Book title: Clinical Supervision in the Health Professions: The New Zealand experience

Ruth DeSouza

Centre Co-ordinator/Senior Research Fellow

Centre for Asian and Migrant Health Research

Faculty of Health & Environmental Science

Auckland University of Technology

Auckland, New Zealand

Chapter title: Multicultural relationships in supervision

Key terms: Multicultural supervision, cultural and religious difference, world view, power, reflexivity

---

Learning outcomes

To understand what skills supervisors need for working in multicultural supervisory relationships.

To increase awareness of yourself as a cultural being.

To identify issues that might arise in multi-cultural supervision relationships.

To become aware of factors that might enhance multicultural supervision.

To identify strategies for enhancing multi-cultural supervisory relationships

---

"We don't colonise, these days, through the barrel of a gun, but through the comfortable words of those who change the hearts, minds and spirits of people" (Waldegrave, 2001).

Introduction

New Zealand society is predicted to become increasingly ethnically and religiously diverse. Changes in the Immigration Act of 1987 and the resulting increase in migrants from Asia, Africa and the Middle East point to the need for supervisors to develop a range of skills for

working with supervisees who are culturally diverse, and in turn have culturally diverse clients. Additionally supervisors themselves are increasingly likely to come from ethnic[1] groups. What this means for supervision and supervisory skills is discussed in this chapter going beyond a focus on the intra-psychic to the culturally diverse relationships between client, supervisee and supervisor. This chapter focuses on diasporic ethno-religious communities, an umbrella term used to include people who have a migration history that is inter-generational. It sets out to provide an overview of cultural issues that influence clinical supervision in New Zealand. I am myself a migrant to Aotearoa/New Zealand and approach this chapter as both a cultural and professional insider and outsider.

The chapter begins with an overview of the changing demographics of New Zealand and suggests that this needs to be considered in the context of supervision relationships. It is suggested that practice needs to expand in the absence of policy. A framework is presented that puts diversity at the centre of practice, and practitioners are encouraged to have conversations about worldview and culture throughout the supervision relationship. Finally strategies for working with difference in supervision are discussed. The culture of the supervisor and supervisee are both addressed rather than focussing purely on the supervisor in order to acknowledge a strengths-based process and collaborative power sharing.

What is culture?

My view of culture is that it is dynamic and fluid, not static and fixed. Culture is not simple and one dimensional, it is a way of making sense with and through others in dialogue. My aim in this chapter is to break down boundaries rather than fixing borders that compartmentalise and separate groups. I want to recognise and support cultural and religious differences but not fis them in permanent and concretised ways that leave no further room for people to move (Sreberny, 2005). We all have multiple social identities and these are brought into the supervision process whether by supervisee and supervisor (and by definition the client (Hird, Cavalieri, Dulko, Felice, & Ho, 2001). These identities ormultiplexity (Akamatsu, 1998) can be used, not used, highlighted and minimised depending on the situation and these have consequences for the quality of supervision. A further caution is that I don't claim to speak for all. I am speaking as a trans-national with many diasporic attachments and multiple identities rather than a single minority position. I am aware that all labels have their own "genealogy and politics" (Creese & Dowling, 2001, p.4). Yet I hope by

---

[1] Although everyone has an ethnic identity, in New Zealand policy the term refers to people who are neither Pākehā, Maori or Pacific peoples.

talking about ethnic communities we can widen the discussion and conversation from speaking about migrants to also consider long term settled communities who have lived in Aotearoa/New Zealand for multiple generations, such as the Chinese, Jewish and Indian communities but who are dispersed from their original homeland. I use the term carefully while recognising that any label can assume essentialism and homogeneity and can obscure complex differences. Furthermore, within this group peoples' experiences may be shaped by differences in class, culture, language, migration and radicalisation (Creese & Dowling, 2001).

