Honoring and Privileging Therapists' Personal Experience and Knowledges: Ideas for a Narrative Therapy Approach to the Training and Supervision of New Therapists

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ABSTRACT

This article discusses an approach for the training and supervision of new therapists built around social constructionist and poststructuralist ideas from a narrative therapy perspective. We briefly discuss some of the pitfalls of current training/supervision in marriage and family therapy (MFT) that are deficit based and/or that disproportionately grant privilege to expert knowledge. We articulate this emerging training approach which utilizes the rite of passage metaphor, centers relationalism, and incorporates the honoring and privileging of new therapists' lived experience, knowledges, skills, talents, ideas, morals, personal ethics, values, and beliefs. Concrete practices of experience privileging, re-membering, and creating communities of concern are detailed and illustrative examples from our supervision work are given.

In the field of marriage and family therapy (MFT), we are continuing to experience the proliferation of postmodernist, social constructionist, and poststructuralist informed ideas, theories, and practices (Doherty, 1991; Mills & Sprenkle, 1995). These ideas have been addressed and incorporated across most all sectors of the discipline of MFT from theory to research, to practice. While postmodernism and social constructionism have had profound effects on the field of MFT, in regard to new therapist supervision and training the field of MFT has remained aligned with modernist philosophy and practices.

In general, there has not been a great deal written in MFT that addresses the supervision and training of new therapists (Todd & Storm, 1997). In regard to postmodernism and social constructionism, there have been articles and books addressing these ideas for the training and supervision of experienced therapists (Biever & Gardner, 1995; Bobele, Gardner, & Biever, 1997; Prest, Darden, & Keller, 1990; Thomas, 1994; Wetchler, 1990; White, 1989/90; White, 1997; Young, Perlesz, Patterson, O'Hanlon, et al., 1989; Zimmerman & Dickerson, 1996), but only one article addressing the training and supervision of new therapists (Edwards & Keller, 1995). The lack of literature addressing social constructionist and/or postmodernist approaches to the training/supervision of new therapists gives the message that although these ideas are very influential in the field, they do not apply to new therapists, or that new therapists are not capable of being trained in these ideas. Edwards and Keller see the hierarchical emphasis in most training/supervision as undermining "the ability and creativity of supervisees" and as limiting "the opportunity for more open, collaborative conversation" (p. 142). They propose ideas for supervision that grant privilege new therapists' perspectives, provide a context for the elaboration of constructed narratives, and the creative ornamentation of possibilities (Edwards & Keller, 1995). It is their position that postmodern and social constructionist ideas offer a wealth of possibilities for the training and supervision of new therapists. This paper joins with the encouragement of Edwards & Keller (1990) to foster the creativity of new therapists from day one (p. 151). We also draw on ideas we have

previously published concerning the need for therapists to re-capture their personal knowledges, skills, beliefs, and values in their work (Carlson & Erickson, 1999); and we expand these ideas specifically toward the training/supervision of new therapists.

Our work and personal lives have been influenced positively by the incorporation of narrative therapy ideas (White, 1993; 1995; 1997; White & Epston, 1990). Most narrative therapy literature concerning the training/supervision of therapists has been directed toward seasoned therapists; often offering an antidote to the classical traditions of training/supervision therapists have previously received (White, 1989/90; White, 1997; Zimmerman & Dickerson, 1996). It is our belief that narrative ideas offer some wonderful potentials for the training/supervision of new therapists as well. Narrative ideas encourage us to recognize and honor the more local and personal knowledges, skills, ideas, beliefs, and so forth that are so often disqualified and marginalized by the privileging of professional accounts of our work, relationships, and lives as therapists.

One area particularly important in the training/supervision of new therapists is the personal nature of their hopes, motivations, and desires to be therapists, and the personal nature of their self knowledges, skills, and lived experience they bring to the venture. We believe ideas, teachings, theories, practices will be much more meaningful and available to new therapists when they are personally embodied and incorporated into the stories of their lives. All knowledges and practices we use in the training and supervision of new therapists will have some sort of constitutive effect on how these therapists construct the stories of their experience (Foucault, 1980; White, 1997). We believe that all traditions of training/supervision in MFT have real moral effects (White, 1995) on the personal stories new therapists construct around these experiences. This places on us as trainers and supervisors a certain accountability for the relationships we foster with new therapists as persons, with very person implications. We believe training/supervision from this perspective offers a unique and valuable relational experience for both trainers and new therapists. It has been our experience that there are ideas and practices in current use in training/supervision that serve to keep both trainers and new therapists from experience this felt connection and accountability.

