

The effect of supervisor and trainee therapist gender on supervision discourse

Ed McHale^a and Alan Carr^b

The effects of supervisor and trainee therapist gender on supervision discourse were examined in this study. Forty episodes of supervision discourse, with ten drawn from each of four types of supervision systems were videotaped. The systems were (1) male supervisor and male trainee therapist; (2) male supervisor and female trainee therapist; (3) female supervisor and male trainee therapist; and (4) female supervisor and female trainee therapist. The episodes of supervision discourse were analysed using a supervision discourse coding system which showed adequate inter-rater reliability. For supervisors, the coding system allowed a directive discourse style and a collaborative discourse styled to be coded. A cooperative discourse style and a resistant discourse style could be coded for trainee therapists. Two statistically significant findings of considerable theoretical and clinical importance emerged. First, contrary to stereotypic expectations, discourse characterized by a directive supervision style and a resistant trainee therapist style was more common for systems containing a female supervisor than for those containing a male supervisor. Second, for same gender supervisor-trainee-therapist supervision systems, a collaborative systemic supervision style was correlated with both cooperative and resistant trainee therapist styles. This discourse pattern did not occur for opposite gender supervision systems, indicating that a collaborative supervision discourse style is consistently associated with trainee therapist participation (either cooperatively or resistantly) within same gender pairings of supervisors and trainee therapists. These results are discussed in light of relevant literature on gender, power and supervision process and the limitations of the study are considered.

Introduction

Gender is central to the family therapy agenda (Avis, 1989; Knudson-Martin, 1997; Walters *et al.*, 1988). However, rigorous research on gender in both systemic therapy and supervision

^a Clanwilliam Institute Dublin, Ireland

^b Director of the Clinical Psychology Training Programme, Department of Psychology, University College Dublin, Belfield, Dublin 4, Ireland. e-mail: alan.carr@UCD.ie

systems is sparse (Gurman and Klein, 1980; Long *et al.*, 1996). The study reported here is one contribution to this small and important literature. It is concerned with the impact of the genders of supervisors and trainee therapists on supervision discourse and the discourse style of supervisors and trainee therapists. Supervision discourse refers to the exchanges that occur between supervisors and trainee therapists during live supervision. Supervision discourse style refers to the particular way in which supervisors and therapists participate in this discourse. In this study, directive and collaborative supervisory discourse styles and cooperative and resistant therapist discourse styles are of central concern. Details of these styles will be given in the section on method.

Empirical findings on gender differences in communication styles generally, and those specific to therapy and supervision, are of particular relevance to this study and so will first be briefly reviewed. A recent meta-analysis of gender differences in communication styles confirms stereotypic expectations of gender roles in Western industrialized cultures, i.e. that males tend to be more directive and dominant, while females tend to be more responsive, open and affiliative (Pruett, 1989; Tannen, 1994). These studies were conducted in experimental rather than therapeutic situations. Hence they are relevant to studies of gender and communication in family therapy supervision only insofar as their results may usefully be contrasted with those from studies conducted within a therapeutic context.

Few studies of the impact of gender of family therapy process have been conducted, but those that have confirm that gender stereotypes have a clear impact on therapeutic discourse. Newberry *et al.* (1991), in a study of first family interviews, found that fathers responded more positively to structuring and directive interactions and both mothers and fathers responded more positively to non-structuring, supportive interventions from female therapists but not male therapists. Shields and McDaniel (1992), in a study of first family therapy interviews, found that male therapists spoke more than female therapists during therapy sessions and offered more explanations, but male and female therapists did not differ in supportiveness to clients. Clients made more structuring comments to male therapists and disagreed more when their therapists were female.

