ORIGINAL PAPER

Spirituality, Gender, and Supervisory Style in Supervision

Marianne McInnes Miller · David C. Ivey

Abstract This study used the following guiding question: Is gender associated with variations in perceptions of supervisory style and the frequency with which spiritual issues are addressed in supervision? Results suggest that spirituality is perceived relevant to numerous aspects of supervision. For example, findings indicate that a relationship exists between two characteristics of supervisory style and the frequency with which spirituality is addressed in supervision. Results also intimate that male therapists viewed male supervisors as addressing spirituality more frequently than female supervisors, and female therapists viewed female supervisors as addressing spirituality more frequently than male supervisors. Overall, these findings highlight the significance of spirituality within the context of supervision and underscore the critical need for attention to gender in the study of spirituality within clinical settings.

Keywords Family therapy supervision · Gender · Spiritual

Buddha's First Noble Truth maintains that to live is to suffer, which suggests that none of us can escape pain in our lives (Borysenko, 1999). The thoughts of Thomas Keating, a well-known Cistercian monk and author, resonate with Buddha's truth, emphasizing that "[t]he human race, as a whole, is a sick species" (Keating, 1994, p. 72). To some degree, these ideas explain the work of therapists. In essence, we help people who suffer—who feel as if a sickness has penetrated their lives and relationships. As clinicians, we must recognize both the humanity and the spirituality of clients with whom we work. As we interact with each other as supervisors, therapists, and trainees, we need to respect the diverse experiences and perspectives of what people see as spiritual and divine.

M. McInnes Miller (✉)
Alliant International University, San Diego, California, USA
e-mail: mariannemcinnesmiller@hotmail.com

D. C. Ivey
Texas Tech University, Lubbock, Texas, USA

Spirituality

Spirituality is a difficult construct both to define and to research. Authors describe it in a myriad of ways (Miller, Korinek, & Ivey, 2006). Miller (1999), as well as Miller and Thoresen (2003) considered spirituality as complex and multidimensional, innately present in all human beings. Kurtz (1999) depicted spirituality as an attitude, rather than a type of practice or a method. He commented that spirituality used as a resource alleviates emotional, psychological, and spiritual distress (Kurtz, 1999). Fukuyama and Sevig (1997) maintained that a client experiences spirituality as she/he searches for a relationship with a higher or transcendent power and/or meaning in life. In her seminal book about spirituality in family therapy, Walsh (1999) delineated spirituality as an overarching construct experienced both outside and within religious organizations.

Spirituality in Marriage and Family Therapy Training

Spirituality has appeared more frequently in the literature, as it is becoming an accepted topic in the marriage and family therapy (MFT) field (Carlson & Erickson, 2002; Coffey, 2002; Griffith & Griffith, 2002; Miller et al., 2006; Miller, Korinek, & Ivey, 2004; Senter & Caldwell, 2002; Trepper, 2002; Walsh, 1999; Wendel, 2003). Senter and Caldwell (2002) stated, "Family therapists and other members of the mental health field are increasingly aware that spirituality is a powerful aspect of human experience" (p. 543). The acknowledgement that clinicians ought to address spirituality with clients (Griffith & Griffith, 2002; Richards & Bergin, 1997), therefore, has naturally extended to the need for supervisors to discuss this issue with therapists-in-training. Recent authors have argued that spirituality is a key construct for MFT supervisors and supervisees to consider (Carlson & Erickson, 2001; Coffey, 2002; Miller, 1999; Miller et al., 2006, 2004; Prest, Russel, & D'Souza 1999; Stander, Piercy, Mackinnon, & Helmeke, 1994). This study examined spirituality as a construct in supervision, based on the supervisee's perspective.

The body of marriage and family therapy literature included several resources on addressing spirituality in supervision and training. Several authors (Frame, 2001; Harris, 1998; Prest & Keller, 1993; Prest et al., 1999) discussed how MFT training programs tend to overlook spiritual issues, emphasizing that unless trainees attend programs that espouse spiritual beliefs, spirituality is rarely addressed. Harris (1998) challenged supervisors and therapists to seek spiritual explanations for the basic tenets of MFT theories. In structural therapy, for example, Harris questioned, "Is it possible that structure is important because structure is a basic part of the spiritual dimension of humanity?" (p. 82). Haug (1998) accentuated the importance of therapists learning how to create space for clients to discuss spiritual issues that are important to them. To that end, Haug suggested that supervisors foster sensitivity and receptivity in their students. Frame (2001) illustrated how supervisors can integrate the spiritual genogram into the training process. She contended that students use this tool to increase self-awareness of spiritual traditions within their family-of-origin.

Supervision is a complex process; therefore, it would seem that several factors shape how therapists-in-training perceive the conversations about spirituality in this context. Other literature discussed that the gender of therapist and gender of

supervisor influences the experiences of supervisees, given that gender issues relate to power and hierarchy (Ault-Riché, 1987; Long, Lawless, & Dotson, 1996; McHale & Carr, 1998; Moorehouse & Carr, 2002). Moreover, supervisory style has emerged as a key factor affecting therapist/supervisor interactions, especially in areas of affiliation, self-disclosure, and directiveness (Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Long et al., 1996).