Potentially De-Personalizing Pitfalls of Training/Supervision

There appear to be two distinct approaches or practices to the training and supervision of new therapists in the modernist tradition, 1) what we will call the “self-of-the-therapist discourse,” and 2) what we will call the “professionalism discourse.” These two approaches represent the underlying predominant traditions of thought that training/supervision have been typically based on. It is important to note that probably no training or supervision would be 100% representative of either of these approaches as outlined here. Most training and supervision employ a mix of both, although one discourse is usually emphasized over the other. Additionally, it seems fair to assert that almost all training/supervision of new therapists in MFT partake of one or both of these approaches to a certain extent. In other words, there seems to be very little offered in new therapist training/supervision in MFT that would be outside these two dominant approaches.

Some self-of-the-therapist traditions in training/supervision tend to be deficit or pathology based by centering training around encouraging new therapists to “deal with” their personal issues. From this perspective personal issues (such as developmental inadequacies, family of origin deficits and structural

problems, unresolves psychic conflicts, object relations introjects, lack of differentiation, and so on) must be discovered or acknowledged and then worked through and resolves. This then allows therapists to be non-reactive, neutral, and able to effectively work with others in a manner that will avoid their personal issues muddying the waters of the therapeutic relationship and process.
Other training/supervision ideas are rooted in the business and professional metaphors of what Michael White (1997) calls "the culture of the professional disciplines." White describes this and its effects and what counts as knowledge as:

> . . . a culture that produces particular, highly specialised, and formal knowledges that constitute systems for the analysis of persons' expressions of life, which are constructed in terms of behaviours. It is claimed that these systems of analysis provide, for professional workers, privileged access to the objective truth of these expressions. In this culture, those ways of knowing the world that relate to the more popular and more local discourses of 'lay' communities are marginalised – often categorised as quaint, folk and naive – and frequently disqualified. These other ways of knowing, those that have been generated in the immediate contexts and intimate communities of a person's daily life, mostly don't count in terms of what might be taken for legitimate knowledge in the culture of the professional disciplines. (p. 11)

Such a focus in training/supervision can encourage and enforce a businesslike and/or technocratic approach modeled to trainers and expected of the new therapists. Most often new therapists are educated and instructed in the expert knowledges and practices of the various theories in MFT which forms the basis of the training process. New therapists are encouraged to situation their understanding, knowledges, skills, and thinking within these expert knowledge traditions. Expert knowledges are privileged over personal knowledges, beliefs, values, morals, experiences and skills as new therapists are asked to adopt the expert knowledges as their underlying frame of intelligibility in their work. We note there are perhaps many good outcomes of these traditional approaches to training/supervision which supervisors and trainers might want to be aware of and utilize. It is the potential hegemonic exclusion and disqualification of alternatives to these traditions that we believe to be detrimental for new therapists.

These ideas can encourage a disassociation of the personal from the professional constitute effective "remembering to forget" practices (Epston & White, 1992). In other words, practices which serve to continually remind us to forget the very personal nature (the personal knowledges, skills, beliefs, values, memberships) of our work and lives as therapists and as persons. We are concerned that the emphasis and imposition of these ideas can invite a lot of unhealthy self-doubt among new therapists, along with feelings of incompetence and despair. We are concerned that these pitfalls can encourage a "never quite measuring up" discourse in training/supervision that is hard to escape.
In this culture of psychotherapy, therapists find it ever so difficult to escape the sense that they have failed to know what needs to be known. The outcome is that the lives and the work of therapists become 'thinly described', and this very significantly narrows available options for action in life generally, and in 'work' more specifically. (White, 1997, p. 17)

PRIVILEGING THE PERSON IN THE THERAPIST

While there are many different aspects of narrative therapy, the rite of passage metaphor can play an important role in how narrative therapists see the process of therapy. Epston and White explain,

Our interpretation of this metaphor structures a therapy that encourages persons to negotiate the passage from novice to veteran, from client to consultant. Rather than instituting a dependency upon "expert knowledges", this therapy enables persons to arrive at a point where they can take recourse to certain alternative or "special" knowledges that they have resurrected or generated (Epston & White, 1992, p. 13).