Within the field of individual psychotherapy and counselling supervision, there is some evidence that supervisor and therapist gender influence the supervision process. Worthington and Stern

(1985) found that while trainee counsellors rated *relationships* with same gender, rather than opposite gender supervisors more positively, their ratings of *competence* were associated with supervisors' supervision skills rather than with their gender. Roybak and colleagues (Roybak *et al.*, 1986, 1987), in two studies of supervision in counselling, have found that the gender of the counsellor had little impact on the *counsellor's* preference for supervisors to use particular power bases as part of their supervisory style. However, the gender of the supervisor had an impact on *supervisors'* power base preferences, with male supervisors preferring a referent power base in comparison with females. That is, male supervisors had a preference to influence the trainee counsellors by encouraging them to identify with the supervisor (rather than appealing to expert knowledge or authoritative position).

This literature suggests that male supervisors will tend to use a more directive style and females to use a more collaborative style; that male trainee therapists will use a more resistant style and speak more than their female counterparts and that same gender supervisor–trainee therapist pairings will be characterized by greater collaboration and cooperation. While these were our hypotheses, they were nested within the following four main questions which underpinned the design of the study. (1) What impact do the genders of supervisors and trainee therapists have on supervisor discourse style? (2) What impact do the genders of supervisors and trainee therapists have on trainee therapist discourse style? (3) What impact do the genders of supervisors and trainee therapists have on combinations of particular supervisor and trainee therapist styles and on the degree to which the supervisor dominates the supervision discussion? (4) Are there significant relationships between supervisor and trainee therapist discourse variables within same gender and opposite gender supervisor and trainee therapist systems?

Method

Design

In this study the effects of supervisor and trainee therapist genders on supervision discourse were examined using a two factor design. The combination of two factors – supervisor gender and trainee therapist gender – yielded four types of supervision systems. These were male supervisor and male trainee therapist; male supervisor

and female trainee therapist; female supervisor and male trainee therapist; and female supervisor and female trainee therapist. For each type of supervision system, ten episodes of interaction between supervisors and trainee therapists during live supervision behind a one-way screen were videotaped. These 40 episodes were coded to give data on two supervisor discourse style variables and two trainee therapist discourse style variables. The supervisor discourse variables were directive supervisor discourse style and collaborative supervisor discourse style. The principal trainee therapist discourse variables were resistant discourse style and cooperative discourse style.

Participants

Eight supervisors and nineteen trainee therapists participated in this study. All were members of the three-year Professional Training Programme in Family Therapy conducted at the Clanwilliam Institute in Dublin between 1995 and 1997. Four of the supervisors were female and four were male. They had between two and eight years of supervision experience and five to fourteen years of clinical experience in family therapy practice. Three had primary qualifications in clinical psychology, three in social work, one in nursing and one in teaching. Six described their orientation as post-Milan, social constructionism and two were affiliated to the constructivist movement. Supervisors varied in the number of episodes they contributed to the study, with the maximum being nine and the minimum being two. Of the nineteen trainee therapists who participated in the study, six were male and thirteen were female. There was considerable variability in the professional backgrounds of the trainee therapists. Six had primary qualifications in pastoral care; five in child or family care; three in nursing; two in teaching; two in social work; and one in clinical psychology. There was also some variability in the level of experience of trainees in family therapy. Eleven of the trainees contributed supervision episodes from their first eighteen-month period in the programme. The supervision episodes of the remaining eight trainees were drawn from the second eighteen-month period of the programme. Trainee therapists also varied in the number of episodes they contributed to the study, with the maximum being seven and the minimum one. No attempt was made, within the overall design of the study, to randomize or match the four groups of ten episodes of supervision to supervisor, therapist or client characteristics.

Instruments

The principal instruments used in this study were a video-recording machine for recording episodes of supervisor–trainee therapist discourse and a discourse coding system. This system was based on a series of codes drawn from the *Therapist Behaviour Code* (Forgatch and Chamberlain, 1992) and the *Therapeutic Interaction Coding System* (Shields, 1987). While these systems were developed to analyse therapist–client discourse, they included codes which tapped the types of supervisor and trainee therapist discourse of central concern to this study. Codes were selected from these systems and combined to form collaborative and directive supervisor discourse style variables and cooperative and resistant therapist discourse style variables on the basis of expert judgements of the authors informed by the literature reviewed in the introduction to this paper.

