

Supervision and the Process of Negotiating Recovery

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ABSTRACT

This article suggests borrowing the concept of "negotiation" from relational psychoanalysis for rehabilitation treatment of consumers who suffer from severe mental illness and its supervision. This suggestion is likely to contribute to the rehabilitation field, particularly in light of the recent developments in the term "recovery," which have offered it new opportunities and challenges.

Senior professionals within the rehabilitation field of mental health face the substantial task of accompanying and enriching other professionals in their day-to-day work, and promoting new and inexperienced trainees in the development of their own professional identities. This task requires the broadening and deepening of these professionals' skill and ability to accompany those who suffer from chronic and severe mental illnesses, and to support them along their journey to live a life filled with as much meaning and content as possible. This is a complicated and challenging task that requires command over the wide variety of knowledge that composes the rehabilitation field, as well as an ability to manage interaction that is permissive, open, secure and respecting of the trainee's boundaries. In light of all this, there is no doubt that the field of supervision in the rehabilitation of mental health consumers has neither received enough, nor suitable, attention, and has even at times been ignored by researchers (1). There seems to be a further important reason for the insufficient attention given to developing supervision in the rehabilitation field. The lack of basic and reliable budgeting of rehabilitation projects seems to cause a scarcity in updated academic and professional training programs, which are those that implement supervisory methods and train

professionals in the use of efficient intervention.

The specific characteristics and challenges of mental health rehabilitation work, which include fighting despair and helplessness, make the supervision process even more complicated than that in other therapeutic contexts. In order to identify and develop some of the critical and unique components of rehabilitation supervision which need to be addressed, it is necessary to first introduce and consider an important term in the field, which today has a unique position in professional and empirical literature: Recovery. This is an important topic within mental health rehabilitation, whose development signals a change in the rehabilitation approach and thus has direct ramifications on the examination and evaluation of the supervisory process. I propose to briefly examine this term and to suggest possible ramifications of assimilating it within supervision and training of new rehabilitation professionals.

RECOVERY IN REHABILITATION

Both in a publication of the Department of Health and Human Services (DHHS), as well as by a committee dealing with issues of Mental Health set up by the President of the United States (called "The President's New Freedom Commission on Mental Health's Final Report, Achieving the Promise: Transforming Mental Health in America") it has been asserted that the idea of "recovery" from severe mental illness has started to play a central role in the policy and practice of the Public Mental Health Services in the USA (2). Although this topic has received much momentum in the discourse of the rehabilitation field, it has remained difficult to reach an agreed upon and accepted definition of the term and its principal facets, when referring to severe mental illnesses (3, 4).

It is becoming clearer, both to researchers and practitioners in the rehabilitation field, that there is a problematic lack of agreement among academics regarding the development of severe and chronic mental disorders and their long-term implications on their sufferers (5). Accumulated

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research shows full or partial recovery in 25% to 65% of each patient sample. In such cases “recovery” was historically defined as “an improvement in the symptoms and disabilities associated with the disorder to a level in which they no longer interfere in day-to-day functioning and enable the consumer to widely take part in personal, social and professional activities to a level that would be considered normals”. These findings show that about a quarter to two-thirds of those diagnosed with a psychological disorder will recover from its symptoms and influences (6, 7).

Lachman (8) identifies three separate stages in the development of the understanding of “recovery,” as reflected in academic literature. According to him, the first stage rests on the influence of the deterministic approach that developed along side the medical model/way of thinking. During this stage the widespread opinion was that mental disorders (and particularly schizophrenia) are illnesses that have a prognosis of gradual functional deterioration, with little chance of recovery. The second stage viewed recovery as a process, inspired by de-institutionalization revolution, pro-human rights movements and the development of new therapeutic drugs. During this stage the wide variety and disparity of psychological disorders was exposed and both the disorder and the recovery from it were seen as continuous processes. The third stage focuses upon individualism, and places the individual at the center of his/her own recovery.

