answer. Rather, she postulated that a more probable scenario to developing a model or theory of art therapy is that "it will eventually emerge from art therapy itself" (p. xvi). This remark which may be based more on hope than on concrete evidence, is perhaps felt by other art therapists who wish to see their profession distinct from other mental health professions. Her suggestion of a theory of art therapy "emerging" within the field seems to lack the notion of wrestling with concepts from other perspectives, of open forums with other professionals. These are events that no doubt have taken place in an effort to bring a more finely tuned definition to our field. However, they have occurred on a small scale, in which the majority of art therapists have not participated.

Stein (1961), an editor of a book on different types of psychotherapy, observed that "one school (of thought) might well have a good deal more to say about one specific type of patient than another" (p.7). One might conclude from this concept

that the more theories and approaches therapists and supervisors have in their repertoire, the more accurately they will be able to respond to the needs of their patients and supervisees.

Calisch (1989) recommended that the most pertinent models for art therapy supervision are the psychodynamic, interpersonal, person-centred, and behavioral models. She proposed that an eclectic blending of psychological models would lend greater flexibility to the supervisory service offered (p.38).

### **3.6 Role of the Supervisor**

McNiff (1986) distinguished the university faculty supervisor from the on-site supervisor in terms of responsibilities: "The university supervisor can be perceived as having primary responsibility for the student, whereas the site supervisor has primary responsibility for the clients that the student is working with" (p. 158). He suggested the need for close communication between these two supervisors so as to uphold some measure of consistent information. Further, he discussed the role the university supervisor plays as "teaching students how to ask questions" which promote self-examination on one's performance with the patient (p. 160), while being mindful of maintaining the distinction between supervisor and therapist. "The students should come to realize that the supervisor is there to help them with the specifics of their clinical work and not with their personal problems no matter how much these two areas may become intertwined" (p. 160).

The implication of this, is that McNiff sees the supervisor's role to be basically

fixed and static. Further, he seems to be more preoccupied with maintaining his boundaries as a supervisor, than focusing on the potential flexibility the role offers. Other writers do not uphold this position as rigorously as McNiff apparently does. Instead they seem to emphasize the supervisor's role of adapting and responding to the needs of the student in supervision (Marion & Felix, 1979; Rubin, 1984; Calisch, 1989). Without a doubt, it is important for the supervisor *to* maintain boundaries with the student, as boundaries could be seen to define the tasks the supervisor performs with the student. However, Betcher and Zinberg (1988) cautioned that there are hazards to the supervisor defining his or her role with the student too rigorously:

For the supervisor, participating in the teaching process is a sign of status and acceptance by the professional community. Rigidity and dogmatism often mask the extreme complexity and ambiguity of the supervisory experience. The discrepancy between the personal freedom inherent in what is being taught and the rigidity of the teaching process is often unacknowledged. For trainees, this conflict is far greater and more complex. They want to learn to do therapy, but doing it well entails exercising considerable freedom within the therapeutic situation. If they are taught how to perform in a fairly dogmatic way, their efforts to learn interfere with this freedom. (p. 800)

Almost all the art therapy writers acknowledged the many roles the supervisor assumes with the training art therapist (Rubin, 1984; Calisch, 1989; Marion & Felix, 1979), yet the specificity of these roles is not articulated in the detail that Hess's recommended supervisor roles (1980) discussed in chapter 2. Recently the American Art Therapy Association has published guidelines for art therapy supervision, some of which outline recommended professional and educational credentials for the art

therapy supervisor<sup>4</sup>:

Any person supervising an art therapist shall have been registered A.T.R. - AATA for at least two years prior to acting as a supervisor. Supervisors shall have a masters degree that covers the core curriculum and practicum hours in the AATA Educational Guidelines. (p. 11)

The Guidelines further detail that the supervisor is to "assess" and "observe the supervisee practising art therapy services" (p. 11). Although there is much room for interpretation as to what role the art therapy supervisor could assume with the student on an interpersonal level, the Guidelines seem to suggest that the supervisor's priority is to ensure that the student is caring for the patient in such a way that does not bring about damage:

If the supervisor has concerns about the ability of the supervisee to practice art therapy, it is his/her responsibility to share these concerns with the supervisee. The supervisor shall decide how to help the supervisee and, if that cannot be put into effect, the supervisor must not sign for the hours and terminate supervision. The supervisee should be encouraged to engage in further training before offering services to the mental health client. (p. 11)

If we refer to Hess's recommended supervisor roles in Table 1 from chapter 2, we can see that the art therapy supervisor, in this capacity, could be seen as the "monitor", with the goal of "maintaining at least minimally acceptable levels of service". The relationship that the supervisor has with the student in this role is one of an "external censor, and evaluator" (Hess, 1980, p. 17). The flexibility of the supervisor in response to the student's needs in supervision cannot be overemphasized. Yet, no less valid, is the role of evaluator, as articulated by the AATA Guidelines. To be sure, it is important within any mental health profession

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<sup>4</sup> Riley, S. (1990). "Recommended guidelines for art therapy supervision". American Art Therapy Association Newsletter. 23(4), p. 11.

to uphold standards of conduct, confidentiality, and ethical practice. Usually, the supervisor is the individual designated to monitor these standards (Ekstein & Wallerstein, 1976; Gauthier, 1984; McNiff, 1986).

It is interesting to note that most of the literature on art therapy supervision does not discuss the supervisor assuming the role of artist in some capacity. Durkin, et al (1989), is one exception, where both supervisee and supervisor engaged in joint drawings. Rubin (1984) expressed discomfort with the notion of initiating art making in supervision, citing there to be "role confusion" between therapist and supervisor in supervision (p. 159). Perhaps Rubin's sense of discomfort at not knowing whether she was responding in the capacity of therapist or supervisor is representative of many supervisors' concerns. But were we to integrate a more or less structured practice of art making into supervision, perhaps the boundaries between supervision and therapy might be more clearly delineated and the supervisor's comfort in encouraging art-making activities in supervision may be assured.

### **3.7 The Structure of Art Therapy Supervision**

McNiff (1986) declared that art therapy supervision is largely conducted using two methods: direct observation and the presentation of case materials. He added that sometimes video and audiotape presentations can be used to illuminate discussions of the therapeutic relationship between student therapist and supervisor. Rubin (1984) agreed that she often used direct observation, videotapes or audiotapes in "order to assess the student's clinical skills more systematically" (p. 160). She

emphasized that responding to the student's present needs would take precedence over any other agenda that she might have. This could entail recommending reading, direct observation of another art therapist, or viewing a film. It is implied here that the student structures the art therapy supervision hour, based on needs or concerns.

It is interesting to note though, that art making is not among the various learning techniques Rubin (1984) reported employing in art therapy supervision yet it was among her recommendations, "only when the need is strongly felt and the relevance of the activity seems clear" (p. 166). She avoided the use of art making in supervision, she wrote, because she found that the role conflicts between therapist and supervisor were "irreconcilable" (p.163). We have seen Durkin, et al (1989), on the other hand, advocating art making and journal writing in supervision. This practice, they suggested, allowed them to understand more profoundly the power of the image both in terms of self-understanding as well as a shared understanding between supervisee and supervisor that ultimately facilitated a deeper empathy with the patient concerned. Wadeson (1989) concurred that the advantage of art making in supervision is that it can enable the supervisee to explore various relationships, such as those with the supervisor, the patient, or problematic staff relationships. McNiff (1986) also recommended, without offering a system of how to go about doing it, that art therapists initiate art making in supervision.

Ekstein and Wallerstein (1976) noted that the recording process may change dramatically as skills develop and students may become engaged in "an entirely spontaneous" supervision process. They described how it takes a sophisticated and

experienced supervisor to approach supervision and teaching with flexibility and spontaneity. Case and Dalley (1992) asserted that the presentation of the therapist's process notes in supervision, which document in chronological order, what the patient said and did, "facilitates a deeper understanding of what is happening" (p. 168). We have seen from the literature in psychoanalytic supervision (Fleming & Benedek, 1966; Dewald, 1987) that this is the standard recording procedure for investigating the analytic relationship between analyst and patient. It is questionable, though, how a solely verbal mode of analyzing the art therapeutic relationship as Case and Dalley recommended, can lend a "deeper understanding of what is happening", when the art making activities of the therapist are not called upon.

In a later section, however, Case and Dalley hinted that the "internal image the therapist brings with her (to supervision) is the important thing" (p. 170). Curiously, the internal image they referred to is rendered in words, not paint, without entertaining the possibility of presenting this internal image in a more concrete fashion. Could it be that Case and Dalley (1992) were just as reluctant to engage the student in art-making activities as Rubin (1984), who perceived there to be a confusion of roles between supervisor and therapist? Whatever the reason, it is suggested on the whole, that supervision is no place for the creative art making activities of the art therapist-in-training.

### 3.8 Discussion

It is tempting to draw an analogy between an unfinished canvas and the state of

art therapy supervision, as evidenced by the literature. One could say that there are undoubtedly bold strokes of genius which stand out against a background of diffuse shapes and muted colours (Durkin, et al, 1989; Wilson, et al, 1984;). But amongst these background shapes are passages of quiet beauty that point more to an important verity about art therapy supervision than to an articulation of it (Calisch, 1989; Rubin, 1984; Wadeson, 1989; Marion & Felix, 1979). Its unfinished quality is due to the unresolved overall composition -- the area of art therapy supervision does not function homogeniously, as *yet*, but the essential ingredients are there.

Of course, I am referring to the growth potential of art therapy supervision. Embodied in this is a hope in its future, but also an acknowledgement that we have so much farther to go in exploring the ways in which the added element of the art affects the supervisory dyad. Perhaps if we acquired more information about the actualities of art therapy supervision, some of these background shapes in our painting would emerge with greater definition, harmonizing more with the other elements in the composition.

Because of its longer history, we can observe that the psychotherapeutic and psychoanalytic supervision literature is richer and more profound than is the literature of art therapy supervision. If we are to understand the development of art therapy supervision, we might do well to heed the history of psychoanalytic and psychotherapeutic supervision, as mentioned in the last chapter. One can see, from its beginnings, a constant attempt to define itself, through symposia, conferences, and essentially, dialogues. When psychoanalysts arrived in North America, the seminal



ideas of supervision fell on fertile soil, as fresh new perspectives, such as social work supervision, nurtured its growth. Likewise, discussion of supervision amongst art therapy professionals, as well as an increase in published articles, could be fruitful.

One viewpoint that seems to have emerged in the literature of art therapy (Wilson, et al, 1984; Durkin, et al, 1989), psychoanalysis (Fleming & Benedek, 1966) and psychotherapy (Stoltenberg & Delworth, 1988) is the developmental approach. Its pervasiveness could perhaps be explained in terms of more theoreticians viewing supervision as essentially a dynamic, evolving relationship, very much like the therapeutic relationship.

The usefulness of viewing the art therapy supervisory dyad from a developmental perspective seems indisputable. We have seen from the two accounts of supervision adopting this perspective that the supervisor is attuned to the needs of the student. One could surmise that the student felt understood and listened to during supervision, which may have facilitated greater confidence, understanding, and tolerance of shortcomings (Wilson, et al, 1984; Durkin, et al, 1989).

We have also seen how well the art making practices facilitated the student's personal and professional independence (Durkin, et al, 1989, p. 412), at least to the same extent as the accounts from the previous chapter (Stoltenberg & Delworth, 1988). What lends credibility to the art therapy supervision account is that it is first-hand, from the student, whereas the other literature is written by the supervisors or researchers (Durkin, et al, 1989). To be sure, the account of Durkin, et al (1989) is very deserving of future research, and its implications for art therapy supervision are

considerable.

Admittedly, Rubin's (1984) justification for *not* inviting the art therapy student to engage in art making activities during supervision is valid. Her concern about slipping into the role of art therapist from supervisor in the presence of art making is clearly not for the supervisor's sake alone but for the protection of the student's psychological material which may not otherwise be appropriate for supervision. Likewise, this may be a concern for some who regard Durkin's et al (1989) proposed model on art therapy supervision using art making to be nothing more than a variation of art therapy, and therefore improper. Along with Rubin (1984), some may view art making in art therapy supervision to be too invasive of the student's privacy, and should be consequently discouraged. Ordinarily, this would be a reasonable criticism, but what distinguishes Durkin's et al proposed model from strict art therapy practices, is that the students engaged in journal writing, presumably after each supervisory session. These journal entries could feasibly be the place where personal reflections are made, as a result of the supervisory experience.