We believe that this metaphor can also be adopted as a metaphor for training/supervision. Most supervisors would probably agree that the goal of supervision would be to help persons make the transition from novice to expert, however we believe the right of passage metaphor suggests that new already have alternative or special knowledges and skills about life, and that by carefully consulting them, this knowledge can be brought forth. We propose that trainers encourage a decentering of the dominant professional accounts of knowledge and become familiar with the very personal knowledges that come from the rich history of new therapists' lived experiences (Carlson & Erickson, 1999).

When new therapists express their motivations to be therapists as genuine desires to help others, they are often encouraged to explain the "real" desire according to some expert knowledge. Unfortunately, sometimes sincere desires to care for and help others are often replaced by explanations of some desire to make up for some pathology or dysfunction in trainees' families of origin. For example, I (TC) was encouraged, in one instance of my training, to interpret the "real reason" for my desire to be a therapist as the result of the peacemaker role I played in my family of origin, as if my becoming a therapist was a way of continuing to save my family. Thus my desire of being a peacemaker was a result of pathology rather than seen as a genuine attribute that could become a strength to my work as a therapist. This theorized account of my motivation to be a therapist was given primacy over my personal desires to bring peace to the lives of persons who are suffering. I have often wondered what would have happened if this personal sincere desire was given primacy over expert knowledge and explored in ways that helped me connect in a real way to the experiences of my life where I was involved in bringing peace to the lives of others and/or an exploration of how these desires came into my life.

We support an approach to training/supervision which seeks to bring forth the personal knowledge, skills, hopes and so on which are central to the new therapist's desires to be a therapist. This approach is centered in a belief that, as persons, trainees have valuable lived experiences, knowledge, skills, and desires that have invited them into this helping field. It is also centered in the belief that trainees have sincere and genuine desires to help and care for others, that they probably have special skills in caring for others, and that these skills and desires should be explored, brought forth, and made more primary to their work as therapists. We also believe that for new therapists to develop confidence in their abilities, they need to experience personal agency in regard to their work, to experience themselves as having an active role in the shaping of their lives as therapists, thus experiencing what Harre (1983) refers to as "self knowledge."

Embracing the Relationalism of Noddings and Buber

We have also been personally influenced by the ideas of Nell Noddings and Martin Buber, and have found their ideas helpful in allowing us to see alternatives for training/supervision. The focus of both of these persons' ideas is on the ethics of relationships between persons. Nell Noddings (1984) was an educator who proposed that ethics in relationships should be based on an ethic of care. She describes

the relationship between "the one caring" and "the cared for." When acting out of an ethic of care, Noddings suggests that the one caring acts out of a commitment to care for the cared for on a personal level. It involves the one caring receiving the cared for unto herself, engrossing herself in the life of the cared for and having an experience of feeling *with* the cared for. Noddings' ideas are similar to Martin Buber's I-Thou. Buber (1970), spoke of the possibility of an I-Thou relationship in which each person confirms the other to be of unique value, and are thus able to share in the experience of one another. This relationship is an honoring and reverencing relationship; a relationship where a person is able to see, experience, and confirm another person for who they are, as a "thou," suggesting respect, reverence, and honor.

These ideas have resonated with us and invited us to take on ourselves an ethic of relationalism in our relationships with supervisees. This ethic encourages us to have feelings of honor and reverence for the persons who train with us. It instills in us a desire to reverence their lived experience, knowing that their lived experience is, in a sense, sacred. Our desires are to participate in practices that privilege the lived experience of new therapists in a way that invites therapists to "story" and to tell and re-tell these sacred experiences of their lives. This ethic also encourages us as trainers to engage in "walking with" and "feeling with" the new therapists. It invites us into a relationship of collaboration and intimate responsiveness, and at the same time invites us to be ever aware of the position of power we hold as supervisors and the ethical calls and demands of the relationship.