The main contribution to this shift, in which the subjective and personal definitions of those suffering from the severe disorders define recovery, was the mental health consumer movement. Recovery as proposed by this movement does not involve remission of symptoms or disabilities, nor does it involve the return to normal functioning. This approach views the disorder as only one aspect of the individual. It proposes that, unlike physical illnesses, individuals can see themselves recovering even when the illness still influences them. Recovery in this way refers to the overcoming of the problems caused as a byproduct of the illness, including: poverty, problematic housing, social isolation, unemployment, loss of social status and roles, loss of sense of self and purpose in life, and influences of forced treatment and hospitalization as experienced by the patient. Getting over these and gaining control over one’s life are defined as recovery. Due to the traumatic influences involved in such cases, it is possible to see the great reward in gaining control over the disorder and regaining control over one’s life in general (9, 10).

The Center for Psychiatric Rehabilitation at Boston

University thus developed a working definition for the term recovery by analyzing narratives and opinions of those from the consumer movement. They defined recovery from a mental illness as: “*the deeply personal process of changing one’s attitudes, feelings, perceptions, beliefs, roles, and goals in life.*” It was further conceptualized as: “*the development of new meaning and purpose in one’s life, beyond the impact of mental illness.*”

Lachman (8) summarizes some central principles for achieving recovery, according to the different perspectives presented: self direction of those recovering; placing those recovering at the center of rehabilitation work; providing strength; taking a holistic approach to recovery; viewing recovery as a non-linear process that is based on strength and energy; providing peer support; providing respect, responsibility and hope. These comprehensive changes in the understanding of both the development of severe mental illnesses and the recovery from them have contributed to seeing the term recovery as a central goal for those suffering from such illnesses, for their social, economic, and political repercussions, as well as for professionals helping them reach their personal goals. Yet, it seems that these developments have mainly influenced rehabilitation research, but not practice. Those dealing with practical work have continued to structure their efforts around trying to avoid and fight relapses and deterioration, and have not formed new and appropriate approaches to suit these theoretical and empirical developments (11). It seems that there are still many communication challenges in the field of recovery from severe mental illness. For the concept of negotiation to be fully integrated within the professional rehabilitation community, a basic change in their own, and society’s, perceptions and attitudes needs to take place. The idea that people who suffer from serious mental illnesses are able, and have the full right, to make decisions concerning their destinies and the way they manage their life, has to be accepted. Only when these perceptions and values are embraced can the idea of negotiation be fully understood and implemented.

Due to the centrality given to the term and the hope it entails for consumers and professionals, it seems that rehabilitation supervisions need to examine creative ways for the development of trainees’ abilities to discuss and promote personal and specific definitions of recovery, with and alongside their consumers. In order to advance this goal, I propose to borrow a term from Relational Psychoanalysis – “negotiation,” and to use it as a mediating concept for supervision in the field, in an effort to advance mental health rehabilitation.

NEGOTIATION

The term negotiation in relational psychoanalysis has become more and more dominant in describing something deep and basic in the therapeutic process, as well as a term explaining the therapeutic action that generates change. Writers from a relational approach do not designate the term only for the therapeutic relationship, and explain that negotiation is a basic factor in every human interaction. From the beginning of development there is an ongoing process of negotiation between the child and its caregiver surrounding the realization of its deep interests and basic needs. Such negotiation allows for the essential establishment of the developing identity of the child (12). Beyond such negotiation, in every encounter with another, explains Pizer (13), we also engage in ongoing negotiation of expressing ourselves, our ability to convey spontaneity and to realize self-fulfillment within a secure, respectful and mutual relationship.