Consequently, the journal may be the container in which the art therapy student maintains a sense of privacy from the supervisor, but which also promotes learning about the therapeutic relationship through the supervisory one without disclosing oneself to the supervisor. It is unavoidable that art discloses. But perhaps if students were to engage in journal writing, the more personal material issuing from art made during supervision would have less of a tendency to be discussed with the supervisor.

An alternative for protecting the student therapist's psychological privacy during

supervision was suggested by Kielo (1988). She postulated that image making (*outside of the supervision room*) could be used by the art therapist "as a means of facilitating the therapeutic process" (p. 36). Further, she articulated that art therapists interviewed in her study used art making to: "Clarify feelings, explore the therapeutic relationship, and to develop empathy through replication of client's imagery" (p. 43). Kielo's (1988) study focused on ways in which art therapists could better understand the therapeutic relationship independently of the supervisor, but certainly the insights achieved in this manner would be helpful for discussions in supervision. Imagery created outside of supervision may allow student art therapists to protect their privacy more easily than if artwork was made during supervision.

Perhaps the issue of privacy is a question of acquiring a delicate balance -- a balance that should be paid attention to, by both supervisor and student for the benefit of the progress of supervision. Privacy is essential to learning the art of psychotherapy. Betcher and Zinberg (1988) noted that without students' sense of privacy in supervision, "the subtle interplay of supervision may be disrupted, as they feel that the supervisor knows too much about them. As a result, feelings of self-consciousness and defensiveness replace openness to learning" (p. 799).

It is interesting to note that the culminative stage in the developmental approach to supervision as depicted in the literature, portrays the student as growing into a state of "wholeness" (Durkin, et al, 1989), and "creativity" (Hess, 1987), as well as "mutuality" (Hess, 1980). Perhaps it is due to the student's experience of attaining some sense of psychological space -- space to play, that is private, without any

perceived impingement from the supervisor. This is the state that could initiate the art therapy student to experiment and play with possibilities about the therapeutic relationship -- in the presence of the supervisor.

Undoubtedly, psychoanalysts and therapists alike will contend that this state of play can potentially exist within their modalities. Dreams, transference, free association and "as-if" possibilities are arguably creative phenomena which occur between analyst or therapist and patient. But Winnicott (1971) contended that:

where psychoanalysis has attempted to tackle the subject of creativity it has to a large extent lost sight of the main theme. The analytic writer has perhaps taken some outstanding personality in the creative arts and has tried to make secondary and tertiary observations, ignoring everything that one could call primary. (p. 81)

The symbolic space that Winnicott talked about is a place for the individual to be whatever, do whatever, feel and think whatever -- *safely*. This space has come about as a result of a relationship with another who allows this kind of as-if play to be exercised. We know very well the implications of the potential space for therapy, as Winnicott (1971) so articulated:

Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible, then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play. (p. 44)

Winnicott added that "teaching aims at enrichment and if they are to be profitable, also take place in this overlap of play areas" (Winnicott, 1957, p. 28). Surely we may consider supervision to be a special kind of teaching and learning experience. But

we have not yet explored these ideas in terms of the supervisory relationship. To be sure, as we discussed in the last chapter, supervision is not therapy, nor can it be therapy (Rubin, 1987). Therefore, the goals of supervision should be clearly distinct from those of art therapy. When referring to the Winnicottian perspective of art therapy, Robbins (1989) put it this way:

Psychological space is a similar kind of area as the transitional space, which is projected both in the therapeutic relationship and into the artwork when used. It is a space where the me and you of patient and therapist's pasts find expression through image and symbol. These representations express themselves in such dimensions as energy, sensation, color, rhythm, volume, weight. Slowly, with the artwork and therapist's holding, organizing, reflecting back the patient's internal pathological state, the patient is given the chance to play with unresolved polarities and representations to find new integrations and solutions. (p. 27)

Perhaps the art work in art therapy supervision could be utilized by the student in much the same way as in art therapy, but the difference would be in the aim to understand the therapeutic relationship, as well as the supervisory relationship through the manipulation of art materials. Given that these two relationships travel along very parallel paths, it is important not so much to eliminate the influence of the supervisor on the supervisee, but to acknowledge it, and welcome the supervisory relationship as an opportunity to understand, on a deeper level, the therapeutic relationship.

In the previous chapter, we explored the possible applications of Winnicott's "potential space" to the supervisory dyad -- specifically, the relationship. It was noted that if the supervisor were to initiate a state of relaxation, the student might feel comfortable and trusting enough to creatively explore the possibilities of the therapeutic relationship. It is perhaps in this atmosphere that students can begin to

search for their professional identities. In this chapter, we discussed another aspect of Winnicott's potential space -- creativity. Winnicott articulated the idea that creative activity can foster independence and autonomy in this potential space. Artwork by the student in supervision can only be a powerful learning experience.

Provided the goals are clear and distinct from those of art therapy, the image can be utilized by the supervisor and student in order to: (1) understand the therapeutic relationship, investigating countertransference feelings; (2) facilitate the student's emerging professional identity, separate from that of the supervisor; (3) to experience the creative process that is implicit in art therapy, thereby developing empathy with the patient in the therapist's care.

We have discussed the notion that it is virtually impossible to carry out effectively any kind of psychotherapy on a level that is merely imitative of other therapists' styles. Rather, being a therapist seems to call upon all aspects of oneself - not just the "clinical" part of us. In order to be used as instruments of therapy for the patient, we must know ourselves (Casement, 1991; Fleming & Benedek, 1966). Winnicott (1971) prescribed creative activity as a remedy for getting in touch with our subjective realities. He found that there were individuals "so firmly anchored in objective reality that they are ill in the direction of being out of touch with the subjective world and with the creative approach to fact" (p. 76). Perhaps neophyte art therapists could benefit from engaging in creative activity during supervision and elsewhere to get in touch with *their* subjective realities, not just for therapeutic purposes, but to better inform those aspects of themselves which serve to understand

patients more deeply.

In these last two chapters, we have discussed some fertile concepts that could serve as building blocks for art therapy supervision. However, as previously mentioned, much more research and dialogue need to be exercised, so that we can construct a theoretical foundation upon which to develop new ideas pertinent to art therapy supervision. The literature reviews from the previous two chapters seem to support the notion that the quality of the supervisory relationship can facilitate the student's therapeutic understanding (Stoltenberg & Delworth, 1988; Wilson, et al, 1984; Durkin, et al, 1989; Harkowitz, 1958). While it may seem somewhat premature to be placing so much weight on one or two studies in this field, they do provide a focus for discussion.

Another notion which could contribute to the student's therapeutic competence is the structuring of supervision around the practising model of therapy (Langs, 1976; Fleming & Benedek, 1966, Durkin, et al, 1989). But will the results from the questionnaire sent to art therapy students confirm these ideas? Whether they do or not, at least the survey results will paint in some details of the unfinished canvas that is art therapy supervision.

The next chapter will delineate the design of the questionnaire and highlight the major questions investigated. The questionnaire results will provide information to complement the literature on art therapy supervision discussed in this chapter.

# CHAPTER IV

## SURVEY DESIGN AND METHODOLOGY

*For the most part, the field of supervision is characterized by a rarity of research and a plenitude of platitudes.*

*(Rogers, 1959, p. 79)*

### 4.1 Rationale for Study

The previous chapters in this thesis have focused on the quality of the supervisory relationship. In addition, I discussed the benefits of integrating into art therapy supervision creative practices which may aid in the student's understanding of art therapy. The developmental approach to supervision was discussed in chapters 2 and 3, suggesting that a focus on the evolving supervisory relationship could facilitate the student's understanding of therapeutic issues. Winnicott's (1971) theories on "potential space" (p. 55) extended an appreciation of the supervisory relationship as a place in which art therapy students could search for professional identity and autonomy, while simultaneously gaining understanding of the creativity



that is intrinsic to this dyad (Winnicott, 1971, p. 126). I have discussed the idea that these points may contribute to a successful art therapy supervisory alliance.

The literature review revealed theoretical speculations on individual art therapy supervision, but essentially no information about how it is actually being conducted. These discussions explore the major characteristics and goals of supervision. But like the unfinished canvas from the previous chapter, major elements are missing from the overall composition: What is not present in the body of art therapy supervision literature is an investigation into its actualities. The study conducted here is an attempt to rectify this matter by exploring students' perceptions of the actual methods and processes of art therapy supervision.

#### 4.2 Objectives

The primary objective in this study is to acquire a portrait of the present state of individual art therapy supervision. The picture obtained will be painted by students' perceptions of their supervisory experiences based on their responses to questionnaires (see Appendix A for example of questionnaire).

Attention will be given to salient issues or concerns which have emerged from the literature reviews. First, this includes information about the duration, location, and frequency of supervision. Further, I will explore the role art plays in supervisory experiences: Do students engage in art-making practices? Are they given the opportunity to discuss with their supervisor personal art work created outside of supervision? What aspects of patient artwork are discussed in supervision?

Another subsidiary objective of this study is to investigate how students view their supervisory experiences in contributing to the development of their professional identities. Do students report increases or decreases in anxiety and confidence after a supervisory session? Do students regard their supervision enabling them to conduct art therapy more proficiently?

The third subsidiary objective of this study is to explore students' responses to questions regarding their supervisory relationships and to determine to what extent their relationships served to increase their therapeutic proficiency. Is there any indication from the questionnaire findings that the quality of the supervisory relationship facilitates greater therapeutic competence and understanding? Furthermore, what aspects of the supervisory relationship may have contributed to the students' perceptions of its success?

### **4.3 Operational Definitions**

**Faculty or faculty-assigned supervisor.** A supervisor who is a faculty or a faculty-assigned member of the university training program, designated to conduct individual art therapy supervision.

**On-site supervisor.** A supervisor who is working at the site or location of the student's internship program.

**AATA.** The American Art Therapy Association "has established standards for art therapy education, registration and practice. Its purposes are: "the progressive development of the therapeutic use of art; the advancement of standards of practice,

ethical standards, education and research, etc."

**Art therapy supervision.** See the "Recommended Guidelines for Art Therapy Supervision" in Appendix C.

#### **4.4 Method**

**Subjects.** The subjects chosen were students who received individual faculty or faculty-assigned supervision. The decision to focus this study on individual art therapy supervision was based on a belief that the dyadic relationship is a powerful one, conducive to learning and changing (Langs, 1976; Casement, 1991). Its composition echoes that of the therapeutic dyad and is therefore a compelling aid to understanding the phenomenology of being in therapy, perhaps increasing the student's empathy for the patient.

The emphasis placed on faculty or faculty-assigned, versus on-site, supervision was born of the notion that the training institutions adhere to more uniform standards than do on-site supervisors. Moreover, it is assumed that faculty or faculty-assigned supervisors follow guidelines or principles in keeping with the American Art Therapy Association, as the subjects of this study comprise only students in AATA-approved learning institutions. Oftentimes the on-site supervisor is not a registered art therapist but a social worker, therapist, psychologist or other staff member at the internship setting (McNiff, 1986). Therefore the on-site supervisor may ascribe more to the philosophy of the internship institution than to that of the art therapy training

program.

Table 2 will delineate the mailing and distribution of the 300 questionnaires to students in 16 AATA-approved training programs throughout North America, completed in March 1991.

**TABLE 2**

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**QUESTIONNAIRE DISTRIBUTION TO NORTH AMERICAN  
AATA-APPROVED M.A. ART THERAPY TRAINING PROGRAMS**

16 training programs

9 directors distributed questionnaires to 200 students

7 directors consented to have questionnaires sent to 100 students

The range in size from 4 to 48 students per program

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Total: 300 questionnaires sent out

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As is evident in Table 2, the total number of participating training programs was 16, out of a possible 19 eligible for this study. It should be noted that the directors of all 19 training programs were contacted either by mail, phone or both. All of the program directors expressed interest in the study, ranging from mild enthusiasm to eager support, but due to time limitations of the school year and mail delays, the

participation of the other 3 institutions was hindered. Perhaps if this study had been conducted at a time in the academic year when it was not competing for students' and administrators' attention to final exams, term papers and the termination of classes, more students may have participated, as well as the remaining 3 training programs. It was for this reason that 2 of the program directors returned 60 of the student questionnaires unopened.