Foundations of this Supervision Approach

Our preference for this type of supervision of new therapists has four foundational beliefs. The first belief is that the new therapists' personal lived experience should be honored and reverenced. This also includes a belief that people are the experts on their lives, that they can experience freedom and creativity when their personal knowledge is privileged, and that freedom and creativity decrease as professional outside knowledge is used to describe their desires, skills, motivations, and so forth.

The second belief is that possibilities of creative action in life come as persons are encouraged to develop rich descriptions of their lives that are based in their actual lived experience. Rich description (Geertz, 1983; White 1995, 1997, 2000) is in contrast to the thin conclusions that decontextualized expert knowledge offers for our lives. Most professional accounts of knowledge invite us to take part in a reductionistic search for the "real" cause of our behaviors, as search that invites pathological understandings of our desires and motivations. Using practices that encourage rich description actually encourages persons to stand up to the pathological accounts of their lives and search for meaning and experiences that have been lost as a result.

The third belief is based on our preference for seeing stories as the primary way in which persons make sense of their lives and who they are as persons. We use the narrative metaphor (E. Bruner, E. 1986; J. Bruner, 1986, 1991; White 1995; White & Epston, 1990) to help us be aware of how trainees are "storying" their experiences during the training process. The narrative metaphor has also influenced our belief that privileging the personal knowledge and skills of new therapists should be primary to training/supervision in MFT theories because the stories that are creative and enriching of persons' lives are founded within their personal experiences and not outside their experiences of self. We share

Harre's (1983) belief that "Self-knowledge requires the identification of agentive and knowing selves" (p. 260).

The fourth belief has to do with a principle that we call "moral preferences." We have found it wonderfully helpful to engage in conversations with trainees that privilege their unique preferred ways of thinking and being (White, 1995, White, 1997, 2000). These preferences have to do with their genuine desires and personal knowledges about ways of thinking/being that best fit their life. We agree with Freedman and Combs (1996) that most often persons' deepest desires and hopes are to care for the self and others. These preferences cannot be simply individual personal preferences, these preferences are intimately relational and moral. Our understanding of this comes from social constructionist (Gergen, 1991; 1994) and constitutionalist (Foucault, 1980; White & Epston, 1990) thought which both asserts that we are inherently relational beings and that the self does not exist in isolation. Constitutionalist thought invites us to consider the intimate nature of accountability, that every interaction we have with others literally has constituting or shaping effects of them. This invites us to experience an intimate connectedness and accountability with and for others. Helping new therapists explore their moral preferences, their preferred ways of being with and toward others, is central to our approach to training/supervision. We invite therapists to intimately consider the moral implications of their preferences on others, in a reflexive manner. In other words, we encourage them to establish personal ethics situated in relational morality and accountability.

TRAINING/SUPERVISORY PRACTICES

As we have tried to honor these foundational beliefs, we have found ourselves using three main training/supervisory practices: 1) experience privileging practices, 2) re-membering practices, and 3) creating communities of concern. These three practices are used throughout each step of the training/supervisory experience. While we will present them here in a certain order, we use them interchangeably throughout the supervision process. hese three practices serve as the means by which we guide therapists through the steps involved in our model of supervision.

Experience Privileging Practices

"Experience privileging practices" seek to grant privilege to and to honor the personal experiences, desires, motivations, knowledge, and skills of new therapists. This practice represents more than a technique or intervention. It represents an ethical stance that we take to honor and privilege the knowledge of persons and not participate in the pathologizing of their lived experience. Experience privileging practices remind us that ideas and beliefs are most meaningful when they can be tied to very personal experiences. Rather than simply exploring the desires and knowledge of new therapists, this practice invites them to "story" these personal desires and knowledge through an exploration of lived experiences that contributed to the development and maintenance of these desires. We use experience privileging questions to guide our efforts in this practice.