Despite the importance of negotiation within each relationship, the term is also unique and characteristic of the therapeutic one, explaining a central part of the ability to form a beneficent therapeutic relationship and elicit change. Negotiation is seen to explain the process of connection between two individuals building a therapeutic relationship from two very different positions, with a great disparity in power and perspective. Today, more writers see the essence of therapeutic interaction as a process of negotiation aimed to advance the ability of one of them to get over his/her life problems (14). Such active negotiation takes place between the counselor and consumer, as is summarized by Bass (15):

(A)n element of ongoing assimilation and accommodation to the needs, rhythms, sensibilities, and sensitivities of the other, in much the way that all personal relationships evolve through trial and error and the continual honing of mutual responsiveness that develops over time (p. 336).

Negotiation within therapeutic interaction is an intrapsychic, inter-personal and inter-subjective process (13). It is an intra-psychic process since each of us, according to Pizer, needs to find compromise between two opposing internal tendencies: to live the moment and to live trapped in the chains of the past. In our attempt to form an interaction with the other we choose to what extent we will let the past control our lives and our actions, and how much we will distance past shadows from present interactions. It is an inter-personal process since we need to continuously organize and arrange, with our counter-

part, questions of security, passion, anxiety, power, comfort, fairness, and so on, that arise between us. Without finding a way to organize all these we will struggle to form a real relationship with the other side. It is an inter-subjective process since we need to constantly influence the other's perceptions and experiences from the first moment of acclimation, and, in this way, to be influenced by others, in order to build our personalities.

This term, introduced by the relational approach of psychoanalysis, reflects a strengthening position among therapists that emphasises mutuality between the therapist and the client, despite the possible differences in their personality organization and their level of dependency upon the other. This mutuality does not imply symmetry but does definitely suggest giving a significant platform for the opinions, perspective and values of the client, similar to that of the therapist. Such mutuality and greater equality in authority and responsibility between therapist and consumer is expressed in the term negotiation. The management of such interaction, in which there is giving and receiving, insistence and concession, exchange of ideas and assessment of truths and definitions regarding the inter-personal reality of each of the participants, reflects important similar changes in the social and therapeutic values of our time.

REHABILITATION AND NEGOTIATION

The term negotiation seems particularly relevant to the rehabilitation field of work, in its ability to describe the interaction between the rehabilitation professional and the consumer, whereby the professional acts alongside consumers, in order to reduce their suffering and strengthen their subjective feelings of a sense of meaning and positive sense of self. The relevance of this term to the field is primarily due to the importance placed on the involvement and recruitment of the consumer in the task of personal development and relief of suffering. Obtaining cooperation from the consumer, and even eliciting excitement regarding the joint task, is critical in order to achieve important rehabilitation goals.

Yet, further to these general reasons, negotiating with the consumer is also relevant to the field on other grounds. Some of these are to do with the development of recovery as a central term in the rehabilitation field, and its assimilation into the professional work. I wish to make a distinction between two kinds of rehabilitation services: a. those that deal with supporting and sustaining consumers suffering from serious mental illnesses in their life

tasks – services which are basically covered by the act of rehabilitation and that constitute a major portion of the efforts seen in rehabilitation (such as support for housing, work, studies, etc.); and b. those that include professional treatment, either for individuals or in groups. This distinction is particularly evident in Israel, where these two kinds of services are not necessarily provided by the same organization, bringing about difficulties due to lack of efficient coordination. Negotiation seems to better suit the treatment services provided in rehabilitation, which include exploring difficulties, finding coping strategies and achieving a personal sense of recovery.

Due to the growing tendency to integrate cognitive-behavioral treatment methods within rehabilitation agencies, it may be relevant to point out that the principle of negotiation may also be implemented in these approaches. Negotiation is a natural human behavior, employed by every person with basic social skills, and can definitely be used in the service of the cognitive-behavioral approach. Borrowing treatment strategies from other therapeutic methods seems relevant to rehabilitation treatments, in the same way that other approaches are advised to borrow significant strategies from the rehabilitation field.

I shall now list a number of central reasons for the importance of negotiation in the professional encounter between counselor and consumers:

1. The counselor can help consumers build and define their recovery aims with the help of negotiation: to determine what they aim to accomplish in their recovery process.