The original intent of this study was to focus only on students receiving individual faculty or faculty-assigned supervision. However, some of the questionnaires were sent to students not currently receiving this type of supervision. Of the 70 returned questionnaires, those students who reported that they were *not* receiving individual faculty or faculty-assigned supervision totalled 22. This left 48 students who *were* receiving individual faculty or faculty-assigned supervision.

It should be noted that these 48 students who are the focus of the study may not have *exclusively* been receiving individual faculty or faculty-assigned supervision. In addition, they may have simultaneously received group on-site, individual on-site or group faculty supervision.

#### 4.5 Apparatus

The subjects chosen for this study were geographically dispersed throughout North America. The apparatus selected to test their responses to art therapy supervision was therefore a questionnaire by mail. There are many advantages to this format: (1) it managed to reach a large and dispersed population; (2) it was relatively inexpensive, compared to going to where the subjects were and administering personal interviews; and (3) it assured confidentiality and anonymity,

conditions which may produce more candid and therefore honest responses (Lang & Heiss, 1984).

In the questionnaire, several question formats were selected to obtain data from students. *Fill-in-the-blanks* were used for the factual questions such as age and sex. Other factual data such as types of patient population(s) were gathered through the use of *multiple choice* and *yes and no* questions. For more evaluative questions, students were asked to record their assessments of their supervisory experiences on *value scales*. This question format invited students to express their attitudes to these experiences, while at the same time permitting the researcher to analyze the responses in an objective manner.

Where students were asked to be more reflective on their supervisory experiences, *open-ended* questions were devised. This type of question allowed students to freely express their feelings and opinions on a more personal level, unfettered by choices offered in the questionnaire. Although open-ended questions are more difficult to measure, they contribute to the richness of the study, inviting subjects to probe more deeply into their own feelings, articulating them in their own words. As a result, open-ended questions can provide us with a truer, more accurate depiction of students' supervisory experiences (Backstrom & César, 1981; Fowler, 1984).

The survey included a total of 56 closed questions followed by 6 open questions.

**Design of questionnaire.** Sections I and II of the questionnaire were designed to provide a picture of the present state of art therapy supervision and are composed

of *fill-in-the-blanks*, *multiple choice*, and *yes-and-no* questions. They include questions regarding personal data such as age and sex, population(s) served by the student, duration, timing and frequency of supervision sessions, as well as perceived theoretical orientations of both the training institution and the supervisor. Parts of Section III investigate the frequency that particular topics were being discussed in supervision. Section IV is also factual, as it asks questions on the frequency that art aspects were part of supervision.

The second segment of the questionnaire was designed to fulfil the study's second stated objective, to determine how students view their supervisory experiences as contributing to the development of their professional identities as art therapists. They were asked to reflect upon their feelings of anxiety and confidence to see if any changes occur after supervision. Students were also asked, in general, if supervision helps them to understand how to carry out art therapy more proficiently. The types of questions used for this segment were *fill-in-the-blanks*, *value scales* and open-ended. Questions pertaining to this objective can be found in Section III, questions 9-11, 14, and 16-18; and Section VIII, all questions.

Finally, the third objective of the study, to understand how students view their supervisory relationship, has corresponding questions in the survey. Questions included in this segment can be found in Section III, 1-8, 12, 13, and 15; Section V, Question 1, and all of Section VI, which inquires of students what qualities they feel they should possess in order to achieve a successful supervisory alliance with their supervisors. Question formats from this segment include *value scales* and *multiple choice*.

Data Analysis Instrument. The questionnaire findings were analyzed using a statistical program called the **Statistical Package for the Social Sciences (SPSS)**. This program is connected to a mainframe computer at Concordia University, whereby access to the program and data creation files was made possible by a username and password. Data storage, manipulation and analysis allowed correlational relationships to be drawn.

#### 4.6 Procedures

1. A literature review of both psychoanalytic/psychotherapeutic and art therapy supervision was conducted to determine important aspects to be studied. Questions were subsequently composed, based on the literature reviews, other questionnaires and an informal sampling of personal experience.
2. A list of all the Master's AATA-approved art therapy training programs in North America (19) was obtained from the American Art Therapy Association. Of the 19 eligible training programs, 16 participated in the study.
3. Contact was made with each program director either by telephone or in writing to determine their interest and willingness to participate in this study. This contact was followed by a formal letter on university letterhead to each program director stating the purpose of the study and assuring them of confidentiality and anonymity. This letter was signed by myself with the purpose of conveying the university context of my research.
4. Soon after, I sent a letter, signed by my thesis advisor thanking program directors in advance for their participation in this study. Included with this letter was a form asking program directors for permission for their students to participate in



this study. Directors were asked to fill in the number of eligible students, and their choice of distribution (whether to give the questionnaires to the students themselves, or to send me the students' addresses for me to mail them directly to the students). Included on this form was a deadline for response, as well as a self-addressed return envelope.

5. The program directors' returned forms indicated that 16 agreed to participate. Nine of the 16 program directors preferred to distribute the questionnaires themselves, while the remaining 7 provided mailing addresses of their eligible students.
6. The number of students specified on the returned forms (300) was tabulated and the corresponding number of questionnaires was printed. Included in each package was: (a) a letter addressed to the student expressing the study's purpose, and importance of participating, as well as assurances of confidentiality and anonymity; (The deadline date was stipulated in the letter and on the questionnaire itself. This letter was signed by the thesis supervisor, research thesis consultant and myself); (b) the questionnaire; and (c) a stamped self-addressed envelope.
7. Those questionnaires to be distributed to students by the program directors were sent in individual, sealed envelopes. This was to minimize the possibility that the person distributing them to students would view the contents of the questionnaire, jeopardizing a neutral manner of distribution. The aim was to avoid a distribution situation which could lead to bias in certain students' responses. Included in this package was a covering letter addressed to the program directors instructing them how to distribute the questionnaires.

8. Two or three days before the deadline date specified on the questionnaire, I sent out reminder notices in the same manner that the program directors instructed me to distribute the questionnaires. As it is not known who had already their questionnaires at this point, it was necessary to send everyone a reminder notice. Each reminder notice informed the students that their questionnaires would still be accepted beyond the deadline date. I also asked them to fill out the questionnaires for the purpose of advancing supervision research within the field of art therapy. Since these reminders could not be sent directly to students in programs whose directors preferred to distribute the questionnaires themselves to their students, I relied once again on the directors for the reminder distribution.
9. One and a half months later, after completing the first draft of introductory chapters of this thesis, all the returned questionnaires were opened and arranged in order of the date of receipt. They were subsequently assigned anonymous identification numbers. All questionnaires were returned in an anonymous fashion and no attempt was made to ascertain or record the geographical location or program of the respondents.
10. Coding and data verification. The creation of a code book and coding sheets, the coding of the questionnaires, the data entry and data cleaning process were all completed according to the specifications of the SPSS-X statistical program. The procedures recommended in Jackson (1988, pp. 187-200) were followed for data cleaning and preliminary verification to eliminate errors.

**Data Analysis.** Again, the SPSS software and VAX-2 system at Concordia University were used to perform a variety of analyses of questionnaire results. Frequency distributions or descriptive statistics were computed, depending on the type of measurement involved. From these preliminary analyses, a selected number of variables and measures were chosen for further analysis by a number of multivariate statistical techniques, including contingency tables, correlational analysis, and multivariate regression analysis to describe the extent, direction and strengths of relationships. The procedures followed for the above analyses were delineated in Jackson (1988, pp. 124-138, 201-213).

# CHAPTER V

## RESULTS AND DISCUSSION

*Supervision/internship was a key to  
understanding art therapy.  
(Student questionnaire response)*

### 5.1 Introduction

In summary, the previously discussed objectives of this study are: (1) to acquire a picture of the present state of art therapy supervision; (2) to investigate the way in which students view their supervisory experiences as contributing to the development of their professional identities; and (3) to explore students' opinions and attitudes towards their supervisory relationships. This chapter will examine the questionnaire results in light of these stated objectives.

Response rate. A total of 300 questionnaires were mailed to students and institutions as detailed in Chapter 4. As was also mentioned, two program directors

returned a total of 60 uncompleted questionnaires, citing the time constraints of the closing academic year. It is assumed, but unknown, that the remaining 240 questionnaires actually reached students at their home addresses or through the institutions. A total of 70 completed questionnaires were returned to me.

Excluding the 60 undistributed questionnaires, a total of 240 were mailed out to students, and 70 returned, giving a return rate of 29%.

**A picture of art therapy supervision.** This section will explore the questionnaire findings which paint a portrait of how supervision is conducted through the eyes of the students.

A notable majority of the students surveyed were female (98%). The average age of the students was 33 years. Their ages ranged from 22 to 62 years. Over half of the students who responded to the questionnaire were in their second year of training (57%), followed by students in their first year (34%). The vast majority of students had one year or less than a year to graduate from the program (87%).

Most students (67%) were receiving individual faculty supervision, as well as group faculty supervision (58%) and individual on-site supervision. But only 12% reported that they were receiving group on-site supervision. In addition, a little over half of the students surveyed reported that they were engaging in some form of personal psychotherapy (52%).

Students reported working with a variety of clinical populations, and in a variety of settings, the most prominent being psychiatric. It was often the case that

students were caring for more than one type of population. Students indicated that they worked most with psychiatric adults (61%). The lesser frequent responses were adolescents (51%), children (48%) and the elderly (14%).

The survey addressed questions regarding students' internship sites. It was found that most students chose their clinical internship sites (72%), but they did not choose their supervisor (72%). Of the 29% who reported they chose their supervisor, the criteria used was the supervisor's apparent expertise in the students' clinical populations.

The role art plays in supervision. The following table presents the most frequently occurring responses to questions asking students to indicate the frequency certain art aspects are discussed with their supervisors. One may observe in Table 3 that the physical properties of the art media, the art therapy room, or the physical limitations of the patient are not discussed as frequently as the less material aspects of patients' artwork, such as symbolism, the artistic process of art making, or students' and supervisors' associations.

**TABLE 3**

**Aspects of art discussed in supervision**

<i>Variables</i>	<i>Most frequent responses</i>
<i>Patient art brought in supervision</i>	Always
<i>Process by which patient made art in supervision</i>	Always
<i>Patient associations discussed in supervision</i>	Always
<i>Student's associations made in supervision</i>	Always
<i>Symbolism of patient art discussed</i>	Always
<i>Diagnostic Implications of patient art discussed</i>	Always
<i>Termination issues discussed in image</i>	Occasionally
<i>Art materials of patient discussed</i>	Occasionally
<i>Symbolism of patient's media discussed</i>	Occasionally
<i>Physical property of patient's media discussed</i>	Occasionally
<i>Space of art therapy room discussed</i>	Rarely
<i>Physical limitations of patient discussed</i>	Occasionally

Table 4 illustrates the most frequently occurring responses to questions asking students to reflect upon the frequency of their own art making activities during supervision and the training program. On the whole, one can say that art making does not seem to play a prominent role in students' supervisory experiences. Students, however, *did* report that they engaged in art making activities outside of the supervision room, with slightly greater frequency. But of those who did engage

in art making activities during supervision at some point, 66% or 8 individuals reported that their artwork was discussed during supervision.

**TABLE 4**

**Aspects of student art during supervision  
or training**

<i>Variables</i>	<i>Most frequent responses</i>
<i>Frequency of art making during supervision</i>	Never = 66% Never considered it = 47%
<i>Aspects of student art discussed in supervision</i>	None = 69%
<i>Frequency student makes art during training</i>	Occasionally = 40% Frequently = 34%

**Factors contributing to a successful supervisory experience.** Do students view their supervisory experiences as contributing to the development of their professional identity and proficiency in carrying out art therapy? The questionnaire responses indicate that certain aspects of supervision do seem to facilitate students' competence and confidence in carrying out art therapy. This section will explore the question of which aspects seemed more helpful to the students surveyed in facilitating the development of professional competence.

Most of the students reported that supervision helps their effectiveness with patients (89%). As well, they perceived their self-confidence to increase after a session of supervision (85%). To a lesser extent, students also felt there to be a decrease of their anxiety after supervision (74%).