Re-membering Practices

Re-membering practices are ideas that are informed by the work of Barbara Myerhoff (1982), particularly as her work has been applied by Michael White (1997, 2000). Myerhoff defines re-membering as such:

> To signify this special type of recollection, the term "Re-membering" may be used, calling attention to the reaggregation of members, the figures who belong to one's life story, one's own prior selves, as well as significant others who are part of the story. Remembering then, is a purposive, significant unification . . . (Myerhoff, 1982, p. 240)

Re-membering is about helping persons find membership or experience a return to membership with the significant relationships of their lives. These significant members can be persons past or present, alive or deceased, relatives or friends, real or imagined, personally known or not, and so on.

Because the stories of our lives are lived through relationships, it is important for persons to re-member the relationships that support their preferred ways of being as therapists. This re-membering is more than a mental endeavor of thinking about significant persons, it invites persons to literally re-experience these relationships and especially to re-experience how these relationships invited them to feel and experience themselves as persons at an affective as well as intellectual level. As therapists re-member these significant relationships, lost knowledges are reclaimed and become personally available to them.

Fostering Communities of Concern

In our discussions with both new and experienced therapists, we are distressed about the many experiences of isolation that have been expressed; we have often experienced this isolation as well. Along with this, we have often heard therapists share their desires to connect with other therapists who hold similar ideas and values. We believe the burnout therapists experience is often directly related to the lack of meaningful community therapists have with other therapists. We have more recently begun to explore the benefits of establishing communities of concern for new and experienced therapists. These are communities dedicated to honoring and privileging the experiences of one another, where all members can stand as witnesses to the preferred developments of one another's lives. Narrative therapists see the creation of such communities as a vital role of their work (Freedman & Combs, 1996; Madigan & Epston, 1995; White, 1995, 1997, 2000). The reason that these communities are so important is two-fold. First, while stories make up our lives, it is the performance of stories that is generative of lives. Therefore, stories are not embraced until they have been "performed before an audience" (Freedman & Combs, 1996; White & Epston, 1990). If the alternative stories and knowledges of persons are to be maintained, persons need to be connected with others in a way that allows for the continual performance of these alternative stories. Communities are also important because they provide a structure for persons to share their preferred developments with others. These preferred developments are then witnessed by others in the community, thus allowing these developments to be storied by those involved.

We believe creating communities of concern for new therapists is vital to the development of their self-knowledge (their selves as knowledgeable). In our discussions with new therapists (and from our personal experiences) we often hear them talk of their frustrations and their struggles that have led to

feelings of personal failure or inadequacy. For example, the focus of most supervision, especially for new therapists, on so-called "stuck" cases encourages therapists to talk more of their perceived failures than of their experiences of success. We are concerned with the effect that this practice has on the personal stories of new therapists. We use communities of concern as a means of celebrating the experiences of new therapists. As new therapists have experiences in therapy that represent their preferred ways of being, these experiences can be shared with others, witnessed by others, and thus entered into their stories of themselves as therapists and persons.

PRACTICAL STEPS

These three practices guide us throughout training/supervision and are used interchangeably in the specific steps in which we invite new therapists to participate. We will now present some of the practical steps which we see as important in helping new therapists develop stories of their identities as therapists which invite a sense of personal agency in the development of their preferred ways of being with clients. After each step we present a brief illustrative example of some of our conversations with therapist trainees.

Step One: Privileging the Personal Desires and Motivations of New Therapists

In this first step, we are especially concerned with giving new therapists an opportunity to share their sincere and genuine desires for entering this field. In order to do this, we feel it is important to invite them to separate from professional and pathological accounts of life and invite them to honour their own personal desires and motivations for becoming therapists. Once these desires have been shared, we devote a significant amount of time exploring with the therapist how these desires came into their lives, what personal experiences nurtured these desires, and what these often "hard won meanings" (Turner, 1986, p. 37, hopes and desires say about what they value in life. We have found that these very genuine desires provide a good starting point to help new therapists enter into an exploration of their personal knowledges and skills related to caring for and helping others. We use experience privileging and re-membering questions (such as the following) to help this process unfold.

Experience Privileging Questions

- What experiences from your life do you think invited you into this field?
- What was it within you that brought you into this field?
- Could you share with us your sincere desires and hopes for becoming a therapist?
- What personal experiences in your life nurtured these desires?
- How do you think this desire [i.e. to care for others] developed in your life?
- What do you think these desires say about you as a person? Do you think these desires represent certain qualities or values that you hold?
- How do you see these desires being a help to you when working with others?
- How would you prefer to see yourself as a therapist?