This is an important process as it assigns targets for the joint work between counselors and consumers, in which consumers declare their ambitions and wishes from themselves and the world around them, as well as how they would like to achieve a sense of fulfillment and meaning in their lives. Yet, the involvement of the consumer in mutual negotiation is important not just to identify consumers' real wishes and needs, but also to elicit their motivation and excitement at the prospect of developing themselves in a way that they consider significant.

This process requires negotiation as the counselor proposes different perspectives and points of view to those suggested by the consumer, taken from past encounters with him/her. These are presented to consumers as possible alternatives to their presently declared aims and wishes. This allows consumers to develop and consolidate long-term personal goals with the help of on-going dialogue with their counselors, who present

and remind them of different parts of themselves that appear at different points in time and in different contexts. It is the long-term aim for recovery that will guide both the consumer and the counselor regarding which steps need to be taken in order to achieve a sense of meaning and direction in the consumer's life, and what are the intermediate goals that need to be aimed for in order to reach this important target.

2. It is important to develop the negotiation abilities regarding personal needs and interests of those who have experienced repeated hospitalizations or suffer from severe illnesses, as for many of them these abilities are often damaged, like many other social skills.

As mentioned above, the ability to negotiate is complicated, involving both sensitivity and attunement to the other, with an attempt to understand the other's message, as well as the ability to convey and communicate one's own basic needs and feelings. This skill is likely to be weakened, if not completely undermined, due to the sense of helplessness and trauma from hospitalization and the tough surroundings experienced by those suffering from severe chronic mental illness. Both hospitalization and an on-going sense of social alienation prevent those dealing with severe illness to practice and use their negotiation abilities on an ongoing basis. In such cases these important skills weaken and at times are almost completely deserted.

3. The ability to negotiate elicits an inter-subjective experience of influence on others in each individual, and thus builds a sense of agency that is so crucial for the strengthening and establishment of the self.

A sense of agency is founded upon a basic belief in one's ability to influence the world and, therefore, to be of value to significant others (16). Stern (17), who researched the development of the "self" in children, explains that the experience of agency, alongside the ability for sensitivity and a sense of continuity, are crucial components at the heart of the establishment of a sense of self as a separate being, that is both continuous and has clear boundaries. Thus, a sense of agency has been marked by relational literature as crucial in order to experience one's humanity and vivaciousness. Those who have suffered long-term and severe illnesses are likely to experience an unstable and damaged sense of agency, and it is, therefore, crucial to help develop this ability in them, in order to establish their sense of self. If consumers manage to experience, once again, that they have an influence on their surroundings, that they have

a voice and that they are the “author of [their] actions” (18, p. 180), then they will have a stronger and more stable sense of meaning.

4. In order to form a personal sense of recovery, consumers need to hold hope for their future and their ability to achieve and establish a personal sense of welfare (19). Yet, at times they may fluctuate between a deep sense of ongoing despair, and unrealistic, grandiose, wishes, as with every individual who suffers deep and ongoing hardship (20, 21). **It is possible to help consumers regulate their hope in a complicated and sensitive process of negotiation, between themselves and the empathic counselor, who becomes witness to the vicissitudes of the consumer’s hope and despair.** When consumers tend towards either extreme helplessness or unrealistic, grandiose hope, the counselor reminds them of their perception and beliefs at other times, in order to regulate the shifts in hope. In this way there is ongoing negotiation regarding consumers’ hopes, thus decreasing the large shifts they may experience.
5. **The promotion of negotiation between consumers and counselors strengthens consumers’ beliefs in their ability to stand up for themselves and their opinions, and to succeed in doing so.**

A sense of success in fighting for one’s opinions will strengthen consumers’ assertiveness, a trait that is often hidden and suppressed due to a repeated sense of defeat, which they may experience. The release and reinforcement of assertiveness is crucial for success in dealing with life’s challenges, and is essential for returning to the wanted path in the consumers’ family and professional life.

