

Dilemmas of Being a Person-Centered Supervisor

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I have enjoyed being a person-centered therapist and a person-centered educator, but supervision has not been one of my favorite activities. I think there is a tension between the ideology of client-centered therapy and the traditional concept of supervision. I was not supervised as a graduate student with Carl Rogers at the University of Chicago. I did not have the formal year of internship, which has become a standard requirement for graduate work in clinical psychology. I was aware of the difference in the way we learned at the Counseling Center and the methods used in social work schools or psychodynamically oriented programs in clinical psychology. This difference reflected the perceptions of client and therapist in the client-centered approach. The client was viewed as the person directing the process, as the expert in resolving the questions and conflicts in his or her own life. The same kind of respect was shown for the learning therapist, who did not have to be seen once a week or whatever to supervise what he or she was doing.

I think that it was because of such an ideological difference that I was not one of the regular supervisors in the clinical psychology program at Northwestern University. It was partly because I was client-centered and the prevailing orientation was psychodynamic. But it was also, I believe, because there was an awareness that I had a different concept of my responsibility as a faculty member toward our students. It was known, for example, that I did not give examinations and that I used self-evaluation as a basis for grading. I did occasionally supervise students from Northwestern and other institutions who were interested in working with me just because of my client-centered

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orientation. I tried to be responsive to each student's particular interests. Most often, the student would play a tape-recorded interview, to which we would listen together. My hope was to facilitate the student's reactions to the experience of hearing his or her own interview. Too often, I would react critically to the student's lapses in empathy and say how I would have responded to the client's verbalizations. I guess I regard this as the primary trap for client-centered supervisors; it may result in the student's feeling dumb or inadequate.

As I explore the history of my experience as a supervisor, I remember that for a number of years, I "supervised" by being a co-therapist with the student, who might be a resident physician, a staff social worker, or a psychology graduate student, in a psychiatric inpatient group situation. I would encourage the student to assume the main responsibility for leading the group; I served as a backup and as a resource for discussing the experience after it was over. As long as I did not take over for the student, I felt good about this form of supervision. It had the advantage, also, of the opportunity for me to get feedback from the student; I remember one who felt strongly that when I responded in the group, I talked too much. When I got over being defensive, I think I profited from that.

Another method I used, in hospital settings, was to conduct a supervisory group with different mental health professionals who were co-leading groups. A therapist team might consist, for example, of a psychiatry resident and staff social worker. In these supervisory meetings, the participants could bring up anything they chose. Often, the topic would not be the patient group, but difficulties with the hospital administration, the chief nurse, etc. This led to my being asked, in later years, to meet with staffs where there had been a lot of turnover and to deal with various kinds of discontent. My approach in that situation was to be empathic with the problems experienced by the workers, which could be incredibly difficult at times, and hope that clarification of the situation would strengthen the ability of the individual staff people to make a choice: to quit, to challenge the administration, to accept the current situation, or whatever. Experiences of this sort were interesting and I think, often helpful to

the participants, but I discovered they did not a career make. The reason: My “clients” were the workers, not the administration.

Another realization I have, in reviewing my experiences as a supervisor, is that doing it with a person-centered outlook promotes a person-to-person relationship with the student, which has sometimes been lasting. There have been different kinds of consequences—friendship, being asked to see a relative in therapy, having a dog named after me.

So far, I have tried to address the topic of the panel by drawing upon my experiences as a supervisor. Jon Rose’s initiation of this program has also led me to examine, or re-examine, what a couple of other people have written about client-centered supervision; I am not aware of very much available on the topic.