Re-membering Questions

- Could you share with us a story from your life where you felt particularly cared for? What was this experience like for you?

- What was it about this experience of being cared for that was most memorable to you? What did this experience teach you about how to care for others?
- Is their someone in your life (past or present) that you believe embodied this desire to care for others?
- When you were/are with this person how did/do you experience/d yourself? How did you think that person saw/sees you? How did/do you see yourself when you were/are with this person?
- What do you think it would mean for your life as a therapist and as a person if you were able to keep the experience of your relationship with this person more present in your life?

As the hopes and desires of new therapists to help and care for others are situated in their lived experiences and relationships, these desires are in a very real sense storied into their lives. As these desires and relationships are storied and re-storied they become resources that can be called upon in times of need.

Example One

During one of my (TC) individual supervision sessions with a master's level student I invited the student to reflect on some of the questions highlighted above. It should be noted that the student I was talking to was a second year student and had already learned what it means to be a professional therapist. Therefore, our conversation involved inviting each of us to step away from what we both had been taught professionally and rely on our personal thoughts, beliefs, desires, and hopes. The following is an excerpt from one of our conversations together.

Supervisor: So, what are some of your sincere desires and hopes for becoming a therapist? Before you answer that question, I would like to invite you to take all of the things that you have learned from your training and put it aside for a moment and think about what is personally important to you.

Student: This is hard to answer. . . When I think about what my real desires and hopes are I think about wanting to help people believe that their lives can be better; that there is hope.

Supervisor: So, you want to offer them a sense of belief and hope for their lives? How do you think that this desire to bring hope to people's lives developed in your life?

Student: I don't know. I guess I have always been a positive person. No matter how hard things have been for me and my family has gone through some hard times, I always had hope that things could be better.

Supervisor: Where do you think that came from?

Student: My mom. My mom has always been there for me and she has always been able to lift me up when I am down.

Supervisor: So your mom shared this hope with you? I am just wondering what it is like when you are with your mom? I mean, how do you feel about yourself when you are with her?

Student: I feel safe. I feel like I can do anything.

Supervisor: Sounds like an important relationship for you.

Student: It is.

Supervisor: What has it meant for you to recognize that this desire comes from your mom? And what do you think it would bring to your work as a therapist if you were to be able to keep your relationship with your mom closer to you when you work?

Student: I never really connected my positive attitude to my mom before. It has been nice thinking about her in this way. I feel closer to her. It is nice to know that she can help me in my work. I think if I remember that my desire to bring hope comes from her it will help me to keep believing in myself and my clients.

Step Two: Privileging Personal Knowledges

We believe new therapists coming into this field probably do so because they have some special knowledges and skills about helping others. In our conversations with both new and experienced therapists this has been a common theme. Most of these persons have shared how they have had experiences in their lives where others sought them out for help and they felt like they had some natural abilities to help people experiencing problems. We believe these experiences of helping and the special knowledges which have come from these experiences should be explored, honored, privileged, and made central to the supervisory process. Again, we are interested in helping new therapists personally story these knowledges and experiences. The following are some questions we believe to be helpful in bringing forth the special knowledges and skills of new therapists.

Experience Privileging Questions

- What have your experiences of being cared for taught you about how to care for others?
- What ways of relating to others have you found to be most helpful?
- What skills or abilities of relating and helping others have you developed in your life?
- Why has it been personally important to you to develop these skills or abilities?
- What do you think your friends, family, etc. would identify as qualities you have that will benefit you in your work as a therapist?

Re-membering Questions

- Can you recall someone with whom you had a special caring relationship or who you think you were able to help out in a significant way?
- What was it about that relationship that allowed caring to take place?
- How did you experience yourself in this relationship?
- If this person were here today what would they say about you, your qualities, your desires? Especially with regard to your decision to become a therapist?
- What abilities did this person have or share with you that you would also like to have or share with others in your work as a therapist?

- How might you be able to draw from the wisdom, love, knowledges, and skills of this person in your work as a therapist?