Focus of Study

The specific research query pinpoints different facets of spirituality in training: Is gender associated with variations in perceptions of supervisory style and the frequency with which spiritual issues are addressed in supervision? After surveying the mental health literature, the first author created an inclusive definition of spirituality to be used for the purposes of this study: Spirituality is defined in the broadest sense as an overarching construct that includes a personal journey of transcendent beliefs and a sense of connection with other people, experienced either within or outside formal religious structures. Participants were given this definition.

Method

Sample

The sample consisted of masters and doctoral students from 12 Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited MFT programs. Given that the study explored dimensions of the supervisory relationship, participants had to be enrolled in the programs at least one academic year in order to increase the probability that they had received supervision from at least two faculty supervisors. The researcher gathered data from 153 participants. Most students were able to rate two supervisors; however, a few had received supervision from only one faculty member. Some of the students had been supervised by only males or only females; therefore, they completed the measures for two supervisors of the same gender.

Four groups were represented: (1) female therapists rating female supervisors; (2) female therapists rating male supervisors; (3) male therapists rating female supervisors; and (4) male therapists rating male supervisors. The therapist-supervisor pairings varied based on the number and gender of supervisors who were rated.

The first author visited nine universities to gather data. The majority of participants ($n = 148$) were recruited during these visits. A few students ($n = 5$) were enlisted from three additional universities via mail or through personal contact. Three of the universities are in the southwestern United States, three on the west coast, three in the western region, one in the Midwest, and two in the Southeast. The geographic diversity, as well as the inclusion of both private and public universities, increased the probability of a wider range of responses.

Recruitment Process

The first author contacted the programs through personal and professional associates who were faculty members at these universities. The procedure was a form of

nonprobability sampling, "[j]udgmental, purposive, or expert sampling" (Nelson, 1996, p. 455). It focuses on a particular group instead of an entire population (Nelson, 1996). The students were purposely selected, given their availability and the researcher's access to their MFT training programs.

When the first author visited the campuses of the selected MFT programs, she went to classes and/or internal practicum sites (e.g., held at on-site clinics). In a few instances, the program requested that she meet with students at a scheduled time outside of class. After participants signed the informed consent, they were given a demographics questionnaire, two copies of the Spiritual Issues in Supervision Scale (SISS), two copies of the Supervisory Styles Index (SSI), and one feedback form. Participants were asked to complete the demographic questionnaire first. They then were requested to complete one copy of the SISS and one copy of the SSI for one female, full-time/part-time/adjunct faculty supervisor they had during their time at their current program. After completing these measures, they were asked to fill out one SISS and one SSI for one male, full-time/part-time/adjunct faculty member that they had for supervision in their current program. If they had not had a female, full-time/part-time/adjunct faculty supervisor, they were given two sets of the measures focusing on the male supervisor. Likewise, if they had not had supervision with a male, full-time/part-time/adjunct faculty member, they were given two sets of the measures applied to the female supervisor. If they had received supervision from only one person, they completed the measures for one supervisor.

Measures

Demographic Questionnaire

The questionnaire was designed by the researcher to collect data on several demographic variables. A few of these variables are delineated in Table 1.

Supervisory Styles Index (SSI)

Long et al. (1996) developed the SSI to examine supervisory style from a feminist approach to training and therapy. The authors defined supervisory style as the manner in which the personality characteristics, beliefs, and principles of the supervisor emerge through the supervisory relationship. The researchers recognized three sets of complementary supervisory styles that were present in the literature: (1) Affiliative/Authoritative; (2) Directive/Non-directive; (3) Self-disclosing/Non-self-disclosing. The internal reliability coefficients attained were .79 for the Affiliative/Authoritative scale, .78 for the Directive/Non-directive scale, and .80 for the Self-disclosing/Non-self-disclosing scale (Long et al., 1996).

Spiritual Issues in Supervision Scale (SISS)

The researcher created the SISS specifically for this study. Each item focuses on an area that may be addressed in supervision. Several examples of these items include, "In the area of grief, loss, and death," "With self-of-therapist issues, including your own family-of-origin issues," "In the area of identity," and "With issues concerning contraception or fertility." Participants rate each item using a Likert-type scale

Table 1 Selected demographics for all respondents (n = 153)