It may be worth mentioning that 93% of students who made art in supervision



also reported that their anxiety decreases after supervision. Further, of those who did *not* make art in supervision, only 66% felt their anxiety was lowered, while 34% actually reported increases in anxiety after supervision. Does this suggest that art making during supervision could help decrease the student's anxiety levels? Or is there a mediating variable responsible for this correlation?

**TABLE 5**

**Possible advantages to art making in supervision**

	<i>Student ever made art in supervision</i>	<i>Student never made art in supervision</i>
<i>Anxiety decreased</i>	*14	**21
<i>Anxiety increased or unchanged</i>	1	**11 34%

\*93%, or 14 students who reported making art in supervision perceived decreased anxiety after supervision.

\*\*66% of those who never made art in supervision reported decreases in anxiety after a supervision session.

There are some students (74%), who reported that at one time or another, supervision feels like therapy. The same percentage (74%) perceived that at other times, supervision is too didactic. One wonders how effectively supervisors are able to achieve that delicate balance between teaching and therapy as previously discussed

in chapter 2. Moreover, one also wonders what role students played in contributing to their perceptions of supervision feeling *too* much like therapy or a purer teaching experience.

How students view their supervisors. When asked about their supervisors' educational and professional credentials, 87% of the students indicated that their supervisors have at least a Master's degree and at most, a Ph.D. in a variety of disciplines. As well, the same percentage reported that their supervisors possessed an A.T.R.

Students seem to regard their supervisors in various ways. One of the most frequently occurring response was that they regarded their supervisors as professional colleagues (87%). Not surprisingly, 72% regarded their supervisors to be experts in the populations students are working with. A little over half of the students also saw their supervisors as role models (55%). Interestingly, only 27% of the students saw their supervisors as artists. Also of some interest, a significant majority did *not* see their supervisors as representatives of administration (89%). It is a point of discussion, however, if this response reflects the students' wish that their supervisors not assume this role, more than them actually being representatives of administration. This distinction could not be made from the survey findings.

Students indicated that their supervisor's knowledge in art therapy theory contributed most to successful therapy with patients (70%). They also reported that their supervisor's skills of intervention with students' patient populations helped

enormously (65%). To a lesser extent, students valued their supervisor's knowledge of psychological theory in helping them to carry out therapy proficiently. Lastly, students valued their supervisor's knowledge of aesthetics.

**How students view their supervisory relationship.** A little over half of the students surveyed indicated that the quality of the supervisory relationship contributes to the success of their therapeutic performance. At a slightly higher percentage, 72% considered the quality of their supervisory relationships to be very important.

Table 6 will illustrate what students value in an ideal art therapy supervisor which would contribute to a successful supervisory relationship. These responses are ranked in the order of frequency. In other words, the first attribute in the table represents the most frequently occurring response.

**TABLE 6**

**Valued attributes of ideal supervisor**

1.	<i>Reliability of supervisor</i>	97%
2.	<i>Supervisor's empathy with student</i>	91%
3.	<i>Supervisor's empathy with patients</i>	87%
4.	<i>Supervisor's capacity to encourage student</i>	84%
5.	<i>Supervisor's teaching ability</i>	81%
6.	<i>Supervisor's knowledge of student's clinical population</i>	75%
7.	<i>Supervisor supports student</i>	67%
8.	<i>Supervisor invites discussion of countertransference</i>	57%
9.	<i>Likeability of supervisor</i>	50%
10.	<i>Supervisor gives criticism to student</i>	38%

While it is interesting to regard those attributes students value in an ideal art therapy supervisor, it may be of further interest to list those qualities the students themselves feel they should possess in order to facilitate a successful supervisory and therapeutic relationship. Table 7 illustrates the ten most frequently occurring responses to this issue.

**TABLE 7**

**Valued attributes of ideal supervisee**

1.	<i>Student is psychologically-minded</i>	91%
2.	<i>Student is nonjudgemental towards patients</i>	91%
3.	<i>Student is flexible personally, theoretically, and clinically</i>	90%
4.	<i>Student has empathy towards patients</i>	90%
5.	<i>Student is open to feedback from supervisor</i>	84%
6.	<i>Student is reliable</i>	84%
7.	<i>Student has the capacity to be introspective</i>	80%
8.	<i>Student is open to new theories</i>	77%
9.	<i>Student demonstrates interest in supervisory relationship</i>	75%
10.	<i>Student is willing to take risks with patients</i>	72%

**5.3 Discussion**

**Questionnaire response rate.** The return rate of 29% pertains to the question of how accurately the survey results depict the art therapy student population in individual faculty or faculty-assigned supervision. With a relatively low return rate, one must ask how representative the sample can be of the population, or in this case, how the non-responders may differ as a group from the responders.

Fowler (1984) surmised that there is no agreed-upon standard for a minimum acceptable response rate of surveys, but added that academic surveys usually aim for

a 75% response rate to reflect a valid population sampling (p. 48). Others have suggested that a response rate below 50% will diminish the study's ability to accurately represent the surveyed population (Lang & Heiss, 1984, p. 126). The response rate attained in this study is substantially lower than the minimum either of these authors would find preferable.

Several factors might account for the return rate obtained. As was previously mentioned, the time of the year (March) may have contributed to the low return rate. This was evidently the case with the 60 returned unopened questionnaires from 2 program directors. Perhaps if the scheduling and timing of this study had been more carefully planned, the questionnaire might have yielded a higher response rate from students as well.

Another factor possibly contributing to the low response rate was the length of the questionnaire. Students may have been reluctant to invest the time and energy needed to complete it. Perhaps there was even greater reluctance on the students' part if they were simultaneously working on term papers and exams during the last weeks of school. In future studies, brevity of the questionnaires may contribute to achieving a higher response rate. Also, it is important to determine what would be the most efficacious time of year in which to execute a mail survey. Yet another contributing reason for the low response rate may be the distribution procedures used. While 100 questionnaires were mailed directly to individual students, the other 200 (including 60 returned unopened) were sent to 9 program directors to distribute to students. Of these questionnaires, it is unknown exactly how many actually

reached the students or in what manner they were distributed.

Still another explanation for the low response rate may have to do with concerns about confidentiality and anonymity. It can be speculated that some students may have questioned their guarantees of confidentiality if their questionnaires were distributed by their training personnel themselves, and may therefore have been hesitant to respond.

Finally, another reason for the low return rate may have to do with the belief that people who are interested in the subject of a mail survey are more likely to return their questionnaires than those who are less interested (Fowler, 1988, p. 49). Might we conclude that those who did not return their questionnaires felt very differently about their supervision than those who did? Furthermore, are students with more definite opinions and attitudes towards supervision more likely to answer the questionnaire than those who do not? These could be possibilities which may deserve further exploration. We can see evidence of differences between respondents and non-respondents by comparing those who respond immediately with those who respond later (Fowler, 1984, p 49).

Early vs. late respondents. Based on the notion that late respondents may resemble non-responders, the questionnaires were divided into groups of late and early responders. They were arranged according to the date received. Receiving dates recorded on the questionnaires spanned approximately two months. The threshold of lateness was established as one month after the date of the first received

questionnaire. Consequently, the number of early or on-time questionnaires was 48, whereas there were 16 late respondents.

When comparing these two groups, we found that the average or mean age of the late respondents was slightly older at 35, than was the age of the early or on-time respondents at 32. as well, only 37% of the late respondents reported that they were receiving some form of personal psychotherapy, versus 58% of the early group. Could it be that students concurrently receiving psychotherapy tend to have a higher interest in discussing subjective aspects of their supervision experience, and were therefore more ready to respond to the survey? In response to the question about their supervisor's perceived role, only 24% of the early students reported that they regarded their supervisor to be an artist, whereas 50% of the late students tended to see their supervisor in this role.

In one of the open-ended questions where students were invited to express criticism of their supervisory experiences, there seemed to be a slight difference between the two groups' responses. One of the differences was that the early group seemed to report that they did not receive enough encouragement and sensitivity from their supervisor (31%) more often than the late group (14%). Put another way, 86% of the late group did not report this criticism. Could we say then, that the late respondents as a group may be more satisfied with their supervision than were the early respondents? It is an interesting possibility to consider, but this trend does not seem pervasive enough to make many generalizations about either group. Thus, we cannot really conclude that non-respondents are either less or more satisfied with



their experience in supervision. In summary, then, based on this comparison of early vs. late responders, one can feasibly question whether the respondents are representative of the total population of 300 students in these aspects: slightly younger age, greater experience in personal psychotherapy, and a feeling that they did not receive enough encouragement in supervision. However, in other aspects of their supervisory experience, there were no real differences between early and late responders. If the late responders do closely resemble the non-responders, one can guess that the respondents are, on the whole, representative of the total population of 300 art therapy students in individual supervision in March 1991. However, in order to safely make this generalization, a survey using a random sample with a higher response rate would be advisable. Thus, the import of this present survey is as an initial exploration and identification of pertinent questions for further study rather than a presentation of conclusive, generalizable findings.

Composite picture of art therapy supervision. In an attempt to acquire a picture of the present state of art therapy supervision, it may be helpful to obtain an *aerial* perspective of the responses, by means of a composite sketch. This was achieved by computing the means or frequencies, where appropriate, of each questionnaire response. Emerging from this perspective are loosely-sketched thumbnail studies of the average student, the average supervisory experience, and the student's perception of the average supervisor.

A portrait of supervision students. The findings of the survey sketch a portrait of a student who is a 33-year-old female. She is in her second year of training, with less than a year to graduate at the time of the survey. She receives individual faculty or faculty-assigned supervision as well as group faculty supervision. At her internship site, she receives individual, but not group, on-site supervision. The findings also suggest, but not strongly, that she is engaged in some form of individual psychotherapy. The most prevalent population she works with are psychiatric adults.

The average supervisory experience. The average duration of an individual art therapy supervisory session is 60 minutes. This session takes place in the supervisor's office. During supervision, the student always discusses some aspects of her patients with her supervisor, averaging three patients per session. The student has been allowed to choose her population as well as the site of her internship, but did not choose her supervisor.

The art therapy student feels strongly that the quality of supervision positively affects the quality of her work as a therapist. She also values very highly her supervisory relationship to the extent that she attributes her therapeutic success with patients to her supervisory relationship.

Overall, it is strongly felt by the student that supervision *does* help her effectiveness with patients, but only reports some decrease in her anxiety, as well as some increase in her self-confidence after supervision. Occasionally, supervision feels like therapy to the student, but rarely does it feel too didactic.

When asked to imagine she were an art therapy supervisor determining the goal or focus of supervision, her response was that a primary goal would be to provide support to the neophyte art therapist. A secondary goal she would set in supervision is to integrate clinical practice with theory. Still to a lesser extent but nevertheless of concern, a third goal she indicated was the development of the student's professional identity.

The average student reflected that the supervisor's expertise with her patient population was the greatest strength of her supervision, but she also valued the support and encouragement her supervisor provided during art therapy training. Yet, if the student did not feel that she was receiving support and encouragement, she reported this to be the most prominent weakness of her supervisory experience. To be sure, the supervisor's support and encouragement seem to be of chief importance to the art therapy student. But it should be noted however, that only 42 out of 70 students reported *any* weaknesses in their supervision (see Appendix B for full citation of questionnaire results). Out of these 42 respondents, 17 perceived that they did not receive enough support and encouragement from their supervisor. Regardless of the low response rate to this question, it remains the prominent response, followed closely by the limitations of time and frequency in supervision, and a perception that concerns of the practicum site are not adequately discussed with the supervisor.

Finally, the most important thing the average student has learned or acquired from supervision is a greater sense of self-awareness. One is reminded of Barnat's

(1980) testimony that his developed self-awareness during the course of psychotherapy supervision was "one of the greatest tools to being a therapist" (p. 58).

To a lesser extent, the art therapy student developed sensitivity to patients and acquired a greater knowledge of therapeutic issues. Last on her list of things learned in supervision is a more cohesive integration of art issues with therapeutic issues.

Role of art in the average supervisory experience. The responses suggest that our average student always brings patient art into supervision, and this is always discussed in some way. Very rarely does the student engage in art making during supervision, nor has she ever considered doing so. But occasionally, on her own time, she creates artwork.

The content and symbolism of patient artwork are always discussed, as is the process by which the patient made the images. But only occasionally, the art materials are discussed, namely the symbolism and the physical properties of the patient's art materials. With the same frequency, physical limitations of the patient are discussed, but only rarely is the actual layout or space of the art therapy room brought up with her supervisor.