The place of ethnic communities in NZ

The 2001 Census (Statistics New Zealand, 2002) found that the New Zealand population consisted of people who identified as:
- European 79%
- Māori 15%
- Pacific 7%
- Asian 7%
- Arab, Iranian, Iraqi, African were also significant

Almost 1 in 5 New Zealand residents were born overseas which rises to 1 in 3 in Auckland, the main countries of birth for New Zealand residents are England, Australia and Samoa. For those who are good at maths, you'll notice that the total comes to more than 100% because people can select and claim multiple ethnicities. For the first time the population of Asian peoples was greater than Pacific peoples, having more than doubled between 1991 and 2001. In looking at our most diverse area, the Auckland region, 1 in 8 people are Asian, 1 in 8 Pacific and 1 in 10 Mäori. It doesn't end there though, the fastest growing ethnic groups were Korean, Arab, Croat, Iraqi, South African and Russian, while the greatest increase in counts of overseas birthplaces between 1996-2001 were China, South Africa, India, Fiji and Korea.. Linguistic and religious diversity were also a hallmark of the Census of 2001 which noted a 20% increase in the number of multilingual people and an increase in people whose religion was non-Christian, including Hindu 56%, Buddhist 48% and Islam 74% .

This trend of growing diversity is expected to continue with projections for 2021 showing that there will be:
Relatively fewer Europeans – only increasing by 1%
- More Maori - increasing by 28%
- More Pacific People - increasing by 58%

- More Asians - increasing by 122%

Despite this significant shift in our ethnic make-up, New Zealand has yet to encompass multiculturalism as a social policy framework, which Bartley and Spoonley (2004) attribute to the fact that our migration source countries have been derived from the United Kingdom and Ireland, which in turn have shaped the development of activities and concerns (which Bartley and Spoonley call racist and Anglocentric assumptions of a colonial New Zealand) and when the time did come to explore issues regarding nation and nationality this coincided with a rise in indigenous concerns and the Treaty. Thus while countries such as Canada and Australia were developing multicultural policies, New Zealand was debating issues of indigeneity and the relationship with tangata whenua. New Zealand has yet to develop a locally relevant response to cultural diversity (multiculturalism) that complements or expands on the bicultural (Māori and Pākehā) and Treaty of Waitangi initiatives that have occurred (Bartley & Spoonley, 2004). This is reflected in the paucity of local literature on supervision in multicultural relationships.

Purpose of supervision

Supervision provides a powerful learning environment that helps in the maintenance of integrity and is therefore a critical factor in practitioner development for learning to work with diversity. Freshwater (2005, p109) suggests that supervision provides a space for the "preservation or restoration of integrity in caring" and as such a supervisor needs to have integrity themselves. Supervision provides us with an opportunity to look at ourselves and resource ourselves so that we can then re-engage with our work in new ways, with new knowledge and skills and strategies. This revitalising quality of supervision allows us to then return to our work refreshed. With the impact of neoliberal policy and increasing demands for quality and outcomes, the importance of having someplace to replenish ourselves takes on new urgency. Nowhere is this more apt than in working with people of diverse cultures, where policy has not kept up with practice so that few of us are resourced for working with difference in time stretched, resource poor systems. Supervision is one of the most powerful and intimate of learning environments and as such it needs to be a safe one, so that the work of learning can take place and enhance the delivery of care and support. The supervision experience can be a powerful facilitator of the development of knowledge and skills that meets the therapeutic needs of diverse groups. With our changing demographics, supervision needs to be more inclusive, not just in terms of working with diversity but also regarding worldviews from different locations and positions.

What does culture have to do with supervision?

According to Espin (1997, p.445), when migrants "cross borders they also cross emotional and behavioural boundaries. Becoming a member of a new society stretches the boundaries of what is possible because one's life and roles change, and with them, identities change as well. Boundaries are crossed when new identities and roles are incorporated into life." This border crossing can also involve trauma related to migration and the psychic spilt that results (Mohamed & Smith, 1999). I suggest that this crossing of borders happens often to people from ethnic communities who come from outside the dominant culture with its' dominant institutions and worldviews. I would like to propose that a transcendent or multicultural view of culture in supervision is incorporated rather than a universalist or particularist view. With a universalist approach, the importance of culture is minimised and differences put down as individual. While a particularist approach puts all difference down to culture. A transcendent view or multicultural perspective balances the both (Ryde, 2000).

