POWER HIERARCHY, MULTIPLE TRUTH, AND INNOVATIONS IN NARRATIVE SUPERVISION

RAZI SHACHAR
Private practice, Ramat Gan, Israel

RON NASIM
Lotem Center for Treatment of Sexual Trauma, Sourasky
Medical Center, Tel-Aviv, Israel

TALI LESHEM
Private practice, Rehovot, Israel

JAMINA ROSENBERG
Private practice, Rehovot, Israel

AYA SCHMIDT
Private practice, Tel-Aviv, Israel

VIVY SCHMUELY
Private practice, Tel-Aviv, Israel

The primary aim of this paper is to show how narrative supervision can contribute to achieving ostensibly conflicting goals. On the one hand, power hierarchy can be counteracted and the multiple-truth stance enhanced in the supervisor-supervisee relationship, while supervisees are empowered to acknowledge their own expertise. On the other hand, a setting is provided in which supervisors can contribute from their expertise and experience to facilitate therapeutic training and supervision. To this end, the use of definitional ceremony practice (White, 2007) was taken further and was extended to three inter-connected group-supervision practices, which were implemented and explored. The expanded practice was named Multi-circular Definitional Ceremony practices *(MCDC practices). A complementary aim is to demonstrate that the entire supervision process can be based on and included in MCDC practices while*

preserving cultural sensitivity and overcoming the marginalization of stories and communities by dominant discourses. The theme of narrative supervision is reviewed. The dilemmas around preservation of the multiple-truth stance and reduction of power hierarchies in supervision are presented. MCDC practices are described and exemplified. Their different aspects are discussed with attention to the supervisees' and the supervisors' reflections. Further lines of exploration of the uses of MCDC practices are suggested.

THEORETICAL BACKGROUND

The Starting Point Dilemma

When the first author was facilitating a supervision process, she was concerned by the implementation of some central narrative ideas in supervision. These included issues of power hierarchy, embracing the supervisor's position, and multiple-truth stance (Freedman & Combs, 1996: White, 1997). This implementation seems to highlight apparently contradictory goals (Parry & Doan, 1994). On the one hand, supervisors are ethically duty-bound to contribute from their experience and expertise and to facilitate therapeutic training (Behan, 2003). The result might be a power differential in the supervisory relationship (Lago & Thompson, 1996), giving preference to the supervisor's truth (Parry & Doan, 1994; Whiting, 2007). On the other hand, narrative supervisors aspire to widen their supervisees' scope of knowledge and ideas and facilitate their becoming the kind of therapists they each prefer to be (Bird, 2006; Crocket, 2002; Speedy, 2000; White, 1997). They also aim to minimize the imposition of their own knowledge, life view, and cultural beliefs on supervisees (Whiting, 2007) and wish to avoid producing a dominant cultural story that marginalizes other truths (Speedy, 2000; White & Epston, 1990).

Aims

The primary aim of this paper is to develop a new supervisory model in order to show how the narrative supervision process can contribute to achieving the ostensibly conflicting goals (presented in the previous paragraph). A complementary aim is to demonstrate that the entire supervision process can be based on and included in this supervisory model while preserving cultural sensitivity and overcoming marginalization of stories and communities by dominant discourses.

The Extended Practice

To achieve these aims, we expanded White's concept and practice of definitional ceremonies (White, 2007) and developed MCDC practices.

In this article, we describe and exemplify the application of MCDC practices in group supervision and in the interface between supervision and therapy.

The ideas and applications described in this paper were derived from supervision conversations with a group of young therapists in a family therapy center in Israel. Five women (including the supervisor) and one man participated in the group. The supervisees, all working psychotherapists, and the supervisor held two-hour biweekly meetings over a period of 18 months.

MCDC practices are situated in the narrative worldview. In the following sections, we discuss the narrative approach to therapy and supervision and then elaborate on two concepts that are especially relevant to the project: the multiple-truth stance and the counteracting of power hierarchy—and their associated dilemmas in narrative supervision.

Narrative Approach to Therapy

Over the years, Michael White presented numerous versions of the narrative approach to therapy, which he developed with David Epston (Carey, Walther, & Russell, 2009; White, 2007; White & Epston, 1990). Narrative therapy is intended to be a respectful, non-blaming approach to counseling and community work, centering people as the experts regarding their own lives. This approach views people as separate from their problems and assumes that the impact of problems on their lives will be reduced by their many competencies, beliefs, values, and commitments (Freedman & Combs, 1996; Morgan, 2000). Professional literature on supervision practices informed by the narrative worldview is just emerging.