The student always makes associations to the patient art during supervision, just as often as she reports the patient's associations to the supervisor. With slightly less frequency, the art therapy supervisor discusses with the student his or her associations to the patient's art.

Average Supervisor. The average art therapy student reported that she values very highly her supervisor's expertise in the patient population she is working with. The student, however, values more highly her supervisor's knowledge of aesthetics. She values to the extreme her supervisor's knowledge of art therapy theory, but to a lesser extent, his or her knowledge of psychological theory. The student views her supervisor's theoretical orientation to be strongly psychodynamic, but not as psychodynamic as she perceives her art therapy department to be. Her supervisor is perceived by the student to be not very involved with her practicum site, although sometimes, he or she makes recommendations to the student where improvements need to be made, based on his or her occasional site visits.

The questionnaire findings yield a picture of those qualities which the average art therapy student would like her supervisor to possess. What she values most in an ideal supervisor are: Knowledge of the student's clinical population and the capacity to provide support when needed, as well as allowing the student to express and explore countertransference feelings. Other qualities the student values in the ideal supervisor are the supervisor's personality and the ability to offer criticism to the student on her therapeutic performance. Finally, what she values to the least extent about the ideal supervisor is his or her sensitivity to the student's feelings. The average student seems to distinguish the ideal supervisor's support from catering to feelings. Perhaps the latter is not perceived by the student to facilitate therapeutic effectiveness.

*In terms of the supervisory relationship, qualities which the average student feels*

would contribute to a successful supervisory experience include the supervisor's empathy toward the student. This was valued to the utmost, along with the supervisor's capacity to encourage. Other qualities of the ideal supervisory relationship which the student valued to the highest degree were the supervisor's empathy toward patients, as well as his or her capacity to teach.

**Summary.** It is hoped that these average responses have been helpful in providing the reader with a glimpse into the ways in which supervision is perceived and valued by art therapy students. The picture that seems to have emerged from this perspective is that students on the whole seem to value those qualities of their supervisor which may arguably constitute a good therapist: empathy, support and encouragement. As well, the student respondents evidently valued their supervisor's practical knowledge in clinical skills and, to a lesser extent, their supervisor's theoretical knowledge. Also emerging from the findings is that these qualities of their supervisor seem to play a large role in determining students' perceptions of the strengths and weaknesses of supervision. Given that the average art therapy student values the encouragement and support of *her* supervisor, it is not surprising that she also stated that providing support to art therapy students in supervision would be her primary goal if she were the supervisor.

It is interesting to note that the student's art making seems to play a relatively small role in her art therapy training, both in supervision and outside. Also of interest is the average student's response of not having considered art making during

supervision, even though many aspects of patient art are discussed with great regularity. Art making may not be part of the average student's repertoire, but she does seem to value the supervisor's knowledge in aesthetics and art therapy theory. This might be viewed by some to be a compensation for the average student's lack of artistic activity, although there is no strong evidence to suggest that the average art therapy student would have wished there to be more art making during supervision or elsewhere.

The picture painted here of art therapy supervision is sketchy. Given the low response rate to this questionnaire, we cannot conclude that the findings represent the experience of art therapy students in general. But we can ponder some of the salient notions which have emerged. There is no doubt that the students who responded to this questionnaire value art therapy supervision. We may assume that they deem supervision valuable because it helps them to carry out art therapy more effectively with patients. We can also say with some certainty that the relationship the students have with their supervisors is positive. One may have some reservation about students' positive reports of their supervisory experiences. Without a doubt, students have invested money, time and effort in the endeavour of training to be an art therapist. A high investment and sacrifice may sometimes make it difficult for an individual to admit that the training experience may not have been that positive. Hence, students' positive reports of their supervisory experiences could in some way be an attempt at avoiding the cognitive dissonance of a high investment for small returns. One would be surprised to find negative reports of their supervisory or

training experiences by students.

There is slight indication that certain activities such as art making seems to contribute to students' perceptions that supervision was a positive experience. It should be noted, however, that a significant majority of students has never considered creating artwork during supervision. One may conclude that students do not evidently feel a need to engage in such practices during supervision, in spite of the findings which suggest the benefits of doing so. It may then be the individual art therapy supervisor's task to determine if art making during supervision would be advantageous to their students. One may recall previous discussions on supervisors' attitudes towards encouraging art-making practices during supervision as possibly blurring the boundaries between supervision and therapy (Rubin, 1987).

We have discussed that students favour qualities in their supervisor which would feasibly constitute an effective therapist. But we would be mistaken to presume that students see their supervisors as therapists, seeking out supervision as a substitute for therapy. Instead, these qualities, such as empathy, support and encouragement are those which many students reported they would exercise if they were supervisors. This may suggest that students view these qualities to facilitate therapeutic understanding, as they have possibly facilitated their own. Converse to these findings, students reported that viewing their supervisor as a representative of administration seems to inhibit therapeutic understanding. This may point to the notion that students favour attributes of the supervisor which are more facilitative of the supervisory relationship.



This seems to concur with the findings of a study conducted by Perez, Krul and Kapoor (1984). They found that the three most important characteristics of the supervisor's profile reported by psychiatric residents were: "(1) His or her capacity for developing a good rapport with trainees, respondents feeling that a good student-supervisor relationship is important for fruitful teaching; (2) his or her teaching ability, and (3) the supervisor's ability to pinpoint residents' psychotherapeutic shortcomings" (p. 662). To be sure, the findings in this study point to the notion that students value attributes of their supervisor which would contribute to a supportive alliance. Moreover, students valued their art therapy supervisors' knowledge in art therapy and psychological theories, but not their teaching abilities as much. Perhaps one could deduce that as long as the supervisor is empathic and encouraging towards the student, therapeutic understanding will ensue. Perez, et al's (1984) third characteristic of the supervisor's profile is not valued as highly by students in this study. Tables 6 and 7 (see pages list the ideal supervisor's capacity to give criticism to students and the ideal supervisee's openness to the supervisor's feedback ranking among the lower five responses.

One may recall from previous discussions that any meaningful learning seems to occur in the context of a relationship, according to Winnicott's (1971) theories of the mother-infant dyad. This notion seems to exist in the literature of the developmental approach to supervision, where the supportive, accepting attitude of the supervisor facilitates the supervisee's understanding of therapeutic issues and subsequent professional competence. The survey findings from this study indicate that the

supervisory relationship was one of the major contributors to art therapy students' perceptions of successful supervision.

There is little evidence to suggest, however, that art-making practices in supervision and training aided students' understanding of art therapy concepts. Rather, the questionnaire findings seem to indicate that students' understanding of carrying out art therapy relied on their own clinical experience as well as their supervisors' knowledge of art therapy issues. As previously mentioned, the possible reasons for the lack of art making during training and supervision may be due to supervisors' attitudes towards this practice. Another possible reason may be that students are so preoccupied with fitting into a clinical setting, their identities as art therapists may take a back seat to their clinical personas (McNiff, 1986). Furthermore, students may feel reluctant to engage in art-making activities during supervision, because it might obstruct their own perceptions of themselves as professionals. Making art might aid in over-identification with the patient, when students would wish rather to identify with their supervisors.

The field of art therapy is young. Roles need to be defined and tasks identified when the art therapist interacts with the patient, and likewise, the supervisor with the student. Perhaps if we felt more confident in our professional roles, more experimentation would be exercised in determining the most effective methods of carrying out art therapy and supervision. The prospect is exciting.

The literature in psychoanalytic/psychotherapeutic literature did not reveal that students in those fields were *not* encouraged to undergo psychotherapy or analysis

whilst training. In fact, the history of supervision discussed Freud's recommendation that analysts-in-training undergo self-analysis (Fleming & Benedek, 1966). How is it that a small number of students surveyed in this study made art -- the tools of their trade? One will never know for sure, but it is interesting to ponder that perhaps the students who *did not* respond to this questionnaire make art with greater frequency than those who did respond.

## CHAPTER VI

### CONCLUSION

*The guide does not walk ahead of you, but walks with you. (Trungpa, 1973, cited in Thomson, 1989, p. 59)*

#### 6.1 Opening comments

If we see art therapy supervision as an unfinished canvas, perhaps we could venture to say that this thesis has painted in a few broad strokes of the brush. Without a doubt, I believe the questionnaire results have illuminated some areas in art therapy supervision which warrant future research. Likewise, certain issues and concerns which were brought to light via the literature reviews in psychoanalytic, psychotherapeutic and art therapy supervision, deserve further attention and exploration.

The questionnaire results have supported my wish to obtain a portrait of the

supervisory experience of art therapy students. Also, the results suggested that the quality of the supervisory relationship plays some role in facilitating the student art therapist's understanding of art therapy issues. Those students who reported supportive, encouraging qualities in their supervisor, also perceived that the supervisory relationship helps students' effectiveness with patients. These findings are by no means conclusive, but they do provide future researchers with a context in which to pursue future explorations.

The other part of my exploration is perhaps best expressed by Wadeson's (1989) lament that "art [is] ... utilized so little for the development of the art therapist" (p. 375), in addition to Langs' (1976) recommendation that supervision be conducted more or less in the manner of that particular modality of therapy practised. Indications countering art's benefits in supervision seem to be students' reports that they never considered it to be a part of supervision. There could be many reasons for this, one of which we touched upon in the thesis. That is, supervisors' apparent reluctance to initiate activities with the student that approximate art therapy. I envisioned that those students who lacked art making activities during supervision would wish there to be more of an occurrence of creative activities, in order to best understand the field in which they are training. However, there were no findings to indicate that students felt there to be a deficiency in their training concerning this matter.

With an eye to determining what may be appropriate concepts to best serve the special needs of art therapy supervision, I utilized my ideas as a framework in which

to conduct literature reviews of psychoanalytic/psychotherapeutic and art therapy supervision. Still confident that my original 2-point exploration was sufficient to support an approach to art therapy supervision, I found a notable amount of evidence in examining the developmental approach to supervision, to carry the notion that the quality of the supervisory relationship could facilitate the student's therapeutic understanding (Stoltenberg & Delworth, 1988; Ekstein & Wallerstein, 1976; Hess, 1987; Fleming & Benedek, 1966). On the other hand, there did not seem to be much literature focussing on the aspect that supervision may be most satisfactorily conducted in the modality of therapy practised.

In an effort to deepen my understanding of the supervisory relationship, I discussed the possible parallels between the developmental approach to supervision, and Winnicott's (1971) theories on the "potential space" that exists between mother and infant. Further parallels to the supervisory relationship and Winnicott's mother-infant dyad are to be observed in their respective goals: Both alliances strive to facilitate independence from a state of dependence. These discussions have proved fruitful in terms of strengthening my original notions: Learning is more likely to occur in the context of a relationship if the caretaker is supportive, and attuned to the concerns of the one being cared for. Of further interest in my search were Winnicott's discussions on creativity. The implications for art therapy supervision are great, but the scope of the thesis limited me in my exploration of the applications of Winnicott's (1971) theories. However, their applications to art therapy supervision could be a possible way of viewing art-making activities.

My original idea that the nature of the supervisory relationship holds the key to facilitating greater therapeutic understanding and subsequently, proficiency in carrying out therapy, has been confirmed throughout this study. Chapter 2 explored this notion by way of a review of the psychoanalytic and psychotherapeutic supervision literature. One of the more pervasive viewpoints that has emerged is the developmental approach to supervision, which holds that the student undergoes a kind of evolution through recognizable stages whilst training to be a mental health practitioner. I identified and discussed roles the supervisor assumes to facilitate the progress of these developmental stages as the student gains therapeutic understanding and professional competence. We discovered in Chapter 3 that this viewpoint is also present in the literature of art therapy supervision, but to a lesser extent (Durkin, et al, 1989; Wilson, et al, 1984).

I have discussed the supervisor's task as not just to teach concepts and procedures for carrying out therapy, but to convey to the therapist-in-training that therapeutic understanding relies not just on the intellect, but on one's entire being. The transformation from pupil to professional is complex. No less complex is the journey on which the art therapy student embarks. In a relatively short period of time that is allotted to training, the novice art therapist must achieve an understanding of aesthetic as well as therapeutic issues. Additionally, the student must realize him or herself in the role of helper/healer to others.