		N	Percentage (%)	M	SD
Age				32.84	9.89
Gender					
	Female	100	65.4		
	Male	53	34.6		
Ethnicity					
	Native American/Alaska Native	6	3.9		
	Asian/Pacific Islander	12	7.8		
	African-American (Black)	8	5.2		
	Latino/a	18	11.8		
	European-American	98	64.1		
	Other	4	2.6		
	Middle-Eastern	4	2.6		
	African	3	2.0		
Current relationship status					
	Single	52	34.0		
	Cohabiting, no children	9	5.9		
	Cohabiting, children	0	0		
	Married, no children	26	17.0		
	Married, with children	43	28.1		
	Separated	5	3.3		
	Divorced	12	7.8		
	Other	6	3.9		
Student status					
	First-year masters	9	5.9		
	Second-year masters	68	44.4		
	Third and higher masters	8	5.2		
	First-year doctoral	15	9.8		
	Second-year doctoral	27	17.6		
	Third-year doctoral	15	9.8		
	Fourth-year doctoral	6	3.9		
	Fifth-year and higher doctoral	4	2.6		
	Other	1	.7		

ranging from 1 to 5 (1 = Spiritual issues are never addressed; 3 = Spiritual issues are occasionally addressed; 5 = Spiritual issues are frequently addressed). The items were reviewed for content validity by a panel (n = 7) of two full-time faculty members, one adjunct faculty member, and four PhD students in a COAMFTE accredited MFT program at a state university in the southwestern United States. In a pilot study, analysis of the internal consistency for the overall scale produced a Cronbach's α of .94 (Miller et al., 2004).

Design

This study employed a correlational design. This type of design functions well in exploratory research, which examines a diverse array of preliminary hypotheses (Campbell & Stanley, 1963). It explores the extent to which variables of interest covary, or "co-relate" (Snyder & Mangrum, 1996), producing results that can be considered associative (Nelson, 1996). Correlational designs are sometimes considered pre-experimental designs, as they can serve as preliminary studies that focus on cause-and-effect relationships (Patten, 2000).

Results

Preliminary Analyses and Procedures

Factors and Reliability of SISS

Miller et al. (2006). Using a principal component analysis (PCA), factor analysis using a varimax rotation was performed on the SISS data. Eigenvalues greater than one served as the criterion for calculating the number of factors, accepting factor loadings equal to or higher than .33. The Kaiser–Meyer–Olkin measure of sampling adequacy was .943, which indicated that the distribution of values was excellent for conducting factor analysis (George & Mallery, 2001). Moreover, Bartlett's Test of Sphericity produced a significant value of < .001, showing that the data were approximately multivariate normal and satisfactory for factor analysis (George & Mallery, 2001).

The PCA produced four underlying factors for the SISS. The four factors accounted for 69.9% of the sample variance. The first factor, ''Client System,'' was by far the largest, with 14 items (24.11% of sample variance). The number of loaded items dropped on the remaining three factors, with six items (16.80%) loading on factor two, ''Supervisory System,'' five (15.11%) on factor three, ''Diversity Lens,'' and four (13.90%) on factor four, ''Lens of Meaning and Values.'' A reliability analysis of the SISS data included 257 cases. A coefficient (Cronbach's α) of .975 for the entire scale was obtained. The researcher also conducted reliability analyses for each of the four factors, all of which demonstrated acceptable levels of internal consistency: (1) Client System: .960; (2) Supervisory System: .896; (3) Diversity Lens: .911; (4) Lens of Meaning and Values: .881 (Miller et al., 2006).

Total Score for SISS

The total score for the SISS was calculated in order to test the hypotheses addressing the frequency of spiritual issues addressed in supervision. A lower sum score on the SISS meant that the therapist reported that spiritual issues were addressed less frequently than with cases yielding higher scores. For the sample in this study, SISS scores ranged from 30 to 150, with a mean of 78.68, and a standard deviation of 28.17.

Total Score for SSI Subscales

According to Long et al. (1996), ''each subscale on the SSI is distinct, and the scores should not be totaled'' (p. 605). The subscale totals were calculated after reverse scoring items 6, 8, 9, 10, 11, 12, and 19. The creators stated that researchers ought to consider supervisory style not as dichotomous, but continuous. In the affiliative/authoritative subscale, scores ranged from 6 to 24. A more affiliative style was indicated with scores from 19 to 24, and a more authoritative style was suggested with scores from 6 to 11. For the directive/non-directive subscale (ranging from 6 to 24), scores of 19 to 24 illustrated a non-directive style, and scores from 6 to 11 indicated a directive supervisor. Lastly, on the self-disclosing/non-self-disclosing subscale, a more self-disclosing supervisor would have scores

from 22 to 28, and a supervisor who tends to be non-self-disclosing would be rated with scores from 7 to 13. The scores on this subscale ranged from 7 to 28 (Long et al., 1996).

Recoded Items

For the majority of the sample, each therapist reported on two supervisors. The number of supervisors easily eclipsed the number of therapists in the analyses. Several statistical analyses focused on supervisors and therapists separately, so the different numbers in each group did not pose a problem. When the interactions between therapist–supervisor pairs were examined, the therapist was coded twice for 141 of these pairings. There were 12 participants who rated only one supervisor, so they were coded once.