The supervisor directive discourse style composite variable was based on the sum of scores from the following codes: instruct or direct, structure, confront, interrupt or talk over, and declaration of opinion as fact. The supervisor collaborative discourse style composite variable was based on the sum of scores from the following codes: support or agree, open question, facilitate, disclose, and suggest or propose. The trainee therapist resistant discourse style composite variable was based on the sum of scores from the following codes: blame or complain, defend self, avoid or not respond, interrupt or talk over, and declaration of opinion as fact. The trainee therapist cooperative discourse style composite variable was based on the sum of scores from the following codes: agree, personal disclosure, appreciate, and humour. A reliability check on 10% of episodes yielded inter-rater agreement of 80 to 100% across all codes.

Procedure

All supervision episodes were drawn from sessions which occurred as part of a three-year Professional Training Programme in Family Therapy at the Clanwilliam Institute in Dublin, Ireland. These sessions were conducted by trainee therapists who were receiving live supervision from behind a one-way mirror and two were also being observed by a group of three to five other trainee therapists. Before and after these sessions, the supervisors and teams of trainees conducted planning and debriefing supervision meetings.

However, the supervision episodes studied in this investigation were those that occurred about midway through the clinical session. The average duration of these episodes was fifteen minutes. During these supervision episodes the central aim of supervision was to facilitate the development of the trainee therapists' competence by giving them an opportunity to take the initiative in planning future interactions with clients for the remainder of the session. Other trainees were encouraged to participate in these supervision discussions. Final clinical responsibility for all cases rested with the supervisor. Clients, trainee therapists and supervisors gave informed consent to participate in the study.

Results

For convenience, the results will be presented in four sections which correspond to the four questions listed at the end of the introduction. The first section will focus on the effect of supervisor and trainee therapist gender on supervisor discourse variables. The second section will focus on trainee therapist discourse variables. The third section will deal with combined supervisor and trainee therapist discourse variables. The fourth section will be concerned with relationships between supervisor and trainee therapist discourse variables.

ANOVA results for supervisor discourse variables

The means and standard deviations of the four types of supervision systems on supervisor discourse variables are presented in Table 1 along with the results of two-way analyses of variance for each of the supervisor discourse variables. From Table 1, the following conclusions may be drawn. First, supervisor gender had a statistically significant effect on the degree to which supervisors used a directive style in supervision. Female supervisors used a directive style more commonly than did male supervisors. Trainee therapist gender had no effect on supervisor discourse style. Analyses of the component discourse codes which made up the instrumental directive supervision style showed that supervisor gender had a statistically significant effect on the *structure* code, the *interrupt* code and declaration of *opinion as fact* code. Compared with male supervisors, female supervisors interrupted trainees more and made more declarations of opinions as facts. However, male supervisors made more structuring comments than did female supervisors.

TABLE 1 ANOVA results for supervisor discourse variables

Supervisor discourse variables	Discourse codes	Groups				ANOVA effects				
		Male supervisor and male trainee N = 10	Male supervisor and female trainee N = 10	Female supervisor and male trainee N = 10	Female supervisor and female trainee N = 10	Main effects	Supervisor gender (SG)	Trainee gender (TG)	SG × TG interaction	
Directive	Instruct or direct	Mean	6.70	6.60	12.20	11.10	1.41	0.04	2.78	0.028
		SD	5.05	8.00	10.04	12.99				
	Structure	Mean	2.10	0.70	1.30	0.80	2.69	4.73*	0.64	1.06
		SD	2.02	1.06	1.25	0.92				
	Confront	Mean	0.10	0.10	0.90	0.20	2.62	1.98	3.27	1.98
		SD	0.32	0.32	1.45	0.42				
	Interrupt	Mean	0.40	0.60	1.90	0.70	5.59**	10.35**	0.83	0.23
		SD	0.52	1.08	2.73	1.49				
	Declaration of opinion as fact	Mean	5.60	1.70	7.90	0.80	4.29*	8.44**	0.14	0.71
		SD	8.55	2.95	7.78	1.03				
Total instrumental/directive	Mean	27.60	15.50	34.90	18.60	4.38*	7.80**	0.97	0.13	
	SD	20.90	9.36	17.96	11.99					
Collaborative	Support	Mean	1.90	1.40	3.60	2.20	2.68	1.97	3.40	0.44
		SD	1.20	1.43	3.53	1.54				
	Open question	Mean	4.70	5.00	5.60	7.70	1.44	0.88	1.99	0.50
		SD	4.29	4.40	2.95	5.46				
	Facilitate	Mean	2.90	1.50	3.60	2.50	0.53	0.73	0.34	0.01
		SD	5.67	3.10	5.10	4.30				
	Disclose	Mean	1.40	0.80	0.80	0.60	0.44	0.44	0.44	0.11
		SD	2.80	1.87	0.92	1.58				
	Suggest or propose	Mean	5.60	7.50	8.50	5.30	0.11	0.17	0.05	2.58
		SD	4.20	6.77	3.17	5.21				
	Total collaborative or systemic	Mean	16.50	16.20	22.10	18.30	0.72	0.32	1.12	0.23
		SD	12.53	8.05	11.65	13.07				