Some key assumptions

There are some assumptions that I have about the role of supervisors as I reflect on working with diversity. That strengths need to shape our practice particularly as difference is often translated into deficit. Racism and power issues must be addressed otherwise the supervisor can be at risk of reinforcing societal prescriptions and finally that we must be cognisant of our own multiple social identities which privilege or disadvantage. These assumptions are discussed in more detail in the following section:

Strengths based approaches

Having a workforce that is culturally competent is becoming more important as our society become increasingly diverse. Thomas and Davis (2005, p.190) advocate for strengths based approaches that are "respectful, hopeful and solution focused as opposed to deficit focused, problem-solving processes". Furthermore, relationships that are based in 'power with' rather than 'power over' are emphasised as supervision has the potential to replicate power imbalances in society (Kane, 2001). Bottomley (1991) considers the focus on problems and lack of acknowledgment of assets of migrants (or ethnic communities) is due to Eurocentricity, monoculturalism and an inability to cope with complexity that is prevalent within mainstream organisations. Consequently, Bottomley argues that the accounts of the purported problems within migrant communities (for example, arranged marriages) can be more oppressive than those actually experienced by minorities themselves. These views correspond closely with the general ways in which migrants are viewed in the New Zealand

media for example. Often migrants are not seen as achievers and innovators (Ip & Lever-Tracy, 1999), in fact they are more likely to be seen as problems, weak passive victims, unskilled and unable to defend themselves against being exploited (Bottomley, 1994). Frequently challenges that face migrants in the relocation process are individualised rather than being viewed in their social context.

Addressing power issues

According to Font, Vecchio and Almeida (1998, p.85), "most psychotherapeutic approaches involve conversations in which societally mandated hierarchies of power are rarely mentioned and even more rarely challenged." It is even more likely that the supervisor will actively enforce societal prescriptions in a multitude of ways. Hierarchies of power are desgned to maintain the privilege of dominant groups, as long as this is not verbalised it cannot be challenged (Mohamed & Smith, 1999). It is important that the supervisor is aware of the power and authority that come with the role; this is further complicated by the power dynamics when the supervisor is a member of the dominant culture who can control the supervisory process by ignoring alternative cultural perspectives by applying a Eurocentric approach and pathologising any different world view. Therefore, it is the supervisors responsibility to raise and maintain issues related to culture (Hird et al., 2001).

Acknowledge own multiplexity and privilege

The multiple social identities that all people have are context-dependent, in one context we might be privileged and another disadvantaged. Supervisors and supervisees have a pivotal role in shaping the supervision/helping encounter through the theoretical, ontological, personal and cultural frameworks that they hold as well as their positioning in society. If this privilege is acknowledged the chances of a positive supervisory relationship are high. Supervision encompasses a complex set of relationships that go beyond the supervisee/supervisor relationship. There are also relationships between client-supervisee, supervisee-supervisor and client-supervisor. If one of the goals of supervision is to empower and liberate, the supervisory relationship become even more critical in particular as " a close examination of institutions and a rethinking of values and relationships" is required (Kane, 2001, p.297). In the case of Aotearoa New Zealand which has had a strong focus on the obligations underpinned by the Treaty of Waitangi/Te Tiriti, there is a need to widen this emphasis to practice that is anti-oppressive.

Tackle racism

It is important to consider racism when discussing clinical supervision and working with difference. Mohamed and Smith (1999) suggest that racism employs one of the psyche's most primitive defence mechanisms, the unconscious process of splitting and projection. The impact of racism is debilitating and inhibits a sense of positive identity and well-being for the black person. Examining racism within the context of object relations theory, where Blackness represents the bad object and white people project their own hostility onto Black people in order to preserve their sense of goodness. The black object in the outside world is the disowned parts of the white self. Mohamed and Smith claim that the mechanism of racism is essentially a phenomenon of mass splitting and projection by white people. Managing idealisation and denigration which are defences which manifest in the transference relationship is important. Building in culturally safe practice is also a vital strategy for tackling racism, however, the concept of cultural safety has tended to focus on just the relationships between Pākehā and Māori, and need to be expanded to ethnic communities (R. DeSouza, 2004), Pacific peoples, and other marginalised communities (Giddings, 2005).