Primary Results

Gender of Supervisor and Supervisory Style

Three one-way analysis of variances (ANOVAs) were conducted to address the relationship between the gender of the supervisor and ratings of supervisory style (see Table 2). The gender of the supervisor (two levels: female, male) was the independent variable, and the three levels of supervisory style (Affiliative/Authoritative; Directive/Non-directive; Self-disclosing/Non-self-disclosing) were the dependent variables. In the first analysis, there were 111 females and 119 males to produce a total of 230 supervisors rated. With the Affiliative/Authoritative subscale, a significant difference was found, $F (1, 228) = 5.086$, $P = .025$, $\eta^2 = .022$. Male supervisors were rated as more affiliative ($M = 20.82$) than female supervisors ($M = 19.94$), although both genders were scored in the range of a more affiliative style (19 through 24) (Long et al., 1996). The analyses with the Directive/Non-directive subscale and with the Self-disclosing/Non-self-disclosing subscale produced no significance.

Gender of Therapist, Gender of Supervisor, and Supervisory Style

Three 2 (therapist gender) × 2 (supervisor gender) factorial ANOVAs were used to determine if there was an interaction between gender of the therapist and gender of

Table 2 Means and standard deviations for ratings of supervisory style by gender of supervisor

Supervisory style	Supervisor	
	Female	Male
Affiliative/authoritative ($N = 230$)		
M	19.94	20.82
SD	3.50	2.40
Directive/non-directive ($N = 240$)		
M	21.20	21.44
SD	2.84	2.46
Self-disclosing/non-self-disclosing ($N = 286$)		
M	21.15	21.28
SD	4.25	5.08

the supervisor on ratings of supervisory style (see Table 3). The independent variables were therapist gender (two levels: female, male) and supervisor gender (two levels: female, male). The dependent variables were the three levels of supervisory style (Affiliative/Authoritative; Directive/Non-directive; Self-disclosing/Non-self-disclosing). The analysis was conducted three times—once for each subscale. The four groups in the factorial ANOVA were (1) female therapist reporting on female supervisor, (2) female therapist reporting on male supervisor, (3) male therapist reporting on male supervisor, and (4) male therapist reporting on female supervisor. The analysis yielded no significant therapist gender by supervisor gender interaction, F (1, 226) = .044, P = .834, η^2 = .000. A statistically significant main effect was found for supervisor gender. Findings indicate that male supervisors (M = 20.86) were rated higher, or more affiliative, than female supervisors (M = 19.95), F (1, 226) = 4.946, P = .027, η^2 = .021.

No interaction effects occurred between therapist gender and supervisor gender on the three levels of supervisory style. It is important to point out that a statistically significant main effect emerged with supervisor gender with the Affiliative/Authoritative level. Both female and male supervisors fell into the affiliative range of this subscale (19–24); however, a statistically significant group difference became apparent as male supervisors were rated as more affiliative than female supervisors.

Gender of Therapist, Gender of Supervisor, and Spiritual Issues Addressed in Supervision

A 2 (therapist gender) × 2 (supervisor gender) factorial ANOVA was generated to ascertain if there was an interaction effect between gender of the therapist and gender of the supervisor on the frequency of spiritual issues addressed in supervision (see Table 4). The independent variables were therapist gender and supervisor gender (two levels: female, male). The dependent variable was the frequency of spiritual issues addressed in supervision, represented in the total SISS score. A statistically significant therapist gender by supervisor gender interaction emerged in this analysis, F (1, 253) = 4.143, P = .043, η^2 = .016. Scores of female therapist/female supervisor pairs (M = 83.76) were higher than female therapist/male supervisor pairs (M = 79.51). Also, scores of male therapist/male supervisor pairs

Table 3 Means and standard deviations for ratings of supervisory style by gender of supervisor and gender of therapist

| | Affiliative/authoritative | | Directive/non-directive | | Self-disclosing/non-self-disclosing | |
| | (N = 230) | | (N = 240) | | (N = 286) | |
	M	SD	M	SD	M	SD
Therapist × supervisor						
Female × female	19.90	3.41	21.21	2.84	21.57	5.20
Female × male	20.73	2.62	21.39	2.53	21.36	4.24
Male × female	20.00	3.68	21.17	2.88	20.42	4.81
Male × male	21.00	1.93	21.53	2.35	21.13	4.33

Table 4 Means and standard deviations for frequency of spiritual issues addressed in supervision by gender of supervisor and gender of therapist

	Frequency of spiritual issues addressed in supervision	
	M	SD
Therapist × supervisor		
Female × female	83.76	29.02
Female × male	79.51	27.50
Male × female	68.60	27.44
Male × male	79.07	26.39

(M = 79.07) were higher than male therapist/female supervisor pairs (M = 68.60). Findings indicate, therefore, that female therapists rated female supervisors as addressing spirituality more frequently than male supervisors. Results also suggest that male therapists rated male supervisors as addressing spirituality more frequently than female supervisors.