Notes

* $p < 0.05$; ** $p < 0.01$

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Thus male supervisors were more likely to make comments such as: 'There is a sense that a clear line of questioning to address this issue is required here . . . a plan about how you will tackle the next part.' Female supervisors were more likely to interrupt trainees and to make comments such as: 'The central problem is the marriage . . . not the parenting stuff.'

ANOVA results for trainee therapist discourse variables

The means and standard deviations of the four types of supervision systems on trainee therapist discourse variables are presented in Table 2 along with the results of two-way analyses of variance for each of the trainee therapist discourse variables. From Table 2 the following conclusions may be drawn. First, neither supervisor nor trainee therapist gender had a significant effect on the composite resistant or cooperative trainee therapist discourse style variables. However, trainee gender did have a significant effect on one component of the resistant discourse style and one component of the cooperative discourse style. With the resistant discourse style, female trainee therapists interrupted or talked over supervisors more than did male trainee therapists. With the cooperative discourse style, male trainee therapists used more humour than females.

Thus, female trainees were more likely to engage in discourse such as the following:

SUPERVISOR: So when you are asking about Tom's position, what....

THERAPIST: [Talking over supervisor] I'm still not sure about where Mary is coming from.

Male therapists showed humour in ways like this:

SUPERVISOR: You have been working hard in there. What do you need to make sense of this. What do you need . . . eh . . . right now?

THERAPIST: A pint of Guinness!

ANOVA results for combined supervisor and trainee therapist discourse variables

The means and standard deviations of the four types of supervision systems on combined supervisor and trainee therapist discourse variables are presented in Table 3 along with the results of two-way analyses of variance for each of these variables. From Table 3 the following conclusions may be drawn.

TABLE 2 ANOVA results for trainee therapist discourse variables

Trainee therapist discourse variables	Discourse codes	Groups				ANOVA effects				
			Male supervisor and male trainee N = 10	Male supervisor and female trainee N = 10	Female supervisor and male trainee N = 10	Female supervisor and female trainee N = 10	Main effects	Supervisor gender (SG)	Trainee gender (TG)	SG × TG interaction
Resistant	Blame or complain	Mean	0.00	0.00	0.10	0.00	1.00	1.00	1.00	1.00
		SD	0.00	0.00	0.32	0.00				
	Defend self	Mean	0.00	0.10	0.30	0.20	1.09	0.00	2.18	0.55
		SD	0.00	0.32	0.67	0.42				
	Avoid or not respond	Mean	0.00	0.10	0.00	0.00	1.00	1.00	1.00	1.00
		SD	0.00	0.32	0.00	0.00				
	Interrupt or talk over	Mean	0.10	0.00	1.30	1.50	3.75*	0.01	7.50**	0.09
		SD	0.32	0.00	1.83	2.51				
	Declaration of opinion as fact	Mean	1.50	1.00	0.64	3.30	0.65	0.93	0.38	1.97
		SD	2.68	1.83	0.84	6.40				
Total resistant	Mean	1.60	1.20	2.30	5.00	1.37	0.57	2.18	1.03	
	SD	2.63	2.44	1.49	8.83					
Cooperative	Agree	Mean	2.60	3.20	4.10	5.80	1.39	0.67	2.12	0.15
		SD	2.41	2.90	5.69	5.73				
	Personal disclosure	Mean	2.40	3.40	4.20	4.40	1.59	0.49	2.69	0.22
		SD	2.12	3.03	3.26	2.22				
	Humour	Mean	0.10	2.10	1.20	0.50	0.22	0.39	0.06	1.67
		SD	0.32	5.28	3.79	1.08				
	Total cooperative	Mean	0.50	0.70	0.30	0.00	2.21	0.05	4.36*	1.35
		SD	0.71	1.06	0.48	0.00				
		Mean	5.60	9.40	9.80	10.70	1.01	0.85	1.16	0.32
		SD	2.76	9.42	10.53	7.30				