The role which art therapy supervision plays in the student's challenging journey is to ensure that an integration of theoretical understanding and clinical practice

occurs. We can therefore appreciate the weighty function that art therapy supervision serves in the education of the art therapist.

## 6.2 Implications for future research

Both the literature reviews and the questionnaire responses evoked more questions than answers. As research in this field is still relatively sparse, there is much room for future researchers.

One of the more pervasive theories emerging from supervision literature was the developmental approach. Its applications to art therapy supervision are feasible, as it acknowledges the growth the student undergoes whilst training, and the simultaneous evolving supervisory and therapeutic relationships. It would be a challenge to future researchers to ascertain what role art could play in such a dynamic theory. We caught a glimpse of what role art plays in the supervisory relationship via Durkin's, et al's (1989) account, as it seemed to facilitate the student's emerging professional identity and independence. Winnicott's (1971) theories on the "potential space" indicated that independence from the caretaker was facilitated by the adoption of an attitude of creativity on the part of the caretaker. There seems to be a link then of Winnicott's ideas with the evolving supervisory relationship. This area warrants further research.

Of further note to the developmental approach in supervision, future researchers may wish to test this model by measuring students' and supervisors' responses to questions pertaining to the supervisory dyad.



The questionnaire results yielded a bounty of possible avenues for future research. There were times in which my explorations of art therapy supervision posed more questions and potential areas for further research than concrete answers. The role in which art can play in art therapy supervision still deserves much more attention.

I surmised in the thesis that conducting supervision utilizing art making activities would facilitate the student's understanding of creative and therapeutic issues. This is still speculative. Durkin's, et al's (1989) study chronicled the passage of student art therapists to professionals using art making to understand the countertransference feelings generated by the therapeutic relationship as well as to understand the supervisory relationship. Perhaps future researchers could focus their attention on studying the educational benefits that art making may offer the student art therapist, as well as any potential drawbacks or difficulties.

Keeping in mind that supervisors are the other half of this relationship, it may be worth investigating supervisors' attitudes and opinions regarding introducing art-making activities in the supervision room.

Dovetailing this issue, future researchers might find it fruitful to investigate the possibility of utilizing art-making activities during training. As Wadeson (1989) stated, art can be used for the enhancement of human growth, which may not necessarily be confined to the therapy room. The challenge for future researchers is to envision art's possibilities as an aid to inform the student of possible countertransference feelings toward their patients (Kielo, 1988), but at the same time,

taking into consideration the privacy of the student's psychological material in the presence of the supervisor.

The focus of our study has been on individual faculty or faculty-assigned supervision. It would be interesting to explore other types of supervision, such as group faculty, or individual on-site art therapy supervision, and strive to determine the benefits they have on the student. Not only has our focus been on individual faculty or faculty-assigned supervision, but it has been on North American training institutions, approved by an art therapy association with particular standards and expectations. We may wish to know how supervisory practices differ in other places where training is conducted, such as Britain, France, or Japan.

### **6.3 Contributions to the field of art therapy**

This thesis has attempted to ascertain the way in which art therapy students view supervision. As no other study of its kind has been conducted, educators and supervisors alike may take into consideration the questionnaire findings when endeavouring to identify their goals for art therapy supervision.

Of further indication for art therapy supervisors, the developmental approach presented in chapters 2 and 3 has highlighted the evolving concerns and issues of student therapists. Alongside this, I have presented subsequent responses for the supervisor which may best facilitate the student's growth into independence and confidence.

The questionnaire results have perhaps helped to illuminate what qualities of their supervisor they feel were most helpful in aiding students' therapeutic competence.

The broad scope of this thesis reflected my wish to know anything and everything about students' art therapy supervisory experiences. The challenge of placing the questionnaire results into some manageable framework of understanding was at times difficult. But given the nature of the thesis, its journey was less directive and more exploratory.

I suppose any pilot project could make researchers often feel alone in their explorations. But it is hoped that *this* exploration will open up for future navigators, the otherwise uncharted waters of art therapy supervision.

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APPENDIX A.

*(Please note that the layout of this questionnaire has been slightly modified to accommodate the dimensional requirements of the thesis).*

**QUESTIONNAIRE ON**  
**ART THERAPY SUPERVISION**

DEADLINE: March 28, 1991

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SECTION I: This section contains a few general introductory questions.

---

Please check one:

1. Male \_\_\_\_ Female \_\_\_\_

Please fill in the blanks:

2. Age \_\_\_\_
3. Presently, I am in my \_\_\_\_ year of training.
4. I expect to graduate in \_\_\_\_ year(s).

Check all that apply:

5. Presently, I am receiving:
- \_\_\_\_ a. individual (faculty or faculty-assigned) supervision for my practicum training.
  - \_\_\_\_ b. group (faculty or faculty-assigned) supervision.
  - \_\_\_\_ c. individual (on-site) art therapy supervision.
  - \_\_\_\_ d. group (on-site) art therapy supervision.
  - \_\_\_\_ e. some form of personal psychotherapy/psychoanalysis.
6. The population(s) I presently work with is/are (check all that apply):
- a. Adults (non-geriatric)
    - \_\_\_\_ psychiatric
    - \_\_\_\_ medical
    - \_\_\_\_ other: Please specify:

- b. Adolescents  
\_\_\_ psychiatric  
\_\_\_ medical  
\_\_\_ other: Please specify:

- c. Children  
\_\_\_ psychiatric  
\_\_\_ medical  
\_\_\_ other: Please specify:

- d. Elderly  
\_\_\_ psychiatric  
\_\_\_ medical  
\_\_\_ other: Please specify:

---

**SECTION II: This section asks questions relating to aspects of your individual faculty or faculty-assigned art therapy supervision.**

**If you do not receive individual faculty or faculty-assigned supervision at present, please go to section V on page 10.**

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- Please circle the appropriate responses.**
1. For supervision sessions, my supervisor and I meet:
    - (1) in his/her office
    - (2) at my clinical training site
    - (3) in a classroom
    - (4) at his/her home
    - (5) at my home
    - (6) other: Please specify:
  
  2. The average frequency with which I meet my supervisor is:
    - (1) once every two weeks
    - (2) once a week
    - (3) three times a week
    - (4) other: Please specify:
  
  3. I pay for my supervision sessions.  
Yes            No
  
  4. If "Yes", please specify payment arrangements. \_\_\_\_\_

5. Duration of each supervisory session in minutes: \_\_\_\_\_.
6. The frequency with which my supervisor visits my clinical training site(s) is: \_\_\_\_\_  
\_\_\_\_\_.
7. During the past month, my art therapy supervisor has:
- a. directly observed me in session with my clients/patients Yes No  
(If "yes"), how many times? \_\_\_\_\_ times.
  - b. saw videotapes of me in session with my clients/patients Yes No  
(If "yes"), how many times? \_\_\_\_\_ times.
  - c. heard audiotapes of me in session with my clients/patients Yes No  
(If "yes"), how many times? \_\_\_\_\_ times.
  - d. participated as co-therapist in session with me Yes No  
(If "yes"), how many times? \_\_\_\_\_ times.
  - e. discussed clients/patients' cases.
    - (1) Always
    - (2) Frequently
    - (3) Occasionally
    - (4) Rarely
    - (5) Never
  - f. roleplayed with me, or invited me to roleplay.
    - (1) Always
    - (2) Frequently
    - (3) Occasionally
    - (4) Rarely
    - (5) Never
  - g. invited me to engage in image-making during supervision
    - (1) Always
    - (2) Frequently
    - (3) Occasionally
    - (4) Rarely
    - (5) Never
8. My art therapy practicum supervisor teaches me in another course.
- (0) No      (1) Yes      (2) Not at present, but has done so in the past      (3) Not at present, but will in future
9. My supervisor visits my practicum site: Yes No  
(If "yes"), when making a site visit, my supervisor:

- |    |  |     |    |
|----|--|-----|----|
| a. | views my process notes   | Yes | No |
| b. | meets with on-site supervisor  | Yes | No |
| c. | makes recommendations for improvements of site to me                 | Yes | No |
| d. | makes recommendations for improvements of site to on-site supervisor | Yes | No |
10. I chose my clinical practicum site. Yes No
11. I chose my art therapy supervisor. Yes No
12. If "Yes" to question 11, my supervisor was chosen on the basis of:
- Expertise in my particular population(s)
  - Personality
  - Being known and familiar to me
  - His/her availability
  - His/her marking style
  - Other, please specify:
13. In each session during the past month, the number of clients/patients I discussed with my supervisor was: \_  
\_\_\_\_\_
14. The following description(s) best describe the way I generally see my art therapy supervisor:
- (Circle all that apply).**
- My ego-ideal and helper
  - Judgemental representative of administration
  - Co-therapist to my patients/clients
  - Confidante and friend
  - Professional colleague
  - Artist
  - Other, please specify:
15. My art therapy supervisor:
- has expertise in the population I work with
  - knows something about the population I work with
  - knows very little about the population I work with
  - knows absolutely nothing about the population I work with
  - is unknown to me in terms of his/her expertise in populations
16. My supervisor's educational and professional credentials are: \_\_\_\_\_.

17. **THEORETICAL ORIENTATION: Definitions**

(1) **PSYCHODYNAMIC - ANALYTIC**

*Inspired by psychoanalysis and aiming to understand and to free oneself from repressed and unresolved conflicts.*

(2) **EXISTENTIAL - HUMANISTIC**

*Based on the capacity of the human being to direct his/her own life, with the goal of changing his way of being or acting.*

(3) **BEHAVIORAL - COGNITIVE**

*Aimed at learning new behaviours and to replace undesirable thoughts and emotions.*

(4) **SYSTEMIC - INTERACTIONAL**

*Consists, after analysis, of modifying the relationships between a person and those close to him/her.*

(5) **PSYCHO-CORPORAL**

*Approaches utilizing corporal energy and movement as therapeutic agents.*

18. Please circle one of the appropriate choices.

a. I perceive my supervisor's principle theoretical orientation to be:

- (1) Psychodynamic - analytic
- (2) Existential - humanistic
- (3) Behaviourial - cognitive
- (4) Systemic - interactional
- (5) Psycho-corporal

b. I perceive my university department's principle theoretical orientation to be:

- (1) Psychodynamic - analytic
- (2) Existential - humanistic
- (3) Behaviourial - cognitive
- (4) Systemic - interactional
- (5) Psycho-corporal

---

**SECTION III: This section will ask you to examine and evaluate your interactions with your art therapy supervisor in individual faculty or faculty-assigned supervision.**

---

The following scales measure the content of the interaction between your supervisor and you, the supervisee. Thinking about your supervisory sessions during the past month, how much did your supervision sessions include the following? On a scale of 1 to 7 (1 = little; 7 = extreme), please

circle the appropriate choice:

1. focus on the supervisee
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |
2. intellectual orientation
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |
3. experiential orientation
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |
4. clarification and interpretation
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |
5. confrontation
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |
6. depth of exploration
- |        |   |   |   |   |   |         |
|--------|---|---|---|---|---|---------|
| 1      | 2 | 3 | 4 | 5 | 6 | 7       |
| little |   |   |   |   |   | extreme |

Please circle one:

7. Generally, I am encouraged to discuss my own feelings about my art therapy supervisor during supervision.
- (1) Always
  - (2) Frequently
  - (3) Occasionally
  - (4) Rarely
  - (5) Never
8. Generally, I am encouraged to discuss my own feelings about my patients/clients during supervision.



- (1) Always
- (2) Frequently
- (3) Occasionally
- (4) Rarely
- (5) Never

Please circle the number which best represents your present experience in supervision.

9. On a scale of 1 to 10, the quality of the relationship I have with my art therapy supervisor contributes to the success of the therapy: (Please circle the appropriate number).

1 2 3 4 5 6 7 8 9 10  
(destructive) (valuable)

10. I would consider the relationship I presently have with my art therapy supervisor to be:

1 2 3 4 5 6 7 8 9 10  
(destructive) (valuable)

11. On a scale of 1 to 10, I value the following aspects of my art therapy supervisor: (Please circle the appropriate choice).

a. His/her expertise in techniques of intervention

1 2 3 4 5 6 7 8 9 10  
(not at all important) (extremely important)

b. His/her knowledge of aesthetics

1 2 3 4 5 6 7 8 9 10  
(not at all important) (extremely important)

c. His/her knowledge of art therapy theory

1 2 3 4 5 6 7 8 9 10  
(not at all important) (extremely important)

d. His/her knowledge of psychological theory

1 2 3 4 5 6 7 8 9 10  
(not at all important) (extremely important)

- (1) Always
- (2) Frequently
- (3) Occasionally
- (4) Rarely
- (5) Never

Please circle the number which best represents your present experience in supervision.