Supervisory Style and Spiritual Issues Addressed in Supervision

In order to find out whether a relationship exists between supervisory style and the frequency of spiritual issues addressed in supervision, a Pearson's correlation analysis (pairwise) was conducted between the total score of the SISS and the three subscales of the SSI (see Table 5). With the Affiliative/Authoritative scale and the total SISS score, correlation (r = .329) was statistically significant at the .01 level (2-tailed). The positive correlation indicated that based on the student's perspective, the more affiliative the supervisor, the higher the frequency with which the supervisor addressed spiritual issues in supervision. If the participant perceived the supervisor as more authoritative, she or he rated the supervisor as talking about spiritual issues less frequently. A statistically significant correlation (r = .466) at the .01 level (2-tailed) also emerged with the analysis between the Self-disclosing/Non-self-disclosing subscale and the total SISS score. Again, given that the correlation was positive, these results suggest that according to therapists-in-training, a relationship exists between ratings on the Self-disclosing/Non-self-disclosing subscale and the frequency with which the supervisor addresses spiritual issues in supervision. If participants tended to view their supervisors as more non-self-disclosing, they rated them as looking at spiritual issues less frequently.

Table 5 Pearson's correlations for the supervisory styles index (SSI) subscales and the spiritual issues in supervision (SISS) total score

SISS subscales	SISS total score
Affiliative/authoritative	.33[**]
Directive/Non-directive	− .07
Self-disclosing/non-self-disclosing	.47[**]

[**]Correlation is significant at the .01 level (2-tailed)

Discussion

Conclusions

Spirituality as a Construct

Recently, authors have addressed the difficulties inherent in defining and researching spirituality. Wendel (2003) asserted that the definition of spirituality continues to expand in clinical literature, which can create ambiguity and negatively affect research methodologies. On the other hand, Miller and Thoresen (2003) emphasized that researchers can study spirituality, pointing out that historically, ''science has studied phenomena that were or are not directly observable but that could be inferred indirectly through predicted effects'' (p. 25). Although consensus seems to be lacking in the MFT field that spirituality needs to be integrated in treatment and training, there has certainly been support suggesting that spirituality is a viable and important construct to consider.

Spirituality and Supervisory Style

We hypothesized that supervisory style was an important factor to consider when looking at spirituality in supervision. Findings suggested that a statistically significant relationship exists among two of the ratings of supervisory style and the frequency with which spiritual issues are addressed in supervision. The Affiliative/Authoritative subscale and the Self-disclosing/Non-self-disclosing subscale were significantly correlated with the total score on the SISS, and the correlations were positive. The correlation on the Affiliative/Authoritative subscale suggests that supervisors who were perceived by trainees to be more affiliative also appeared to address spiritual issues more frequently in supervision. The correlation on the Self-disclosing/Non-self-disclosing subscale indicates that when therapists viewed supervisors as more self-disclosing, they also reported that spiritual issues were discussed more frequently in supervision. These results are consistent with the literature, which suggested that an open, respectful environment in supervision may facilitate communication about difficult topics, such as spirituality (Anderson et al., 2000; Ratliff, Wampler, & Morris, 2000). Should a therapist perceive her or his supervisor as affiliative, she or he may feel more at-ease discussing spirituality. Perhaps an affiliative style would help a trainee trust a supervisor, reducing the sense of vulnerability one might experience in supervision. Likewise, when a supervisee views a supervisor to be more self-disclosing, the therapist-in-training may be inclined to speak more freely about how spirituality relates to therapeutic and supervisory processes. Given that spirituality is often personal, a self-disclosing posture by supervisors may create an environment in which therapists are freer to disclose about spirituality in relationship to their clinical activities.

Gender and Supervisory Style

With gender of supervisor and ratings of supervisory style, there were significant group differences between gender of supervisor only in the Affiliative/Authoritative subscale. It is interesting that male supervisors were rated as more affiliative than

female supervisors, which challenges the stereotype (where supervisors are concerned) that women are more relationally oriented than men. Moorhouse and Carr (2002) discovered similar results in their study of supervisory discourse in live supervision. They found that "the way supervisors interact with therapists... does not conform to gender stereotypic conversational behaviour" (p. 55). One explanation of this result is that female and male supervisors in the field of family therapy do not fit gender stereotypes and so men in this field may be perceived as even more open and affiliative than their female counterparts (McHale & Carr, 1998; Moorhouse & Carr, 2002). Another explanation is that MFT training may limit the degree to which supervisors and clinicians function within traditional gender-roles, which could lead to female supervisors demonstrating a more directive style and male supervisors a more affiliative, collaborative style (McHale & Carr, 1998; Moorhouse & Carr, 2002). Lastly, trainees may rate supervisors according to an internal stereotype. They may expect men to be less affiliative and women to be more affiliative. For example, therapists could perceive female supervisors negatively (or as less affiliative) if they do not behave in an expected, nurturing manner.