The importance of reflexivity

Supervisors and supervisees need to locate themselves carefully through reflexivity in order to convey an awareness of how their presence affects both the process and outcome of supervision and /or their work with clients. Supervisors need to acknowledge the power differences and their positioning as an expert knower, who has had the task of drawing together and reshaping or synthesising the conceptualising of supervisees. Furthermore, supervisors need to develop practical and realistic ways of supporting those whose are culturally different and avoid projecting our own cultural expectations under the guise of therapeutic interventions(Wright, 1991). This can be done by developing competence through reading, further study, developing relationships with diverse people, peer supervision, consultation and continuing professional development.

Working with diversity

Diversity needs to be something that forms the foundation of our practice with people rather than something that is done when everything else has been addressed. In acknowledging diversity in the supervision relationship, typically there are three phases that the supervision relationship progresses through. In each of these phases from beginning, through maintenance and to termination phases, culture shapes the interactions between the supervisor, supervisee and client and informs their worldview. The following section

demonstrates what typically occurs in these phases with diversity being central to every supervision relationship.

The beginning phase

In the first phase, the beginning phase the relationship is clarified. Here it is important to acknowledge and discuss different assumptions, values, communication styles, ways of working towards goals and beliefs and to explore how these inform the way in which clients are conceptualised and how these shape the world views of supervisor and supervisee. If this is not negotiated then the dominant culture and disciplinary values are the default as the framework in which the relationship will be conducted which has an impact on the minority client (see later on and may result in feelings of disempowerment and lack of trust) (Hird et al., 2001). Furthermore, the sooner this discussion is had the better even though many supervisors are reluctant to discuss the impact of culture as they either don't see it as relevant (universalist view) or don't want to look ignorant or because they feel unprepared for working with difference. Persevering means that supervision occurs within a more complete cultural context (Hird et al., 2001) and Mohamed and Smith (1999)suggest that the responsibility of bringing up issues of difference and race lie with the therapist/supervisor. The first phase also involves contracting, supporting teaching interventions, developing competencies and treatment plans and closely mirrors the beginning phases of a therapeutic relationship, where the therapist/supervisor is initially being seen as all knowing. Having a discussion about culture at this stage can lead into an important dialogue about how the supervisee then works with clients who are culturally different and potentially opens up a parallel process where the supervisor/supervisee can model appropriate behaviour for discussing cultural issues.

The beginning sessions are important to develop mutual understanding, develop rapport, clarify expectations and roles, anticipate barriers and get to know each other (Garrett et al., 2001). At this point matching by ethnicity might be an option, although this can also be problematic (Ruth DeSouza, 1996). It is important that the supervisor develop a sense of reciprocity and mutual respect and makes explicit what they don't know about the supervisee's identities and vice versa.

Questions about culture to facilitate discussion (adapted from Hird et al., 2001)

How does your world view influence your expectations and goals for your work with clients and with supervision?

What assumptions do you make about clients based on your world view and cultural values?

How do you feel about the ethnicity of your clients?

What is your ethnicity, culture made up of?

What values based on your multiple identities shape your approach to supervision

What struggles and challenges do you have as you work with culturally diverse clients?

Mature phase

In this phase the supervisee becoming more empowered and the supervisor loses some of their power. The relationship becomes increasingly individual in nature with social bonding and the development of skills of case conceptualisation, increased self-confidence and self-efficacy, confronting personal issues in terms of professional performance and in particular integrating bot personal and professional identities (Gardner, 2002). It is important that the discussions around culture continue (Hird et al., 2001) and that learning is built on as the conceptualisation of the problems and potential solutions will be influenced by culture.