Narrative Supervision

Like narrative therapy, narrative supervision was described in the literature as guided by the social constructionist (SC) approach, and is, therefore, out of harmony with the dominant discourses of the modernist stream in therapy and supervision (Simmonds, 2010).

Behan (2003) attributed importance to the concept of isomorphism in supervision, meaning that practitioners' approach to supervision is consistent with the paradigm according to which they think about therapy and is similar in nature to their therapeutic practice. In this manner, when supervisors are faced with a specific supervision dilemma, it is beneficial to hold a narrative supervision conversation that is parallel to Statement of Position Map 1 in therapy (Behan, 2003; Redstone, 2009). According to Redstone (2009), taking a "not-knowing" stance, which is the preferred approach of the narrative therapist, does not mean that the narrative supervisor is lacking in knowledge. When supervisors sit with lost or despairing supervisees, the practice of interviewing the supervisor offers fertile territory on which to stand (Behan, 2003; Redstone, 2009). Supervisees frequently bring issues to supervision that fall under the category of failure (Foucault, 1980). Supervisees' descriptions of failure can be seen as an entry point from which to explore this failure as a refusal to behave according to accepted practices (Behan, 2003).

Another practice derived from therapy that can be used in supervision is the "re-membering" conversations. Behan (2003) recounted how he assists supervisees to perform re-membering in relation to people in their lives who are connected to the therapists' reasons for choosing their field. Re-membering these people helps them to continue in the face of fatigue or despair, having conjured up their presence to inspire the therapists in their work. The dilemmas with which supervisees are grappling can often be resolved when they are capable of abandoning their own point of view and entering the "internalized other" (Tomm, 1993). Behan (2003) is of the opinion that supervisors can also become the keepers of documents that they or their supervisees have contributed over the years—certificates, letters, identity documents, collections of knowledge, etc.—which can be shared with supervisees and passed on to their clients. At times, therapists are drawn into social discourses without noticing. In such cases, an exploratory conversation that deconstructs these discourses, make them visible, evaluable, chosen, or rejected (Behan, 2003; Redstone, 2009), thereby assisting in expanding the stories of supervisees and clients.

Nevertheless, the first author found no distinctive model of narrative supervision in the professional literature. In this paper, therefore, we attempt to contribute to the consolidation of such a model through illustrating and elaborating on the MCDC practices.

The two ideas especially relevant to the current project—the idea of counteracting power hierarchy through collaborative work and the idea of multiple truths versus one definitive truth—are discussed below in relation to the dilemmas they raise.

Counteracting Power Hierarchy and Preserving a Multiple Truth Perspective in Narrative Supervision: The Dilemmas
Counteracting Power Hierarchy

Supervision typically involves a newer member in the field consulting with a more experienced colleague. A managerial or evaluative layer to the relationship often exists (Behan, 2003), which can contribute to a power differential in supervisory relationships (Lago & Thompson, 1996). The power dimensions are composed and exist in relation to subjects such as race, culture, gender, and difference within dyadic and triangular relationships between therapists and supervisors, therapists and clients, clients and supervisors (mainly imagined relationships) (Lago & Thompson, 1996). The implied power of the "expert" in the professional dyad is frequently unchallenged (Parry & Doan, 1994; White, 1997).

Michael White elaborated on some of the negative effects of this possible power differential in supervision. He explained that when the supervisors are in the position of "expert," they might impose their knowledge, life view, and cultural beliefs on the supervisees, even unintentionally. Thus, they may prevent and diminish the supervisees' self-empowerment and narrow down their scope of knowledge and ideas. Therefore, the narrative approach prefers that the process of supervision be collaborative (Bird, 2006); that although the supervisor has an influence (Speedy,

2000; Beels, 2009), the decisions in therapy are made jointly between the supervisee and the client (Behan, 2003; Redstone, 2009). When this is the case, the supervision process enables the supervisees to connect with their preferred choices, their preferred values, and their hopes in the professional realm. At the same time, the personal and professional stories of the supervisor can also be enriched (Speedy, 2000).

One can ask whether this idea of counteracting power hierarchy can be reconciled, in narrative supervision, with the inherent power differential present in supervision.