9. On a scale of 1 to 10, the quality of the relationship I have with my art therapy supervisor contributes to the success of the therapy: (Please circle the appropriate number).

1      2      3      4      5      6      7      8      9      10  
(destructive)      (valuable)

10. I would consider the relationship I presently have with my art therapy supervisor to be:

1      2      3      4      5      6      7      8      9      10  
(destructive)      (valuable)

11. On a scale of 1 to 10, I value the following aspects of my art therapy supervisor: (Please circle the appropriate choice).

a. His/her expertise in techniques of intervention

1      2      3      4      5      6      7      8      9      10  
(not at all important)      (extremely important)

b. His/her knowledge of aesthetics

1      2      3      4      5      6      7      8      9      10  
(not at all important)      (extremely important)

c. His/her knowledge of art therapy theory

1      2      3      4      5      6      7      8      9      10  
(not at all important)      (extremely important)

d. His/her knowledge of psychological theory

1      2      3      4      5      6      7      8      9      10  
(not at all important)      (extremely important)

**Please circle one.**

12. I have the feeling that my art therapy supervision borders on being personal therapy.

- (1) Always
- (2) Frequently
- (3) Occasionally
- (4) Rarely
- (5) Never

13. I have the feeling that my art therapy supervision is too didactic.

- (1) Always
- (2) Frequently
- (3) Occasionally
- (4) Rarely
- (5) Never

14. I feel that the quality of the relationship I have with my art therapy supervisor affects the quality of the relationship I have with my patients/clients.

- (1) Strongly agree
- (2) Agree
- (3) Neither disagree nor agree
- (4) Disagree
- (5) Strongly disagree

15. I feel that the quality of the relationship I have with my patients/clients affects the quality of the relationship I have with my art therapy supervisor.

- (1) Strongly agree
- (2) Agree
- (3) Neither disagree nor agree
- (4) Disagree
- (5) Strongly disagree

16. Generally, art therapy supervision helps me to work more effectively with my patients/clients.

- (1) Strongly agree
- (2) Agree
- (3) Neither disagree nor agree
- (4) Disagree
- (5) Strongly disagree

17. Generally speaking, the level of my self-confidence in working with patients/clients following art therapy supervision:

- (1) Decreases considerably
- (2) Decreases somewhat
- (3) Stays the same
- (4) Increases somewhat

(5) Increases considerably

18. Generally speaking, following art therapy supervision, the level of my anxiety in terms of working with patients/clients:

- (1) Decreases considerably
- (2) Decreases somewhat
- (3) Stays the same
- (4) Increases somewhat
- (5) Increases drastically

---

**SECTION IV: This section looks at the role artwork plays in your supervision.**

---

Please circle the choice that most closely applies to your supervision.

1. Patient/client artwork is brought into art therapy supervision:

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

2. Patient/client artwork is discussed in supervision:

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

3. During the past month, how often were the following aspects of my patient/client's artwork were discussed in supervision:

a. Form

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

b. Content

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

c. Process of image-making

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

d. Supervisor's associations

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

e. Patient's associations

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

f. My associations

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

g. Symbolism of the image

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

h. Diagnostic implications of the image

(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never

- i. Art materials used  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- j. Symbolism of the medium  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- k. Technical/physical properties of the medium  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- l. Physical limitations/capabilities of patient  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- m. Space of the art therapy room  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- n. Termination issues expressed in the image  
(1) Always (2) Frequently (3) Occasionally (4) Rarely (5) Never
- o. Other, please specify:

4. The frequency with which I make images during art therapy supervision:
- (1) Always
  - (2) Frequently
  - (3) Occasionally
  - (4) Rarely
  - (5) Never, but have considered it
  - (6) Never considered doing it

5. Please refer to question 3, and use the space below to indicate what major aspects of your own imagery is dealt with in supervision. Also indicate the frequency.

6. While training in the art therapy program, I do my own artwork:
- 1) always
  - 2) frequently
  - 3) sometimes
  - 4) rarely
  - 5) never

---

**SECTION V: This section asks you to assess and determine the qualities of the ideal art therapy supervisor.**

---

I value the following qualities in an ideal art therapy supervisor that contribute to a successful supervisor/supervisee alliance. (Please rate the following from 1 to 7 where 1 = not important at all

and 7 = extremely important).

1. **PERSONAL**

- a. likeability \_\_\_\_\_
- b. empathy with patients \_\_\_\_\_
- c. empathy with supervisee \_\_\_\_\_
- d. reliability \_\_\_\_\_
- e. capacity for encouragement \_\_\_\_\_

2. **PROFESSIONAL**

- a. general teaching ability \_\_\_\_\_
- b. ability to pinpoint trainee's shortcomings in art therapy interventions \_\_\_\_\_
- c. expertise in one modality of psychotherapy \_\_\_\_\_
- d. capacity for development of good rapport with trainee \_\_\_\_\_
- e. expertise in clinical interventions \_\_\_\_\_

3. I value the following components of an ideal successful art therapy supervisory relationship on a scale of 1 to 10. (Please circle the appropriate number).

a. The supervisor has a good grounding in theory

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

b. The personality of the art therapy supervisor

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

c. How well the supervisor knows the population the supervisee is working with

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

d. The supervisor gives moral support and encouragement to supervisee

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

e. The supervisor is critical of supervisee's performance and does not hesitate to verbalize criticism

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

f. The supervisor is sensitive to supervisee's feelings and will not offer criticism if he/she doesn't think the student can take it

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

g. The supervisor allows supervisee to express feelings about the patient

1	2	3	4	5	6	7	8	9	10
(not at all important)									(extremely important)

**SECTION VI: This section will ask about the ideal qualities the supervisee should have, which you feel would be most conducive to a successful supervisory alliance.**

Questions 1 to 5 ask you to rank the following attributes you think the supervisee should possess to facilitate learning in supervision. On a scale of 1 to 10, please fill in the appropriate number for each item. (1 = not important; 10 = extremely important).

- (1) Basic personal qualities/The foundation
- a) psychological-mindedness/openness

- b) reliability
- c) psychostructural soundness
- d) good verbal skills
- e) likability

**(2) Facilitators of Relationships with Supervisors**

- a) interest/desire
- b) motivation/initiative
- c) enthusiasm/eagerness
- d) sense of humour
- e) willingness to change

**(3) Facilitators of Relationships with Patients**

- a) interpersonal curiosity
- b) flexibility (personal, theoretical, clinical)
- c) empathy
- d) willingness to risk
- e) nonjudgmental attitude

**(4) Facilitators of Content/Theory Learning**

- a) intellectual openness
- b) a habit of reading/development of knowledge
- c) integrative approach to learning
- d) capacity for conceptual abstraction
- e) capacity to think artistically

**(5) Facilitators of Process/Skills Learning**

- a) minimal defensiveness
- b) introspection
- c) receptivity to feedback



- \_\_\_ d) willingness to report
  - \_\_\_ c) ego resiliency
- 

**SECTION VII: In this section, you will be asked to express opinions in response to open-ended questions.**

---

1. If I were an art therapy supervisor, I would have art therapy supervision fulfil the following goals:
2. I would have preferred my art therapy training program to be different in these ways:
3. Reflecting upon my art therapy supervision, I feel that it had (has) these particular strengths:
4. I also feel that my art therapy supervision had (has) these weaknesses:
5. Some corrective measures to the above might be:
6. I would say that the most important thing(s) I learned personally/ professionally from my art therapy supervision is/are:

**THANK YOU FOR YOUR PARTICIPATION!**

For further information about this study, please send a stamped, self-addressed envelope to:  
Anne Robinson  
Montréal, QC  
Canada

**APPENDIX B**

**RESPONSES TO QUESTIONNAIRE**

Responses to questionnaire regarding art aspects

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Space of art therapy room discussed</i>	rarely	17
	never	13
	occasionally	13
<i>Termination issues discussed in image</i>	occasionally	17
	frequently	11
	rarely	10
<i>Frequency student makes art in supervision</i>	never considered it	22
	never, but considered it	11
	occasionally	6
<i>Aspects of student art discussed in supervision</i>	none	27
	some aspects discussed	12
<i>Frequency student makes art during training</i>	occasionally	19
	frequently	16
	rarely	8
<i>Diagnostic implications of patient art discussed</i>	always	18
	frequently	15
	occasionally	11
<i>Art materials of patient discussed</i>	occasionally	16
	frequently	13
	always	12
<i>Symbolism of patient's media discussed</i>	occasionally	19
	frequently	11
	always	7
<i>Physical property of patient's media discussed</i>	occasionally	15
	rarely	13
	frequently	9
<i>Physical limitations of patient discussed</i>	occasionally	17
	frequently	11
	always	10

**Responses to questionnaire regarding art aspects**

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Patient art brought into supervision</i>	always	36
	frequently	7
	occasionally	4
<i>Process by which patient made art discussed</i>	always	38
	frequently	8
	rarely	1
<i>Patient associations discussed in supervision</i>	always	34
	frequently	10
	occasionally	2
<i>Student's associations made in supervision</i>	always	28
	frequently	10
	rarely	5
<i>Symbolism of patient art discussed</i>	always	22
	frequently	14
	occasionally	11

**Responses to questionnaire regarding art supervisory experience**

Reflecting on art therapy supervision it had these strengths:

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Professional identity focussed on</i>	yes	14
	no	47
<i>Personal confidence focussed on</i>	yes	11
	no	50

Responses to questionnaire regarding art supervisory experience

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Sex</i>	female male	68 1
<i>Age</i>	mean: 33 range: 22-62	68
<i>Year of training</i>	range: 1st 2nd 3rd	24 40 6
<i>Years until graduation</i>	mean: (less than a year) 1 year to graduate 2 years to graduate 3 years to graduate 4 years to graduate	32 30 4 2 1
<i>Receiving individual faculty supervision</i>	yes no	48 22
<i>Receiving group faculty supervision</i>	yes no	41 29
<i>Receives individual on-site supervision</i>	yes no	60 10
<i>Receives group on-site supervision</i>	yes no	9 61
<i>Receives some form of personal psychotherapy</i>	yes no	37 33
<i>Works with adults</i>	yes no	43 27
<i>Works with adolescents</i>	yes no	36 35
<i>Works with children</i>	yes no	34 36
<i>Works with elderly</i>	yes no	10 60

**Responses to questionnaire regarding art supervisory experience**

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Location of supervision</i>	in supervisor's office	26
	elsewhere	23
<i>Frequency of meetings</i>	once a week	43
	less than 1X a week	6
<i>Duration of supervision Session</i>	60 minutes	34
	less than 60 minutes	4
	more than 60 minutes	10
<i>Frequency of role playing in supervision</i>	never	30
	occasionally	10
<i>Frequency of art making in supervision</i>	never	32
	rarely	7
<i>Supervision visits internship site</i>	yes	27
	no	20
<i>Supervisor views on-site patient notes</i>	yes	14
	no	31
<i>Student chose clinical site</i>	yes	34
	no	14
<i>Student chose supervisor</i>	yes	14
	no	34
<i>Supervisor chosen for expertise in population</i>	yes	12
	no	36
<i>Student sees supervisor as role-model</i>	yes	26
	no	21
<i>Student sees supervisor as representative of administration</i>	yes	5
	no	42
<i>Student sees supervisor as professional colleague</i>	yes	41
	no	6
<i>Student sees supervisor as artist</i>	yes	13
	no	34

**Responses to questionnaire regarding art supervisory experience**

If I were an art therapy supervisor, I would make the following goals:

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Integration of clinical practice with theory</i>	yes	32
	no	30
<i>Provide support to student</i>	yes	36
	no	26
<i>Focus on aesthetics</i>	yes	15
	no	47
<i>Help develop professional identity</i>	yes	24
	no	38

I would have preferred the art therapy training program to be different in these ways:

<i>More site visits</i>	yes	8
	no	51
<i>Change program design</i>	yes	17
	no	42
<i>More focus on art issues</i>	yes	15
	no	44