Notes

*p < 0.05; **p < 0.01

TABLE 3 ANOVA results for combined supervisor and trainee therapist discourse variables

Combined supervisor and trainee therapist discourse variables	Discourse codes		Groups				ANOVA effects			
			Male supervisor and male trainee N = 10	Male supervisor and female trainee N = 10	Female supervisor and male trainee N = 10	Female supervisor and female trainee N = 10	Main effects	Supervisor gender (SG)	Trainee gender (TG)	SG × TG interaction
Combined variables based on sum of supervisor and trainee therapist raw scores	Supervisor directive plus trainee therapist cooperative	Mean SD	33.20 21.86	24.90 12.72	44.10 25.28	29.30 15.45	2.53	3.52	1.54	0.28
	Supervisor directive plus trainee therapist resistant	Mean SD	29.20 21.87	16.70 8.83	36.60 18.27	23.60 16.61	3.67*	5.58*	1.75	0.00
	Supervisor collaborative plus trainee therapist cooperative	Mean SD	22.10 14.72	25.60 13.73	31.90 20.60	29.00 19.86	0.71	0.00	1.42	0.34
	Supervisor collaborative plus trainee therapist resistant	Mean SD	18.10 14.59	17.40 8.19	24.40 12.38	23.30 20.43	0.89	0.04	1.75	0.00
Combined variable based on sum of supervisor and trainee therapist ratio scores	Ratio of supervisor collaborative to directive plus ratio of trainees cooperative to resistant	Mean SD	5.18 3.23	8.18 4.70	5.06 2.20	3.20 0.87	1.80	0.05	3.36	3.87
Ratio of total discourse to trainee discourse	Ratio of trainee therapist's plus supervisor's total discourse to trainee therapist total discourse	Mean SD	3.40 1.79	2.05 0.64	3.22 1.78	1.81 0.37	5.57**	10.89**	0.25	0.01

Notes

*p < 0.05; **p < 0.01

First, supervisor gender had a statistically significant effect on the combined variable derived by dividing the total talk time by the amount of time the trainee spent talking. High scores on this variable reflect little trainee input to supervision discussions. Trainees who had male supervisors contributed less input to these discussions. Second, supervisor gender had a statistically significant effect on the combined variable derived from adding supervisors' use of a directive style and trainees' use of a resistant style. Discourse characterized by this combination was more common for systems containing a female supervisor than for those containing a male supervisor. The following discourse typifies this pattern:

SUPERVISOR: Focus on Bill's views in a fair bit of detail first and when . . . well . . . if it fits . . . check out how Sam reacts to this. This will bring Bill back in more . . . he's been . . . well not engaging enough. . . .

TRAINEE: I suppose I want to avoid . . . well losing the thread of Sam's story. No. I should continue on with Sam . . . I feel like that is the way to go at . . . eh . . . this point.