Hackney and Goodyear (1984) wrote a paper on “Carl Rogers’s Client-Centered Approach to Supervision,” which was published in Levant and Shlien’s collection. The authors seem to advocate a theoretical model of supervision formulated by Bernard (cited in Hackney & Goodyear, 1984), which, presumably, is applicable to the understanding of supervision “from any theoretical orientation” (Hackney & Goodyear, 1984, p. 281). Two of the three supervisory roles in this formulation are those of *teacher* and *consultant*, and there are three pre-identified supervisory functions: process, conceptualization, and personalization issues. To my mind, this provides a model of supervision which conflicts directly with a person-centered orientation. Hackney and Goodyear go on to relate an interview with Carl Rogers and an actual supervisory session he conducts which, I believe, documents the inherent difficulties in trying to be a supervisor and also client-centered. Rogers’ “major goal is to help the therapist to grow in self-confidence...in understanding of himself or herself and...in understanding the therapeutic process...to that end, I find it very fruitful to explore any difficulties the therapist may...(be)...having working with the client...supervision for me becomes a modified form of the therapeutic interview” (p. 283). In other words, Rogers would like to work within the supervisee’s frame of reference and not impose his own views. He says that he doesn’t like to say, “’You could do it thus and so,’ because I have no idea how you could do it” (p. 285). Then, without identifying it as such, Rogers introduces the client-

centered dilemma in supervision: “But I do like to perhaps stimulate the imagination some by saying how I would have handled it or how I see it” (p.285). He goes on to describe the strong feeling he may have: “Move out of that chair. Let me take over” (p. 285). But then, “I don’t want to criticize because I feel each person does therapy in the best way that he or she can do in the moment...I also avoid giving instruction. Just as with criticism, instructions can have a bad effect...” (p. 285).

In the recorded supervisory session that follows, Rogers acts out this dilemma. He seems to be making an effort to be empathic with the counselor’s difficulties with a client he is experiencing as unmotivated, but his remarks sound interpretive:

You feel the responsibility for getting her to move.

And the focus is really up to you?

Almost as if you’ve been drawing the answers from her rather than expressing your own feeling of uncomfortableness.

Sort of wish she would answer your questions for you (Hackney & Goodyear, 1984, p. 288).

It is apparent that Rogers feels critical of the interview, but he hopes the counselor will see the deficiencies for himself:

In the portion we saw of the interview, any particular things trouble you there?

What do you feel about your own function?

What did you feel her response to that was?

Any other comments of yours on that segment that we saw? (Hackney & Goodyear, 1984, p. 289)

The counselor's responses seem to leave Rogers frustrated. After asking, "Would you like me to say some of the things that I felt I saw?" (Hackney & Goodyear, 1984, p. 290), Rogers gives some of his reactions:

...A *few* times I felt it would be possible to have gone more deeply, but that happens to all of us all of the time."

...For whatever it is worth...my vision at that time was of prison bars. I would have responded: 'You feel as if you're really in a prison, that you really can't get out. (Hackney & Goodyear, 1984, p. 290)

...I would have gambled on responding to her where she was, uh, with the possibility that that would lead her to take a firmer stand (p. 291).

It appears that Rogers is critical but does not want to be hurtful. He summarizes, "And I would say very sincerely that I was describing the way I would tend to go about it. You've got to be sure that that's the way you want to go about it, or else it will come across as a phony thing, of course" (Hackney & Goodyear, 1984, p. 293).

This glimpse of Rogers discussing and doing supervision demonstrates the client-centered dilemma: "I don't want to direct you, but I have such strong feelings about providing empathy to clients that I have to tell you how I would respond."

Another person who has given much thought to client-centered supervision over the years is C. H. Patterson, formerly of the University of Illinois and now Distinguished Visiting Adjunct Professor at the University of North Carolina at Greensboro. In an interview on client-centered supervision, Patterson avoids the dilemma being cited here by being frankly evaluative in the supervisory situation. He states:

I start with a review of where I am coming from. I think it is also important that the supervisee know what I expect and what I consider the objective, the goal of the supervisory process. That goal is essentially that the student becomes

proficient in the basic components of...client-centered therapy...learn how to empathize...manifest respect, caring, and concern...be genuine. I add one other thing besides the three core conditions, that the student be helped to be specific in her or his responses rather than to generalize or make abstract responses; to keep with the specific content of what the client is talking about. (Freeman, 1992, The Interview section, first question)

Despite these expectations, Patterson maintains that supervision is similar to therapy in that he is not threatening and not judging. He claims that in supervision, he is providing essentially the same relationship the student should be providing in therapy.

Evaluating but not judging? Such a specific insistence on how to be empathic? Patterson has not resolved the dilemma. Can anyone?

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