Spirituality and Gender

A statistically significant difference was found when looking at the therapist gender by supervisor gender interaction. This result suggests that male therapists viewed male supervisors as addressing spirituality more frequently than female supervisors. The interaction also indicates that female therapists viewed female supervisors as addressing spirituality more frequently than male supervisors. These findings relate to McHale and Carr's (1998) study of the effect of supervisor's gender and trainee therapist's gender on supervision discourse. They discovered that "a collaborative supervision style was consistently associated with trainee therapist participation (either cooperatively or with resistance) within same gender pairings of supervisors and trainee therapists" (p. 408). McHale and Carr's (1998) results indicated, therefore, that same-gender supervisor/therapist pairs tended to be more collaborative in nature than different-gender pairs. Not only does the finding of the present study suggest that supervisory style is an important facet of therapist participation, but it also shows that gender contributes to the supervision experience. It would seem, then, that there is something about same-gender supervisory pairs that makes it easier or more comfortable for spirituality to be addressed than with other-gender pairs.

    This finding may be explained further by highly emotional and controversial nature of spirituality (Stander et al., 1994). Possibly the inherent power differential in the supervisory relationship is less pronounced in same-gender supervisory pairs than in other-gender supervisory pairs, which may help individuals discuss such a difficult topic. Knudson-Martin (2001) asserted that in therapy gender issues can be intertwined with spirituality, emphasizing that attending to both issues can be confusing, "especially in cases where gender equality and religious beliefs appear to be in conflict" (p. 4). It would appear, therefore, that gender and spirituality would also overlap in supervision. For example, a female therapist may feel more at-ease addressing gender equity and spirituality with a female supervisor because she might feel less intimidated than she would with a man, even if he were perceived as affiliative. In this case, the therapist's background could contribute to her level of comfort, especially if she has participated in religious organizations in which only males hold leadership positions.

McHale and Carr's (1998) research emphasized the importance of training programs recognizing that there may be factors hindering an open discourse in different-gender therapist/supervisor pairs. In the present study, findings suggested that there may be something about the relational interactions of other-gender, trainee-supervisor pairs that inhibit people from discussing spirituality in a free and open manner. Perhaps future research can demonstrate that these hindrances can be overcome. A need exists for more dialogue about spirituality and how gender and spirituality intersect, not only between supervisors and therapists, but also in the MFT field in general. Without such dialogue, the pathways for surpassing these barriers will remain elusive.

The interaction effect between gender of therapist and gender of supervisor may also relate to the previously mentioned notion that spirituality is relational. Feminist family therapists have long pointed out the political nature of power issues in therapy (Haddock, MacPhee, & Zimmerman, 2001), and it seems that these issues are extremely relevant to supervision. Perhaps supervisors need to recognize the power that they have in the relationship and understand how it can influence their interactions with trainees.

Clinical Implications/Recommendations

First, it is helpful to recognize that exploring spirituality as a facet of supervision is a viable practice. Although spirituality is a multifaceted construct that is often difficult to measure, it emerges through relationships and interactions between people, which is a central part of supervision. Not only does addressing spirituality correlate with aspects of supervisory style, which are recognized influences on the supervisory process (Long et al., 1996), it also relates to gender, which is acknowledged as an important issue to consider when looking at power differentials in relationships (Zimmerman & Haddock, 2001). It is important to point out that trainees perceive that spirituality is being addressed in different areas of supervision to some degree. The viability of the SISS, due to the promising evidence of reliability and validity that emerged both with participants in the pilot study and in the present investigation, suggests that spirituality is a construct that can be addressed within the supervisory context. As spirituality is examined and discussed within the prominent scholarly outlets of the field, MFTs will become more comfortable and able to address this area in practice.

For trainees and supervisors one of the implications of this study is that it is essential to examine the gender pairings of supervisors/supervisees, given how the gender composition of the supervisory relationship can influence the openness and affiliation one experiences in supervision. Other-gender pairings also may shape the degree to which spirituality is perceived to be addressed or intuited in supervision. How trainees think about spirituality may covary with aspects of their relationships with supervisors. For supervisors, it is imperative to acknowledge how their gender and the gender of their supervisees may influence how supervisees perceive supervision. Perhaps it would be helpful to follow the recommendations of several feminist family therapists and researchers and make gender an overt topic of conversation—especially with supervisees of the other gender (Prouty, 2001; Prouty, Thomas, Johnson, & Long, 2001; Zimmerman & Haddock, 2001). Supervisors may launch conversations with trainees about what would inhibit discussions about spirituality as it relates to supervision. Furthermore, supervisors may link gender and spirituality and converse about how the two areas intertwine in therapy, in supervision, and in one's life in general.

MFT graduate programs could expose students to spiritual issues and how they relate to therapy by implementing a seminar, as described in Patterson, Hayworth, Turner, and Raskin's (2000) article, or by using part of a diversity class to address spirituality. A seminar and/or part of a class could include bringing in guest speakers representing different religious traditions and spiritual beliefs. Practical application through role-play scenarios could also help students learn how to converse with clients about this area, as well as assist therapists in knowing when to refer them to clergy members (Patterson et al., 2000). A second suggestion is to integrate spirituality intentionally as part of the supervisory discourse. As previously mentioned, a supervisor could have the supervisee complete a spiritual genogram (Frame, 2001) to explore her or his self-of-therapist issues in regards to this topic. Moreover, a supervisor could apply questions outlined in several articles (Carlson & Erickson, 2000, 2001; Frame, 2001; Haug, 1998) to generate conversation about spirituality and its role in therapy.