6. **Negotiation between two people is a process that strengthens an inter-personal relationship: a joint task of two people holding a dialogue between them, with a mutual aim of defining recovery and achieving it.**

Through negotiation there is mutual learning of the other’s characteristics and sensitivities, and searching for ways to express oneself to that same other. Similarly, negotiation forces mutual engagement and emotional investment with the other, even if at times this investment includes anger or frustration. The range of feelings invested lead to a significant relationship (22), something which is often very difficult to achieve for someone suffering from a severe chronic mental illness, who has often experienced rejection from his/her surroundings.

NEGOTIATION IN REHABILITATION SUPERVISION

The interaction between the supervisor and supervisee in rehabilitation supervision needs to be, to a certain extent, parallel to that between a counselor and consumer in the rehabilitation process, in order to act as a model for identification and imitation by the trainee in his/her rehabilitation work. Such a parallel between the rehabilitation process and supervision does indeed take place on many levels: the task in both involves eliciting a change in values, positions and perspectives for the purpose of personal growth. While such growth for consumers implies the development and strengthening of the self, for trainees it includes the building and confirmation of a consolidated professional self. Similarly, among other parallels between rehabilitation and supervision, negotiation also needs to take place between the two interacting participants in both cases. Such negotiation is crucial to the rehabilitation process and therefore cannot be absent from supervision in the field. From such a supervision, supervisees can internalize attitudes, perspectives and behaviors that can later be used in their own rehabilitation work.

What negotiations need to take place in supervision? First, this negotiation has to be a process that accompanies and enhances the formation of optimal conditions for professional growth. Of course, it is not only supervision that enables professional growth; there are also the direct encounters with consumers and many rehabilitation challenges, as well as other individual and internal processes. Nonetheless, the supervisory interaction acts as a very important component in this growth. Professional development in supervision is similar to other processes of human development and ripening: it is a process that takes place within the inter-subjective field, in which individuals see themselves, and are influenced by the way others view them, from different angles at each given moment. These changing perspectives vary in accordance with the surroundings, the context and the role which the individual is fulfilling at that given moment (23). Through this process counselors learn to rely less on external guidance and theory, and to use internal direction, to regulate their emotional reactions and level of involvement, and to form better integration between their professional and personal selves (24, 25).

The changing requirements of trainees, matching their changing personal and professional develop-

ment as rehabilitation counselors and the changing supervisory contexts, imply for supervisees a need to be engaged in an ongoing negotiation with supervisors, who provide the environment in which the trainees are expected to grow. Even the most attentive and needs-oriented supervisor requires such a dialogue with his/her trainees in order to follow the changes and development of their needs.

I shall hereby detail a number of issues around which negotiation, between supervisor and trainee, is recommended:

Understanding and interpreting consumer aims regarding recovery: What meaning can be attributed to the dreams consumers place on their future and on the possibility of escaping the continuous cycle of suffering that accompanies their illness? How can the way in which consumers define their recovery be understood and interpreted? What is the meaning of organizing a plan of action and rehabilitation process with a specific patient? How can efficient and precise negotiation be held when defining recovery and consumer aims according to the consumer's needs and perspectives? How does the consumer view the ways in which his/her goals can be achieved? Within the supervisory context, the presentation, negotiation and dialectics surrounding the differing perspectives in answering these questions, which differ between supervisor and trainee due to their different subjectivities, allows for a more structured consideration of the goals of rehabilitation and their achievement.

The framework and ground rules of supervision: How are the supervisor and supervisee going to manage their professional encounter? What is expected of each of them? What are they promising to avoid, for the benefit of the other? Thus, for example, they are likely to negotiate whether the supervisee will bring notes from meetings with a consumer, or whether he/she will raise dilemmas and professional issues he/she wishes to discuss; whether the supervisor will tell of his/her experiences in similar situations; how they will deliver feedback; what will happen when a supervision meeting is cancelled, and other administrative decisions regarding setting and expected behavior from each participant.