Preserving a Multiple-Truth Perspective

Supervisors may inadvertently recruit the therapist to one "right way" of seeing (Whiting, 2007). This is connected with the discourses of modernist education, which hold that knowledge is something objective, that supervisors are the holders of such knowledge and that their role is to deposit it in the trainees (Redstone, 2009). Implementing narrative ideas in supervision, in this regard, means heightening supervisors' and supervisees' ethical purposes and responsibilities by an increased awareness that "it is only a story"; one of an infinite number of possible interconnecting stories (Speedy, 2000; Whiting, 2007). In abandoning the authoritative truth of a particular story of how human beings work, narrative practitioners have abandoned the authority of traditional normative ethics (Bond, 1993) in favor of pluralism and valuation of the diversity of ethical stances that may accompany different stories and positions (Speedy, 2000; Whiting, 2007). On the other hand, the expectation is that supervisors be influential when working with therapists who wish to explore narrative practices and it is important that they share their knowledge and expertise gleaned from years of experience in the field (McCready & Raleigh, 2009). In addition, they need to use their facilitative knowledge that helps to find, tell, and witness neglected stories, and to bring forth the supervisees' skills and knowledge (Behan, 2003). Again, a question could be raised as to whether these apparently conflicting goals can be reconciled.

Interfacing Supervision Conversations and Therapeutic Conversations

In addition to settling the two apparent contradictions mentioned above, the first author hoped to develop a variety of ways of enhancing an interface between the supervision conversations and the therapeutic conversations held by the therapists in the group. This was with the intention of overall enrichment—of the supervision, the therapeutic work, the supervisees, and the clients. Others have suggested ways of interfacing supervision and therapy conversations (Fox, Tench, & Marie, 2002; Speedy, 2000). In Fox's version, this was accomplished by bringing a piece of audio-taped therapeutic conversation to the supervision group. The discussions in the supervision group around this client, the supervisee, and their relationship were recorded and returned to the client. Fox hoped that it would facilitate the practitioners in finding clues to alternative stories of people's lives (Fox et al., 2002).

Before the description of MCDC practices, the reader is familiarized with definitional ceremony practices and reflecting teams.

The Use of Witnessing in Therapy: Reflecting Teams and Definitional Ceremonies

Definitional ceremony is a concept and a practice developed by the anthropologist Barbara Myerhoff (1986). Inspired by her work, Michael White (1995, 2007) elaborated on the therapeutic use of this practice. He was influenced also by the reflecting team approach, as presented by Tom Andersen (1987). This was a process that focused on the concept of opening up a collaborative and inclusive dialogue between therapists, professional teams, and clients (Andersen, 1987; Anderson, 2007; Haley, 2002). The origins of the reflecting team could be traced back to the Milan group (Haley, 2002; Selvini-Pallazoli, Prata, Ceccin, & Boscolo, 1978), whose model was developed in the modernist era of therapy. Thus, although this team approach was apparently inclusive and collaborative, it was exclusionary at the same time (Haley, 2002).

Professionals around the world immediately embraced Andersen's model. The main advantages of using a reflecting team in a therapeutic setting included the team's collaborative nature, the multiple perspectives the team could provide (Haley, 2002; Smith, Sells, Alvez-Pereira, Todahl, & Papagiannis, 1995) while using strength-based orientation (Smith, Jenkins, & Sells, 1995), and the importance of exercising possibility language. However, it also possessed some disadvantages, namely, the usefulness of the reflections made (Brownlee, Vis, & McKenna, 2009), the fear and anxiety elicited in people by the one-way-mirror commonly used with reflecting teams (Lever & Gmeiner, 2000), the intrusive and disruptive nature of the team (Lever & Gmeiner, 2000), as well as the question of whether the reflecting team process actually constitutes a collaborative approach to family therapy (Lever & Gmeiner, 2000).

White's elaboration gave the reflecting team process an experience-near nature, a reducing of the power differentials between team members and clients through self-disclosure by team members (Freedman & Combs, 1996) with clear guidelines for effective transparency (Cole, Demerrit, Shatz, & Sapoznik, 2001). In this way, they co-created meaningful narratives, strengthened the joining processes (Freedman & Combs, 1996), and emphasized that a social constructionist stance offers a richer experience (Haley, 2002) while responding to the aforementioned disadvantages (Cole et al., 2001).