Limitations

The first limitation is the difficulty inherent in measuring such an abstract concept as spirituality. Even though the researcher included a specific definition of spirituality on the SISS as a reference for respondents, it does not guarantee that they interpreted spirituality similarly, given their varied experiences and viewpoints.

Another possible limitation is that there were unequal groups in the ANOVA analyses; however, given that these calculations were "simple one-way between-subjects procedures, problems created by unequal group sizes are relatively minor" (Tabachnick & Fidell, 1996). Such discrepancies can affect the assumption of homogeneity of variance, which maintains that the group variances are equal (Dickter & Roznowski, 1996). Two analyses in which adjustments were made to create more equal groups occurred in testing the interaction effects between therapist gender and supervisor gender. Most of the therapists were coded twice, and a few participants were coded once if they rated only one supervisor. It is also important to consider the selection effect; for example, a therapist could have chosen the supervisor that addressed spirituality more frequently than his or her other supervisors.

A third limitation may rest in the fact that most participants rated two supervisors. A resulting lack of independence of data (or nonorthogonality) may have affected the results (Tabachnick & Fidell, 1996).

An additional limitation may stem from the variations in supervision format from program to program. At some MFT graduate schools, trainees do not experience live supervision, which affected several questions on the SSI.

A final limitation of this study is that it was based solely on the perspectives of the trainees. Although exploring the supervisors' perceptions of the supervisory experience extended outside the scope of this study, it would have been more systemic to obtain the supervisors' responses as well.

Future Directions

In clinical work, the SISS could be adjusted to apply to what occurs in the therapy room. Another possibility is to adapt the instrument to a system for coding these concepts within clinician–client interactions. The resulting set of instruments may

then lend to future studies of the relationships between supervision experiences and clinical practices with respect to gender and spirituality. A final suggestion in regards to clinical work is to create focus groups of MFTs to explore phenomenologically their experiences with spirituality in therapy.

In terms of supervision, a logical next step would be to have supervisors complete the SISS in order to explore how they perceive the frequency with which spirituality is addressed in supervision. Researchers could then compare the perceptions of supervisors and supervisees in the same study. From a qualitative standpoint, researchers could either interview supervisors or conduct focus groups with them, exploring their experiences with spirituality in supervision. Another option would be to videotape supervision sessions at several training programs and conduct a discourse analysis on the transcripts in order to examine how spirituality is actually being integrated into the process of supervision.

For MFT graduate training, Prest and colleagues (1999) had an idea of surveying the faculty in COAMFTE accredited programs concerning their attitudes and practices in training and therapy with respect to spirituality. The authors suggested that researchers look at how ''family and marital therapy theories and models of practice accommodate including this content? Where do they need to be refined or broadened?'' (Prest et al., 1999, p. 75). Researchers could implement the SISS in such a venture. Above all, it would be beneficial to examine the influence training programs have on whether or not spirituality is addressed in supervision and the classroom.

References

Anderson, S. A., Schlossberg, M., & Rigazio-DiGilio, S. (2000). Family therapist trainees' evaluations of their best and worst supervision experiences. *Journal of Marital and Family Therapy*, *26*, 79–92.

Ault-Riché, M. (1987). Teaching an integrated model of family therapy: Women as students, women as supervisors. *Journal of Psychotherapy and the Family*, *3*, 175–192.

Borysenko, J. (1999). *A woman's journey to God*. New York: Riverhead.

Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Chicago: Rand McNally.

Carlson, T. D., & Erickson, M. J. (2000). Re-authoring spiritual narratives: God in persons' relational identity stories. *Journal of Systemic Therapies*, *19*, 65–83.

Carlson, T. D., & Erickson, M. J. (2001). Honoring and privileging personal experience and knowledge: Ideas for a narrative therapy approach to the training and supervision of new therapists. *Contemporary Family Therapy*, *23*, 199–220.

Carlson, T. D., & Erickson, M. J. (2002). A conversation about spirituality in marriage and family therapy: Exploring the possibilities. *Journal of Family Psychotherapy*, *13*, 1–11.

Coffey, A. D. (2002). Spirituality: Lives and relationships in family-therapy concepts and practices. *Journal of Family Psychotherapy*, *13*, 29–52.

Dickter, D. N., & Roznowski, M. (1996). Basic statistical analyses. In F. T. L. Leong, & J. T. Austin (Eds.), *The psychological research handbook* (pp. 208–218). Thousand Oaks, CA: Sage Publications.

Frame, M. W. (2001). The spiritual genogram in training and supervision. *The Family Journal: Counseling and Therapy for Couples and Families*, *9*, 109–115.