These questions allow new therapists to have an experience with this knowledge in a way that will continue to be meaningful to them as they develop their stories as therapists.

Example Two

Supervisor: Last week we talked about your desires to bring hope to people's lives. I was wondering if we could talk more about this?

Student: Sure.

Supervisor: I am just curious about some of the skills that you have developed in your life about how to bring hope to people's lives? I mean, what have you learned about how to bring hope to others' lives from your own experiences of being helped by others? Does that make sense? Like what have you learned from your experiences with your mom and others?

Student: My mom taught me the importance of really listening to people. I don't mean listening like a technique but really being there for someone. When I came to her with a problem, I felt like I was not only heard but that I was completely accepted. I felt in that moment that I was more important than anyone else in the world.

Supervisor: Has that carried other into your life?

Student: Yeah. I think that I am able to really listen to people. My friends have always come to me with their problems and I remember how I felt when I was with my mom. I just listen really hard and let them know I care.

Supervisor: And how do you think this special ability to listen that you have can help you bring hope to people's lives?

Student: Well, I just think back to my own experience. The more accepted and listened to I felt, the more hope I felt. Does that make sense?

Supervisor: Yeah. Listening to you talk has had me thinking back to times in my life when I have felt accepted and truly listened to and I can see the connection. How important would it be for you to be able to draw on this special ability in your work?

Student: I think that I already do, but sometimes I feel like I shouldn't do it too much. Like it really isn't therapy.

Supervisor: Is that how you personally feel or is that connected to some of the things you have learned about what it means to be a professional therapist? What have your personal experiences taught you about what is most helpful?

Student: I guess I think that it *is* therapy and it *is* important but that isn't the message that I have gotten from other therapists. But if you were to ask me what I believed I would say that it is the most important thing that you can do as a therapist.

Supervisor: So if you could trust in what you knew to be best and in your special abilities how would that make things different for you?

Student: I would feel relieved. I would feel like I could be more of who I really am. I wouldn't have to worry so much about doing therapy I could just be there for my clients.

Step Three: Establishing Moral Preferences

We believe that the most important thing therapists can do is to engage in a very personal exploration of their preferred ways of being with others *and* the effects that these ways of being have on others. Moral preferences are explored with regard to the real moral effects of new therapists work on the lives of those who come to consult with them. Moral preferences thus are relational ethics which are concerned with how others experience themselves in their presence; what the new therapist's hopes are for how the clients experience themselves as persons; what qualities the therapist wants to guide their ways of relating to others; and etc.

In our conversations with other therapists, we have often heard them speak of desires to be compassionate, caring, and loving. We encourage them to invite these qualities into their work as therapists and to consider how therapy guided by these qualities would look. We believe that their moral preferences should become central to their work with others. As new therapists learn theory and professional accounts of therapy they will be in a better position to choose theories that are consistent with their personal values and beliefs and that fit with the moral preferences they personally value (Carlson & Erickson, 1999). We believe that it is important to tie these moral preferences to their lived experience and significant relationships of their lives. Some of the questions that we have found to be helpful include:

Experience Privileging Questions

- What are your hopes about how others experience themselves when they are with you?
- How do you want others to experience themselves when they are in your presence?
- What are your preferences for how you want to be with and toward others?
- What types of qualities would you like to guide the way you are with others?
- If you were to invite [caring] into your life as a therapist, what would [caring] have you doing? How would it have you relating to those who consult you? How would [caring] have you seeing them as persons? What type of relationship would [caring] encourage?
- What types of theoretical orientations and practices do you think fit with your moral preferences as a person and therapist? Which ones do you think do not fit?

Re-membering Questions

- From whom do you think these desires to help and care for others came from?
- Is there someone in your family, or a friend, or teacher, etc. who was a champion of these desires?
- Can you remember someone with whom you felt particularly cared for and loved?

- What was it like for you to be with this person?
- As you are remembering this person how do you find yourself feeling about yourself?
- How does remembering this relationship invite you to be with others?
- What does it tell you about your preferred ways of being as a therapist?