Michael White explained the background and the essence of these practices:

> . . . Myerhoff's work struck a cord with some of the discoveries about the relevance of the audience . . . to the building of thick conclusions about identity, and to the endurance and expansion of preferred outcomes in the lives of the people who were consulting us . . . Structuring therapy as definitional ceremonies provides people with the option of telling or performing the stories of their lives before an audience of carefully chosen out-

sider witnesses. These witnesses respond to these stories with retellings that are shaped by a specific tradition of acknowledgment. . . . The responses of the outsider witnesses are not shaped by practices of applause or professional evaluation and interpretation . . . Rather, outsider witnesses engage one another in conversations about: (a) the expressions of the telling they were drawn to, (b) the images that these expressions evoked, (c) the personal experiences that resonated with these expressions, and (d) their sense of how their lives have been touched by these expressions. (White, 2007, pp. 184–191)

White structured definitional ceremonies in therapeutic practice as composed of three distinct stages: (1) the telling of the significant life story by the person for whom the definitional ceremony is being performed, (2) the retelling of the story by the people invited to be outsider witnesses (using categories (a)–(d) mentioned above), and (3) the telling of the outsider witnesses' retellings. This is the stage in which the person at the center of the process comments upon the remarks made by the outsider witnesses, thus giving further weight to the preferred story (Morgan, 2000; White, 2007).

The Use of Witnessing in Supervision

One area in which the use of a reflecting team continued to grow and strengthen is with various types of professional training and supervision (Speedy, 2000). Definitional ceremonies have proved useful for structuring supervision conversations as well (Behan, 2003; Fox et al., 2002; Merl, 1995; Morgan, 2000; Simmonds, 2010; White, 2007). The concept and practice of definitional ceremonies can apparently be the basis for the expanded practices (MCDC practices) to be used in our supervision group in ways that could meet the intentions of our project, as described earlier. In addition, MCDC practices could apparently take White's practice another step further, expanding its use to meet different aspects of the supervision process, as will be unfolded in the next section.

MULTI-CIRCULAR DEFINITIONAL CEREMONY PRACTICES

The steps taken in the development of MCDC practices were spontaneous and were derived from the initiatives and needs of the participants and supervisor. They were gradually conceptualized and became more focused.

MCDC practices included three possible circles of witnessing or re-storying. All the conversations were documented. The members of the group were familiar with narrative ideas and practices in general, and with definitional ceremony practice in particular (this obviated the need to introduce this practice to them). The order in which the different definitional ceremonies were used changed in accordance with the needs of the supervision group, and was determined jointly by the supervisor and supervisees.

See Figure 1 for an illustration of supervision circles.

FIGURE 1. Supervision circles and their interfaces. CS: circular supervision, DCT: definitional ceremony of the therapist, DCC: definitional ceremony of the client.
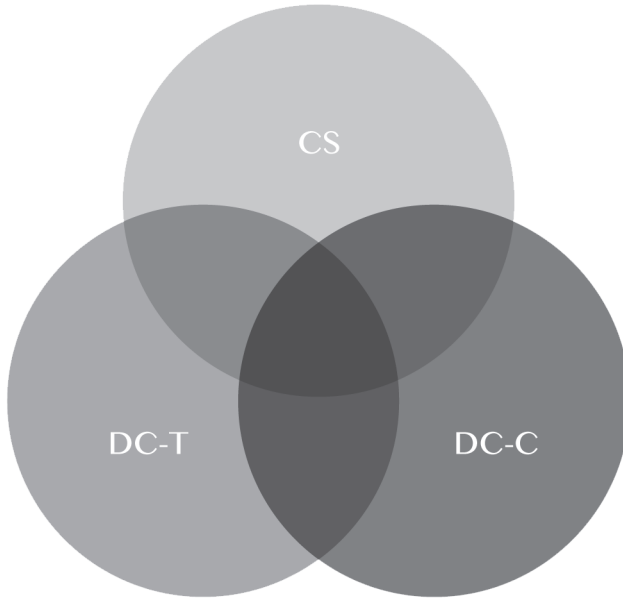
Definitional Ceremony With the Therapist at the Center (DCT)

DCT was conducted in the following way:

One member of the supervision group would interview another supervisee about personal dilemmas, social norms or discourses, or cultural-sensitive issues that may have been relevant to the therapy with a client, whose story he/she brought to the supervision. This would constitute a telling. Thereafter, each of the group members would reflect (according to the aforementioned outsider witnessing procedure) on the story of the therapist at the center of the ceremony. This would be a retelling. The therapist would then comment on these retellings, which would be a telling-of-retellings.