Fukuyama, M. A., & Sevig, T. D. (1997). Spiritual issues in counseling: A new course. *Counselor Education and Supervision*, *36*, 233–244.

George, D., & Mallery, P. (2001). *SPSS for windows: 10.0 Update*. Needham Heights, MA: Allyn & Bacon.

Griffith, M. E., & Griffith, J. L. (2002). Addressing spirituality in its clinical complexities: Its potential for healing, its potential for harm. *Journal of Family Psychotherapy*, *13*, 167–194.

Haddock, S. A., MacPhee, D., & Zimmerman, T. S. (2001). AAMFT master series tapes: An analysis of the inclusion of feminist principles into family therapy practice. *Journal of Marital and Family Therapy*, *27*, 487–500.

Harris, S. M. (1998). Finding a forest among trees: Spirituality hiding in family therapy theories. *Journal of Family Studies*, *4*, 77–86.

Haug, I. E. (1998). Spirituality as a dimension of family therapists' clinical training. *Contemporary Family Therapy*, *20*, 471–483.

Keating, T. (1994). *Intimacy with God*. New York: Crossroad.

Knudson-Martin, C. (2001, August/September). Spirituality and gender in clinical practice. *Family Therapy News*, *32*, 4–5.

Kurtz, E. (1999). The historical context. In W. R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 19–46). Washington, DC: American Psychological Association.

Long, J. K., Lawless, J. J., & Dotson, D. R. (1996). Supervisory styles index: Examining supervisees' perceptions of supervisory style. *Contemporary Family Therapy*, *18*, 589–606.

McHale, E., & Carr, A. (1998). The effect of supervisor and trainee therapist gender on supervision discourse. *Journal of Family Therapy*, *20*, 395–411.

Miller, M. M., Korinek, A., & Ivey, D. C. (2006). Integrating spirituality into training: The spiritual issues in supervision scale. *American Journal of Family Therapy, 34*, 355–372.

Miller, M. M., Korinek, A., & Ivey, D. C. (2004). Spirituality in MFT training: Development of the spiritual issues in supervision scale. *Contemporary Family Therapy*, *25*(1), 71–81.

Miller, W. R. (1999). Diversity training in spiritual and religious issues. In W. R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 253–263). Washington, DC: American Psychological Association.

Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, *58*, 24–35.

Moorhouse, A., & Carr, A. (2002). Gender and conversational behaviour in family therapy and live supervision. *Journal of Family Therapy*, *24*, 46–56.

Nelson, T. S. (1996). Survey research in marriage and family therapy. In D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 447–468). New York: Guilford Press.

Patten, M. L. (2000). *Understanding research methods* (2nd ed.). Los Angeles: Pyrczak.

Patterson, J., Hayworth, M., Turner, C., & Raskin, M. (2000). Spiritual issues in family therapy: A graduate-level course. *Journal of Marital and Family Therapy*, *26*, 199–210.

Prest, L. A., & Keller, J. F. (1993). Spirituality and family therapy: Spiritual beliefs, myths, and metaphors. *Journal of Marital and Family Therapy*, *19*, 137–148.

Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice and personal development. *Journal of Family Therapy*, *21*, 60–77.

Prouty, A. (2001). Experiencing feminist family therapy supervision. *Journal of Feminist Family Therapy*, *12*, 171–203.

Prouty, A. M., Thomas, V., Johnson, S., & Long, J. K. (2001). Methods of feminist family therapy supervision. *Journal of Marital and Family Therapy*, *27*, 85–98.

Ratliff, D. A., Wampler, K. S., & Morris, G. H. B. (2000). Lack of consensus in supervision. *Journal of Marital and Family Therapy*, *26*, 373–384.

Richards, P. S., & Bergin, A. (Eds.) (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.

Senter, K. E., & Caldwell, K. (2002). Spirituality and the maintenance of change: A phenomenological study of women who leave abusive relationships. *Contemporary Family Therapy*, *24*, 543–564.

Snyder, D. K., & Mangrum, L. F. (1996). Approaches to prediction: Correlation, regression, and discriminant analysis. In D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 307–335). New York: Guilford Press.

Stander, V., Piercy, F. P., Mackinnon, D., & Helmeke, K. (1994). Spirituality, religion and family therapy: Competing or complementary worlds? *American Journal of Family Therapy*, *22*, 27–41.

Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics* (3rd ed.). New York: HarperCollins.

Trepper, T. S. (2002). Preface. *Journal of Family Psychotherapy*, *13*, xvii–xviii.

Walsh, F. (Ed.) (1999). *Spiritual resources in family therapy*. New York: Guilford Press.

Wendel, R. (2003). Lived religion and family therapy: What does spirituality have to do with it? *Family Process*, *42*, 165–179.

Zimmerman, T. S., & Haddock, S. A. (2001). The weave of gender and culture in the tapestry of a family therapy training program: Promoting social justice in the practice of family therapy. *Journal of Feminist Family Therapy*, *12*, 1–31.