The professional and personal boundaries between the supervisor and supervisee: How much can supervisory content draw on the personal life and world of the trainee, even if these do not immediately touch upon the rehabilitation work? How much does the supervisor share about him/herself and his/her personal life? How much can the participants hold a personal interaction

that is not only professional? In cases where the supervisor has other roles within the organization in which the supervision takes place, it is possible to negotiate the expected boundaries between these different roles.

The different perceptions of reality between supervisor and supervisee: How can the complicated inter-personal realities between different consumers and between consumers and counselors, etc., be understood? What is the organizational reality in which the rehabilitation service is functioning? The perception of reality is influenced by the personal organization of each individual, their needs and past experiences, and therefore it is always biased in one direction or another. Negotiation on such topics can always enrich the understanding of the complex inter-personal and organization reality.

The meaning attributed to content regarding the interaction between the trainee and consumer; reaching an agreement regarding the meaning of the consumer's behavior and the role of the trainee in his/her rehabilitation: What meaning can be attributed to the consumer's narrative of his/her past and present life? What meaning can be attributed to the events defining the professional relationship between the trainee and consumer? How can the interaction between them be interpreted and understood? What is the significance of the inter-personal events between the trainee and supervisor? How can the supervisory interaction and the feelings it arouses be interpreted and understood?

Whether joint values can be reached: values regarding attitudes to mental health and illness, societal and social norms, the appropriate level for professional involvement in the lives of those suffering from severe illness, the level of regression that is plausible to experience in rehabilitation, when is it legitimate to act forcefully towards someone suffering from a mental illness, and other professional, personal and social values. At times it is hard to agree on a range of personal and social values, yet it is still possible to reach some agreement and in other cases to agree to disagree.

Examining the meaning of different symbols present in the supervisory discourse: symbols that are common to members of the same society to which both the supervisee and consumer belong, or those that belong specifically to one participant, thus influencing the interpretation given to different situations. For example, the supervisor and trainee may negotiate the meaning of a national holiday for consumers in a certain rehabilitation context – what they attribute to this holiday, and what is the significance of making reference to this holiday in the

context of their rehabilitation. A different discussion and negotiation can take place between supervisor and supervisee regarding the symbolic significance of a particular word that describes a specific reality for each of them. For example, a specific word chosen to describe in their unique supervisory “language” the influence of the organizational manager on the rehabilitation team and consumers. Meaning is attributed to this word through ongoing negotiation between the supervisor and trainee.

SUMMARY

The present article introduced a new term, originating from relational psychoanalysis, which may contribute to the development of rehabilitation supervision models: negotiation between two participants. The paper first presented the term within the counselor-consumer relationship, as a way to advance the independent development of consumers, and also of counselors, through mutual learning of how to express basic needs and identify those of the other. The negotiation has to be respectful and mutual, as much as possible, in order to fulfill its purpose and to allow for personality growth in consumers, and professional growth in counselors. Later in this article, it is proposed that the principle of negotiation should be implemented within the supervision of counselors who treat rehabilitation consumers, as it offers a role model that will enhance their professional relationships. Such negotiation will advance mutuality in both professional interactions, will contribute to the reduction of the troubling differences in power, and thus will promote the goals of rehabilitation in the mental health field.

It is important to note that the primary theoretical position presented in this article examines the implementation of a concept taken from a different therapeutic approach into the rehabilitation field. This concept has been broadly and inclusively implemented both within rehabilitation treatment and supervision, since it seems inadvisable to separate between the two. Undoubtedly the ideas presented need to be further developed theoretically, as well as systematically and empirically investigated or studied through case studies. Only a proper validation of these ideas through research can verify their effectiveness.

It must also be mentioned that a positive development in mental health rehabilitation is not only contingent upon the advancement of professional tools, but is also even more dependent upon the societal ability to create the elementary conditions needed for the recovery

of those who suffer from long and severe mental illnesses. It is society’s responsibility to create essential and realistic opportunities for such consumers and to enable their integration within the community.

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