Circular Supervision (CS)

CS was conducted in the following way:

One of the supervisees would present the story of a client who came to consult with her/him. This supervisee would provide a brief description of the story brought by the client to therapy; the issue of concern to the therapist regarding the therapy and the assistance she/he required from the group. At this stage, we would proceed

to a supervision form to which we were introduced by Jill Freedman and Gene Combs in a workshop in Israel (2007). We would create a simulation in which each member of the group would act as therapist, in turn, and would converse with the therapist at the center of the ceremony representing the client (also: Behan, 2003; Bird, 2006; Parry & Doan, 1994). This was to pinpoint and to broaden a wide variety of story lines with the help of some questions prepared in advance. The suggested story lines, the questions asked, and the ideas discussed would be taken back to the client, who would choose those that resonated with her/him. The two would then continue the therapeutic conversation, using the client's preferred story lines.

The Story of Chava: An Illustration of CS Told by a Supervisee in the Group

When Chava, aged 30, entered therapy with me about a year and a half ago, she expressed general dissatisfaction with her life and herself. A source of great distress was the issue of being single and she had never experienced a serious relationship. One of Chava's main wishes was to form a good heterosexual couple relationship. She told me that her parents were concerned about her singlehood. The attitude of her family and of society exerted pressure on Chava and deepened her feeling of being damaged. She expressed worries about not having the proper skills to form a couple relationship. Chava described that, on dates, she was so frozen, panic-stricken, and self-conscious that she was unable to have an authentic conversation with the man she was meeting. During therapy, Chava's dating experiences improved. However, no couple relationship was formed and, therefore, the question arose once again: "What is wrong with me?" I (the therapist) found myself worrying about Chava not finding a partner. I identified with her mother's concern and felt helpless due to my failure to help her achieve this goal. Those concerns and thoughts bothered me and I brought my work with Chava to the group supervision.

During the supervision with the group, using the framework of circular supervision described above, some of the social norms and discourses regarding single women, which were influencing me, were exposed. Among them were dominant discourses that prefer marriage and family and stigmatize singles. After the simulation, I was able to acknowledge other lifestyles and different choices as options for people, whether single or not. My colleagues and I spoke of Chava's suffering being a result of failing to conform to society's dominant norms.

In my subsequent session with Chava, I told her about the ideas that were raised in the supervision. We pinpointed some dominant discourses and their effects on her life. Chava could then distance herself from their paralyzing effects that caused her to feel damaged, and was able to choose the ideas that suited her. In the next session, Chava spoke with great vitality about "her preferred self" and about how it would express itself if she were not under the pressure of the authority of the social norms but with "the keys in her own hands."

I had a strong sense that after acquainting myself with a variety of social norms and discourses, and with diverse story lines in the circular supervision process, I had released myself from the need to work with Chava on the narrow goal of finding a husband and, together, we were able to broaden her preferred directions, behaviors, and hopes.

I could also provide an opportunity for subordinate story lines to grow and develop in Chava. Chava's preferred persona became evident; she experienced a sense of release, she felt that she was standing erect and was recognized as a live, full, and rich character, regardless of whether or not she was part of a couple.

Definitional Ceremony With the Client at the Center (DCC)

DCC was conducted in the following way:

A supervisee would bring to the group an account of the therapy that had been written jointly with his/her client. The focus here was not on the therapists' issues, but was on the client's story, as if he/she were there to tell it. The rest of the group would then act as outsider witnesses and provide reflections on the client's story they had heard, according to narrative ideas about outsider witnesses. These reflections would be taken back to the client and she/he would be invited to comment on the group's reflections. In the following group supervision meeting, the supervisee would bring the transcript of the client's reactions. Thus, both the preferred story of the client and the stories of the group members would be enriched. It was as if this back and forth movement created an ever-richer tapestry.