Terminating phase

In this phase, the supervisee begins to understand connections between theory and practice in relation to particular clients and becomes increasingly independent from the supervisor. At this point it is useful to review what has been achieved and recap the changes that have been made, in particular to the identity of both supervisor and supervisee and review how personal and professional identities have been integrated.

Strategies

The following intra- and inter-personal strategies can be used for working multi-culturally as either a supervisors or supervisees:

- Develop the capacity to respond to cultural issues that engender comfort and safety so future discussions can occur (Hird et al., 2001)
- Develop the capacity to be reflexive and examine your own privilege (Divac & Heaphy, 2005; McIntosh, 1990, 1993)
- Don't assume that one size fits all, avoid being formulaic and universalist in your approaches
- Develop an open mind, suspend your assumptions and judgements (Thomas & Davis, 2005)

- Examine your own biases about culture, your own personal values, cultural experiences and stereotypes.
- Become aware of your own power and positioning (or multiplexity) and your own racist conditioning.
- Dialogue across difference, be reflexive and watch relativism and collusion (being afraid to challenge)
- Create safety (Mohamed & Smith, 1999)
- Acknowledge that there are different ways of dealing with problems
- Don't deny the experience of racism even if it is beyond your own experience
- Work through your own issues about race and guilt and ability for working with difference (Mohamed & Smith, 1999)
- Work through your own internalised negative views concerning your own culture (viewed as second rate)
- Become aware of your own reactions to culturally diverse clients/supervisors/supervisees and in turn consider how your own culture might be perceived

Also become aware of the bigger picture – the systemic issues and societal assumptions. Participate in multicultural activities, including post-graduate coursework; clinical experience with diverse clients; participating in multicultural organizations; attending professional workshops and conferences that emphasise multicultural competence; and identifying 'experts' who can provide supervision and consultation regarding ethnic issues. Even though the supervisor is from a non-dominant group they are still acting symbolically from a dominant position (Garrett et al., 2001). Being an ethnically diverse supervisor with insider or emic status might not minimise or prevent the supervisor colluding with the dominant group either, particularly if the supervisor is working within a Eurocentric paradigm.

Conclusion

In this chapter I have argued for supervisors to develop skills for working in multicultural relationships with the changing demographics of New Zealand providing a driver for the expansion of current practice in clinical supervision. I have provided a fluid definition of culture and suggested a framework for practice that is strengths-based, that involves power sharing and considers the issue of multiplexity and privilege, that expands on cultural safety and has as it's bedrock reflexivity. It is recommended that the phases of supervision can incorporate discussions of the importance of culture and world view and finally strategies for both supervisor and supervisee are advocated.

References

Akamatsu, M. N. (1998). The talking oppression blues: Including the experience of power/powerlessness in the teaching of cultural sensitivity. In M. McGoldrick (Ed.), *Re-visioning family therapy : race, culture, and gender in clinical practice*. New York ; London: Guilford Press.

Bartley, A., & Spoonley, P. (2004). Constructing a workable multiculturalism in a bicultural society. In M. Belgrave, M. Kawharu & D. V. Williams (Eds.), *Waitangi revisited : perspectives on the Treaty of Waitangi* (2nd ed., pp. 136-148). Auckland, N.Z.: Oxford University Press.

Bottomley, G. (1991). Representing the 'second generation': subjects, objects and ways of knowing. In G. Bottomley, M. D. Lepervanche & J. Martin (Eds.), *Intersexions; gender, class, culture, ethnicity*. Sydney: Allen and Unwin.

Bottomley, G. (1994). Living across difference: connecting gender, ethnicity, class and ageing in Australia. In N. Grieve & A. Burns (Eds.), *Australian women, contemporary feminist thought* (pp. 59-69). Sydney: Allen and Unwin.

Creese, G., & Dowling, R. (2001). *Gendering immigration: the experience of women in Sydney and Vancouver* (Working paper series No. 01-04). Vancouver: Research on immigration and integration in the Metropolis.