Correlational analyses of supervisor and trainee therapist discourse variables

To assess the relationship between supervisor discourse styles and trainee therapist discourse styles, Pearson product-moment correlations were computed for each of the four types of supervisor-trainee therapist systems and across all four types of systems. These are presented in Table 4. Correlations between each of the main supervision styles and each of the main trainee therapist styles are also included in the table. From Table 4 it may be seen that when data for four supervisor-trainee therapist systems were combined, statistically significant positive correlations occurred between the collaborative supervision style and both cooperative and resistant trainee therapist styles. However, when correlations from same and opposite gender supervisor-trainee therapist systems were computed a clear pattern emerged. For same gender supervisor-trainee therapist supervision systems, highly significant ($p < 0.001$) and extremely large positive correlations ($r = 0.78-0.93$) were found between the collaborative systemic supervision styles and both cooperative and resistant trainee therapist styles. These four correlations, which have been set in bold in Table 4, are the largest correlations between supervisor and trainee therapist styles in the entire matrix. For opposite gender supervisor-trainee therapist

TABLE 4 *Correlational analyses of supervisor and trainee therapist discourse variables*

	Pairs of variables on which correlations are based	Male supervisor and male trainee therapist	Male supervisor and female trainee therapist	Female supervisor and male trainee therapist	Female supervisor and female trainee therapist	Total
Correlations between supervisor & trainee therapist style variables	Supervisor directive style and trainee therapist cooperative style	0.40	0.51	-0.07	-0.08	0.19
	Supervisor directive style and trainee therapist resistant style	0.28	0.16	-0.45	0.07	0.09
	Supervisor collaborative style and trainee therapist cooperative style	0.93***	0.66**	0.36	0.78***	0.58**
	Supervisor collaborative style and trainee therapist resistant style	0.90***	0.41	0.46	0.82***	0.49**
Correlations between supervisor style variables	Supervisor directive style and supervisor collaborative style	0.26	0.50	-0.50	0.51	0.47
Correlations between trainee therapist style variables	Trainee therapist cooperative style and trainee resistant style	0.92***	0.81**	0.90***	0.77**	0.63**

Notes

** $p < 0.05$; *** $p < 0.001$

pairs, the correlations between supervisor collaborative style and either trainee therapist styles were far smaller and only one of these four correlations was statistically significant. This was the correlation between supervisor collaborative style and trainee therapist cooperative style for the male supervisor and female trainee therapist supervision systems. This correlation was of a moderate size ($r = 0.66$) and smaller than the other four significant correlations in the matrix.

From this pattern of correlations it may be concluded that for same gender supervisor–trainee therapist supervision systems, a collaborative supervision style led in almost all instances to greater cooperative and resistant trainee therapist styles. This discourse pattern did not occur for opposite gender systems. From Table 4 it may also be seen that non-significant correlations occurred between supervisor directive style and both cooperative and resistant trainee therapist styles. It may be therefore concluded that when supervisors adopted a directive style, trainee therapists did not consistently adopt either a cooperative or resistant style. Rather, their responses were unpredictable. A third noteworthy observation from Table 4 is that for all supervisor–trainee therapist system types, there were positive correlations between trainee therapist styles but not supervisor styles. Thus it may be concluded that when trainee therapists cooperated a great deal, they also resisted a great deal and when they cooperated little, they also resisted little. However, there was minimal relationship between supervisors' use of a collaborative style and a directive style.

Discussion

With respect to the first question posed in the introduction, concerning the effects of supervisor and trainee therapist gender on supervisor discourse style, it may be concluded that, contrary to our hypothesis, female supervisors used a directive style more commonly than did male supervisors. They tended to interrupt trainees more and made more declarations of opinions as facts. Trainee therapist gender had no effect on supervisor discourse style.

With respect to our second question, contrary to our hypothesis we found that neither supervisor nor trainee therapist gender had an effect on the overall discourse style used by trainee therapists. However, trainee therapist gender did influence the frequency of

interruptions (a component of the resistant style) and the use of humour (a component of the co-operative style). Male trainees used more humour, while female therapists interrupted the supervisors more frequently.

With respect to the third question concerning combined supervisor and trainee therapist discourse we found, contrary to our hypothesis, that a directive supervision style and a resistant trainee therapist style was more common for systems containing a female supervisor than for those containing a male supervisor. However, supporting one of our hypotheses in this area we found that trainees who had male supervisors contributed less input to supervision discussions.