Example Three

This next example comes from an interview that the co-author and I had together. While we have used these ideas in our training of new therapists, these ideas have also been very personally meaningful to us. Whenever we give a presentation on this topic, we take time to interview one another in front of the audience to give them an experience of our experience of these ideas. During a recent presentation, Marty interviewed me about my own moral preferences as a therapist and helped me to connect these preferences with a person in my life.

Marty: Tom, I know that we have talked about this a number of times together but I am wondering if you have any new thoughts about your preferences that you want to guide your work?

Tom: Well, during this conference I have made a connection that has been very meaningful to me. As far back as I can remember, I have had a strong awareness of injustice and felt a desire to stand up to these injustices. This feeling has always been with me as a therapist but it wasn't until recently that I felt a desire to make that stand on a more social level. As a therapist, I have felt committed to taking a stand against personal more local injustices but more recently I feel a desire to take a stand for justice at the social and cultural level.

Marty: Where do you think this desire has come from?

Tom: This is the connection I made. I went to a presentation that helped me connect these desires with an important person in my life. My great-great grandmother is Cherokee. My family has not talked about her very much but for some reason I have always felt a connection with her. At this moment, I have a strong feeling that my desires for social justice come from her; that she has somehow shared those desires with me.

Marty: What has it meant for you to think of her in this way? And what do you think it will mean for your work as a therapist?

Tom: It has been a really emotional experience for me. She experienced horrible injustices in her life. When I think about standing up to injustice and standing for social justice, I am no longer standing by myself. I feel like she is standing with me and I am standing for her and her people. And when I am standing for her and her people I am also standing for me and my people because she is a part of me.

Marty: How do you feel re-membering her will help you to stand for social justice in the future?

Tom: To know that I am not doing this alone and to know that she has shared this desire with me

makes me feel more committed to taking these stands. I think it will help me to not lose sight of the political nature of my work and the importance of keeping the focus of my work at the political level.

Creating Communities of Concern for New Therapists

We believe that it is very important for new therapists to have a community of concerned persons to help them in the development of their preferred ways of being. These communities are communities of support, communities that are guided by ethics that encourage a privileging, honoring, and a reverencing of each member. This is not a group that is about evaluation. It is a group that is dedicated to helping new therapists experience authorship over their developing stories as therapists. As mentioned earlier, the community serves as witnesses to developments in the new therapists work that represent their preferred ways of being. The community also provides a place for new therapists to re-tell those experiences, and perform those practices that fit with their preferred ways of being as therapists.

These communities can be created in a variety of ways. University or agency training programs can invite new students to create and participate in such a group. We have participated in the creation of our own communities of concern and found them to be an absolutely vital part of our development as therapists. We have experimented with creating communities of concern on a very local level (a small group of therapist friends in the community) and also created more global communities via the Internet (we have used e-mail; other ideas would include list-serves, news groups; and live chat-rooms).

CONCLUSION

In this paper we have explored some of the potential pitfalls in current raining/supervision approaches, and we have offered an alternative approach for training/supervision that is founded in an ethic of care, relationalism, and mutual respect which invites us to honour and privilege the personal experiences, knowledge, desires, skills, motivations and so on of new therapists. We are not saying that training should be void of theory or that professional ideas should not be taught to new therapists. With regard to teaching theory, it is our belief that a very clear and cogent understanding of theory is critical in the development of new therapists. Nor is it our intent to advocate that only personal experiences are important. It is our belief that as theory and practices are experienced and incorporated in personal ways by new therapists, this offers a context for understanding the theories and practices more completely and more usefully (see Carlson & Erickson, 1999). The originators of MFT theories were primarily acting out of their personal experiences, unique contexts, knowledge, values and skills that were then constructed into clear theories and practices; the ideas we have presented encourage new therapists to follow a similar rigorous course. The importance of helping new therapists construct stories of themselves as therapists based on their preferred ways of being with others in ways that are relationally and morally reflexive is central to this process. This training encourages new therapists to experience personal agency in the creation of their stories as therapists and as persons; stories which are rooted in their lived experiences. It is our belief that when our knowledges, skills, beliefs, values, commitments, and desires as therapists are intimately connected to our personal lived experience this allows our work and our personal lives to be mutually beneficial and sustaining of one another.

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