DeSouza, R. (1996). *Transcultural mental health care.* Paper presented at the Caring and culture, culture and caring ANZ College of Mental Health Nurses Conference, Auckland.

DeSouza, R. (2004). Working with refugees and migrants. In D. Wepa (Ed.), *Cultural safety* (pp. 122-133). Auckland: Pearson Education New Zealand.

Divac, A., & Heaphy, G. (2005). Space for GRRAACCES: training for cultural competence in supervision. *Journal of Family Therapy, 27*(3), 280-284.

Espín, O. M. (1997). The role of gender and emotion in women's experience of migration. *Innovation: The European Journal of Social Sciences, 10*(4), 445-455.

Font, R., Vecchio, K. D.-D., & Almeida, R. V. (1998). Finding the Words: Instruments for a Therapy of Liberation. In R. V. Almeida (Ed.), *Transformations of gender and race : family and developmental perspectives* (pp. 85-97). New York: Haworth Press.

Freshwater, D. (2005). Reflexivity and inter-subjectivity in clinical supervision. In C. Johns & D. Freshwater (Eds.), *Transforming nursing through reflective practice* (2nd ed. ed., pp. 99-114). Oxford: Blackwell.

Gardner, R. M. D. (2002). Cross-cultural perspectives in supervision. *Th Western Journal of Black Studies, 26*(2), 98-106.

Garrett, M. T., Borders, L. D., Crutchfield, L. B., Torres-Rivera, E., Brotherton, D., & Curtis, R. (2001). Multicultural superVISION: A paradigm of cultural responsiveness for supervisors. *Journal of Multicultural Counseling and Development, 29*(2), 147-155.

Giddings, L. S. (2005). A Theoretical Model of Social Consciousness. *Advances in Nursing Science, 28*(3), 224-239.

Hird, J. S., Cavalieri, C. E., Dulko, J. P., Felice, A. A. D., & Ho, T. A. (2001). Visions and realities: Supervisee perspectives of multicultural supervision. *Journal of Multicultural Counseling and Development, 29*(2), 114-125.

Ip, D., & Lever-Tracy, C. (1999). Asian women in business in Australia. In G. A. Kelson & D. L. De Laet (Eds.), *Gender and immigration*. London: Macmillan Press.

Johns, C., & Freshwater, D. (2005). *Transforming nursing through reflective practice* (2nd ed. ed.). Oxford: Blackwell.

Kane, R. (2001). Supervision in New Zealand social work. In M. Connolly (Ed.), *New Zealand social work : contexts and practice* (pp. 291-304). Auckland, N.Z. ; Oxford ; New York: Oxford University Press.

McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School, 49*(2), 31-36.

McIntosh, P. (1993). Examining unearned privilege. *Liberal Education, 79*(1), 61-63.

Mohamed, C., & Smith, R. (1999). Race in the therapy relationship. In M. Lawrence, M. Maguire & J. Campling (Eds.), *Psychotherapy with women : feminist perspectives* (pp. 134-159). New York: Routledge.

Ryde, J. (2000). Supervising across difference. *International Journal of Psychotherapy, 5*(1), 37-48.

Sreberny, A. (2005). 'Not only, but also': Mixedness and media. *Journal of Ethnic and Migration Studies, 31*(3), 443-459.

Statistics New Zealand. (2002). *Census 2001*. Retrieved May 13, 2003, from www.stats.govt.nz/census.htm

Thomas, C., & Davis, S. (2005). Bicultural strengths-based supervision. In M. Nash, R. Munford & K. O'Donoghue (Eds.), *Social work theories in action* (pp. 189-204). Philadelphia: Jessica Kingsley Publishers.

Waldegrave, C. (2001). *The challenges of culture to psychology and post-modern thinking.* Paper presented at the Cultural Justice & Ethics, Proceedings of a symposium held at the AnnualNew Zealand Psychological Society's Annual Conference., Victoria University, Wellington.

Wright, J. (1991). Counselling at the cultural interface: is getting back to roots enough? *Journal of advanced nursing*(16), 92-100.