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Supervision helps effectiveness with patients</i>	strongly agree	32
	agree	10
	disagree	3
<i>Level of self confidence after supervision</i>	increases somewhat	22
	increases considerably	18
	stays the same	5
<i>Level of anxiety after supervision</i>	decreases somewhat	19
	decreases considerably	16
	stays the same	7
<i>Supervision is too didactic</i>	rarely	17
	occasionally	15
	never	12

## Responses to questionnaire regarding art supervisory experience

Supervision's weaknesses were:

<i>Not enough encouragement and support</i>	yes	17
	no	39
<i>Time and duration of supervision limited</i>	yes	16
	no	40
<i>Practicum site not discussed</i>	yes	9
	no	47

Corrective measures might be:

<i>Improved communication between supervisor and student</i>	yes	13
	no	42
<i>More correspondence between site and faculty</i>	yes	10
	no	45
<i>Greater frequency and longer duration of supervision</i>	yes	13
	no	42

The most important thing(s) I learned professionally/personally from supervision is/are:

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Greater self-awareness</i>	yes	23
	no	31
<i>Developed sensitivity to patients</i>	yes	16
	no	44
<i>Greater knowledge of therapeutic issues</i>	yes	16
	no	44
<i>Learned clinical techniques</i>	yes	14
	no	46
<i>Greater integration of art and therapy</i>	yes	13
	no	47

Responses to questionnaire regarding art supervisory relationship

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Student sees supervisor as being expert in population student is working with</i>	very expert	34
	knows some	13
<i>Highest credentials of supervisor</i>	M.A.	30
	Ph.D.	11
	A.T.R.	41
<i>Theoretical orientation of supervisor</i>	psychodynamic	27
	non-psychodynamic	20
<i>Theoretical orientation of department</i>	psychodynamic	32
	non-psychodynamic	15
<i>Quality of supervisory relationship contributes to success of therapy (out of 10)</i>	10 = extremely important	15
	8	10
	7	8
<i>Quality of present relationship with supervisor</i>	10 = extremely important	25
	9	9
	8	6
<i>Supervisor has skill in intervention with student's population (out of 10)</i>	10 = extremely important	21
	9	10
	8	10
<i>Supervisor has knowledge of aesthetics (important - not important out of 10)</i>	8	10
	9	9
	10 = extremely important	6
<i>Supervisor knows art therapy theory</i>	10 = extremely important	22
	9	11
	8	6
<i>Supervisor knows psychological theory</i>	10 = extremely important	19
	9	10
	8	8
<i>Supervision feels like therapy</i>	rarely	19
	occasionally	14
	never	12



## Responses to questionnaire regarding art supervisory relationship

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<b><i>Ideal supervisory relationship:</i></b> <i>(not important - to extremely out of 7)</i>		
<i>likeability of supervisor</i>	5 6 7 = extremely important	26 20 15
<i>Supervisor's empathy with patients</i>	7 = extremely important 6 5	47 14 5
<i>Empathy with student</i>	7 = extremely important 6 5	46 18 3
<i>Reliability of supervisor</i>	7 = extremely important 6 5	51 15 3
<i>Supervisor's capacity to encourage student</i>	7 = extremely important 6 5	49 10 8
<i>Supervisor good teaching ability</i>	6 7 = extremely important 5	30 24 11
<i>(out of 10)</i> <i>Ideal supervisor has good personality</i>	7 8 9	20 19 12
<i>Ideal supervisor has knowledge of population</i>	10 = extremely important 9 8	27 16 13
<i>Ideal supervisor supports student</i>	10 = extremely important 9 8	28 19 10
<i>Ideal supervisor gives criticism to student</i>	9 8 10 = extremely important	16 12 11

**Responses to questionnaire regarding art supervisory relationship**

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
Ideal supervisor sensitive to student's feelings (out of 10)	4	11
	6	9
	10 = extremely important	8
	3	8
Ideal supervisor allows expression of student's countertransference feelings	10 = extremely important	40
	8	17
	7	7
Quality of supervisory relationship affects therapeutic relationship	agree	26
	neither agree nor disagree	8
	disagree	5
Quality of therapeutic relationship affects supervisory relationship	neither agree nor disagree	16
	agree	13
	disagree	8

Reflecting on art therapy supervision it had these strengths:

<i>Expertise of supervisor</i>	yes	26
	no	35
<i>Supervisor's support and encouragement</i>	yes	23
	no	38
<i>Supervisor's sensitivity to student</i>	yes	16
	no	45

**Responses to questionnaire regarding art supervisory relationship**

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>The following measures the content of interaction on a scale of 1 = little, to 7 = extreme during the past month:</i>		
<i>Focus on the supervisee</i>	6 7 = extreme	14 11
<i>Intellectual orientation</i>	5 4	20 9
<i>Experiential orientation</i>	5 7 = extreme	10 9
<i>Clarification &amp; interpretation</i>	6 7 = extreme	21 9
<i>Confrontation</i>	4 1	10 9
<i>Depth of exploration</i>	6 5	22 10
<i>Feelings student has toward supervisor discussed in supervision</i>	3 5	13 13
<i>Feelings student has toward patient discussed during supervision</i>	1 = little 2	25 12
<i>The following measures what students feel are important attributes they should possess to facilitate learning in supervision: 1 = not important, to 10 = extremely important</i>		
<i>Should ideal supervisee be psychologically-minded?</i>	10 = extremely important 9 8	50 14 3

**Responses to questionnaire regarding art supervisory relationship**

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Should ideal supervisee possess good verbal skills?</i>	9 = very important	22
	8	17
	10 = extremely important	15
<i>Should ideal supervisee be likeable?</i>	7 = important	17
	8	13
	6	13
<i>Should ideal supervisee demonstrate interest in supervisory relationship?</i>	10 = extremely important	33
	9	20
	8	11
<i>Should ideal supervisee have a sense of humour?</i>	10 = extremely important	23
	8	17
	9	14
<i>Should ideal supervisee be willing to change?</i>	10 = extremely important	38
	9	11
	8	11
<i>Should ideal supervisee be flexible personally, theoretically and clinically?</i>	10 = extremely important	52
	9	11
	8	4
<i>Should ideal supervisee have empathy towards patients?</i>	10 = extremely important	51
	9	12
	8	5
<i>Should ideal supervisee be willing to take risks with patients?</i>	10 = extremely important	35
	9	16
	8	15
<i>Should ideal supervisee be nonjudgemental towards patients?</i>	10 = extremely important	55
	9	9
	8	3
<i>Should ideal supervisee be open to new theories?</i>	10 = extremely important	39
	9	15
	8	12
<i>Should ideal supervisee read to develop knowledge?</i>	10 = extremely important	29
	9	16
	8	12

Responses to questionnaire regarding art supervisory relationship

<i>Variable</i>	<i>Responses</i>	<i># of Responses</i>
<i>Should ideal supervisee have capacity for conceptual abstraction?</i>	10 = extremely important	26
	9	22
	8	15
<i>Should ideal supervisee have capacity to think artistically?</i>	10 = extremely important	26
	8	16
	9	15
<i>Should ideal supervisee be minimally defensive?</i>	10 = extremely important	26
	9	19
	8	11
<i>Should ideal supervisee have capacity to be introspective?</i>	10 = extremely important	38
	9	18
	8	7
<i>Should ideal supervisee be open to feedback from supervisor?</i>	10 = extremely important	43
	9	16
	8	7
<i>Should ideal supervisee be willing to report to the supervisor?</i>	10 = extremely important	31
	9	19
	7	10
<i>Should ideal supervisee be ego resilient?</i>	10 = extremely important	34
	9	14
	8	12
<i>Should ideal supervisee be reliable?</i>	10 = extremely important	47
	9	12
	8	4
<i>Should ideal supervisee possess psychostructural soundness?</i>	9 = very important	20
	8	19
	10 = extremely important	17
<i>Should ideal supervisee have integrative approach to learning in supervision?</i>	10 = extremely important	29
	9	16
	8	12

## APPENDIX C

### RECOMMENDED GUIDELINES FOR ART THERAPY SUPERVISION

#### **A. SUPERVISOR'S QUALIFICATIONS**

1. Any person supervising an art therapist shall have been registered A.T.R.-AATA for at least two years prior to acting as a supervisor. The supervisor shall not be under censure for any ethical malfeasance. The supervisor shall not be related by blood or marriage to the supervisee or have a personal relationship with same that may undermine the effectiveness of the supervision.

#### **2. TRAINING**

Supervisor shall have a masters degree that covers the core curriculum and practicum hours in the AATA Educational Guidelines. In addition they shall have achieved registration with AATA plus two additional years of active practice. They shall have seen at least six clients a week during these two years of practice. They shall have taken a course either pre- or post-graduation on the theory and conduct of supervision. They shall continue to read sufficient texts on the theory of supervision and consult with other experienced supervisors either privately or in a group situation. They should seek to advance their knowledge from professional conferences, from school settings or from consultation with a colleague who is a more experienced supervisor.

#### **3. EXPERIENCE**

A supervisor shall have gained experience, under supervision in an approved mental health agency that provides care to the public. The supervisor shall have trained for at least one year in an institution serving a population similar to that which the supervisee is presently training. The supervisor shall have a broad understanding and education in the clinical art therapy theory that is appropriate to the agency setting in which the supervisee is practising.

#### **B. CONTINUING EDUCATION REQUIREMENTS OF SUPERVISORS**

1. Continuing education is recommended for supervisors. Two professional training experiences per year in supervision or clinical/art therapy treatment are advised. This continuing education training will be voluntary until a continuing education requirement is deemed necessary to preserve the AATA Registration certification. The focus of the continuing education course should be on 1) improving skills in supervision and evaluation and 2) acquiring a wider knowledge base for the areas of treatment in which the supervisees are training.

#### **C. RESPONSIBILITIES OF SUPERVISORS**

**GENERAL:** The supervisor shall be responsible with the supervisee that the extent, kind and quality of the art therapy counselling performed is consistent with the training and experience of the person being supervised and will be in compliance with all laws, rules, and regulations governing the practice of art therapy with mental health clients.

1. Supervision shall be held at a rate of one hour of supervision for every 10 hours of patient contact. The supervisee shall keep a record of patient contact and the supervisor shall sign these records monthly.
2. The supervisor and supervisee shall devise a method of evaluation which will inform the person being supervised the quality of their abilities to assess and implement a treatment plan and to

Appendix C continued

review and evaluate the progress of the client in treatment. This individual evaluation form will be tailored to fit the client population and the expectations of the agency where the art therapist is practising.

3. If the supervisor has concerns about the ability of the supervisee to practise art therapy, it is his/her responsibility to share these concerns with the supervisee. The supervisor shall decide how to help the supervisee. The supervisor shall decide how to help the supervisee and, if that cannot be put into effect, the supervisor must not sign for the hours and terminate supervision. The supervisee should be encouraged to engage in further training before offering services to the mental health client. Supervision is a confidential contract between supervisor and supervisee and confidentiality cannot be breached unless there is a question of danger to the client or unethical performance on the part of the trainee. The same rules hold true for the supervisor.
4. The supervisor should make every effort to observe the supervisee practising art therapy services. Any method that will provide a broader picture of the treatment should be encouraged, video, audio or live observation is recommended at least every three months at a minimum.
5. The pre-masters and post-masters guidelines for supervision are identical except when, before graduation, the student is conforming to program requirements that differ from these guidelines. The qualifications to become a supervisor are consistent in both pre- and post-graduation situations.
6. The art therapy supervisor shall advise the supervisee that all clients' art work be regarded as confidential clinical records. If the art work is to be utilized for display or reproduced, a written release must be obtained from the client. All identifying names should be removed from any art work displayed outside the therapy room.
7. Group supervision after graduation shall be limited to 4 supervisees per each 2 hour group time. Pre-graduation group supervision will conform to the educational requirements of the M.A. Program.

*These guidelines were created to assist supervisors and supervisees to evaluate the quality of the supervision engaged in by both parties.*

- THE AMERICAN ART THERAPY ASSOCIATION OFFERS SUPERVISION GUIDELINES BUT IS NOT RESPONSIBLE FOR MONITORING HOW THESE GUIDELINES ARE UTILIZED BY ART THERAPY SUPERVISORS.

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