With regard to the relationships between supervisor and trainee discourse variables, the area addressed by our fourth question, we found that for same gender supervisor–trainee therapist supervision systems, a collaborative supervision style was correlated with both cooperative and resistant trainee therapist styles. This discourse pattern did not occur for opposite gender supervision systems, indicating that a collaborative supervision style was consistently associated with trainee therapist participation (either cooperatively or resistantly) within same gender pairings of supervisors and trainee therapists. This discourse pattern did not occur for opposite gender systems. When supervisors adopted a directive style, trainee therapists did not consistently adopt either a cooperative or resistant style. Rather, their responses were unpredictable.

The shortcomings of this study set limits to the degree of confidence that may be placed in its findings. The principal limitation of the study is its scale and the possibility that confounding variables may have influenced the results. With respect to the scale of the study, only forty episodes of supervision were examined, with only ten episodes per cell in the 2×2 design. It would have been preferable to have included far more episodes to increase the power of the statistical tests and permit subtle interactions between therapist and supervisor gender to be detected.

With regard to the possible influence of confounding variables on the obtained results, there was the possibility that characteristics of supervisors, therapists and clients, which were neither randomized nor counterbalanced across the four conditions of the study, could have had an unknown, yet significant, effect on the results. This effect could have occurred because supervisor, therapist and client characteristics may have *separately* influenced supervisory

discourse or because the way in which supervisors, therapists and clients were *combined* may have led to some supervisory systems having different interactional characteristics from others. Ideally, supervisors, therapists and clients should have been randomly assigned to the four cells of the design or at least an attempt should have been made to match episodes in all four cells so that they did not differ on important supervisor, therapist or client variables. Future studies should include this feature in their design.

On the positive side, we are fairly confident that our supervisors and trainee therapists were representative of the populations from which they were drawn. That is, they were representative of Irish supervisors and trainee therapists. Our impression is that they were probably also representative of trainee therapists and supervisors working within other European countries, North America and Australia. We were also confident that the codes selected to operationalize the four discourse styles were both theoretically valid and reliably rated.

In speculating about our findings, we are reluctant to make more than a few tentative hypotheses as to how they came about and their significance for the practice of supervision. We suspect that the main finding of female supervisors adopting a directive style and males adopting a collaborative style may be due to selection factors, the impact of training or the effects of the supervisory context. Each possibility will be considered in turn. The first possibility is that men and women who opt to train in family therapy and are selected to do so may be those who do not conform to stereotypic communication styles, such as those summarized by Pruett (1989). It may be that women with a more directive style and men with a more collaborative style are selected for the profession. The second possibility is that the process of training as a professional family therapist and family therapist supervisor impacts differently on men and women, with women responding to training by developing a directive style and men a collaborative style. The third possibility is that the supervisory context (unlike the experimental contexts within which the research on gender and communication has been conducted (Pruett, 1989) elicits a directive style from female and a collaborative style from male supervisors. Of course, some combination of selection, training and contextual factors may underpin the differences between male and female supervisors found in this study.

Clearly the study requires replication and extension. The absence

of gender communication stereotypes within supervision systems found in this study requires further exploration. One interesting starting point would be a video review study in which supervisor intentions when they communicate in non-gender-stereotypic fashion are explored qualitatively. A second issue requiring exploration is the finding that within same gender pairs a collaborative supervision style invariably leads to greater involvement of trainees, whereas a directive style leads to unpredictable therapist behaviour. A further study is required to examine trainee therapists' perceptions of collaborative and directive supervision styles.

From a clinical viewpoint, the study highlights the importance of using a collaborative rather than a directive supervision style within same gender supervision systems, since such a style leads to greater productivity in terms of both therapist cooperation and resistance. For trainee therapists engaging in a mix of cooperative and resistant, discourse with supervisors probably promotes the development of professional autonomy. The study also highlights the need for supervisors and trainee therapists to be aware of the unpredictable impact of opposite gender supervision systems on trainee therapist discourse.

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