The Story of Hagit: An Illustration of DCC Told by a Different Supervisee in the Group

Hagit began therapy with me when she turned 40. She was the youngest of four sisters. Her parents had immigrated to Israel from Iraq when they were in their 20s. Hagit described her family home as giving scant attention to children and providing little expression of love. Hagit described 20 years of shouting, quarrels, fears, pessimism, and suspicions, and a mother who was secretive about all these matters. Hagit described her parents as miserable and being "stuck" with each other "in a relationship that was like a prison" and herself as a child for whom nobody had time.

A central issue that Hagit brought to therapy was her search for a spouse. Again and again she would find the men she dated to be uncaring. In addition, her fear was that if the relationship were to last, she would find herself imprisoned in a relationship similar to that of her parents. She was also ashamed that people would find out about the home in which she was raised. To conceal this, she would introduce herself in a reserved and guarded manner, which was perceived as lacking in authenticity.

In the therapeutic conversations, she and I spoke about the strength that Hagit had acquired from her singlehood: the ability to manage in almost any field in life. On the other hand, Hagit began to understand the price of concealment. As a

result, she decided to try to express her whole self more authentically and freely both in therapy and on her dates. Several months previously, Hagit had met a man and fallen in love. For the first time, she had felt sad when the relationship ended. Lately, Hagit had decided that she wanted to have a child out of marriage, believing that she did not have to settle for less than her married counterparts. The many exciting developments in Hagit's life and my desire to expand and strengthen them led me (toward the planned end of our therapeutic conversations) to offer her the opportunity to take part in our project and Hagit agreed.

Retellings of the group members to Hagit. Hagit's story was at the center of a definitional ceremony in one of our group meetings. Hagit's expressions that were noted by the group members were: "remembering," "no need to settle for less than what others have," "hope," "concealment," and a "release from prison." (The entire text, which was very long, has not been included here. We believe that focusing solely on these expressions would convey more clearly what happened in this stage of the process). I then read to Hagit these detailed comments in our next and final meeting.

Telling of retelling from Hagit to the group members. Hagit was moved by what she heard. She said that hearing these comments made her believe that the developments she had experienced in therapy would not remain "just here" in the therapy room. She also said that the mere fact of participating in a definitional ceremony breaks concealment; the very concealment that had had such a bad effect on her life for so many years. She added that the group's acceptance of what she had said made her feel that she was like everyone else, which was very important to her.
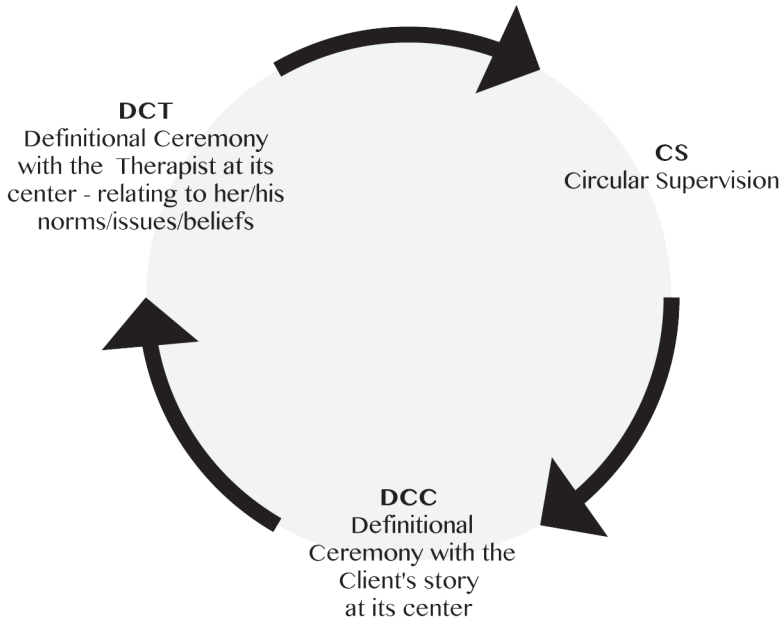
We found that it was unnecessary to maintain a certain order in using the different circles of MCDC practices. It is possible to use each circle separately and/ or to combine parts of the different circles. See Figure 2 for an illustration of the circular influences of the definitional ceremony circles.

DISCUSSION

This article's major goal was to develop a supervision model that would allow the supervisor and the supervisees in the group to use the ideas of collaborative conversations and multiple truths. This means using the supervisor's knowledge, ideas, and expertise, yet preventing the misuse of power and the imposition of the supervisor's knowledge and ideas. This goal gave rise to MCDC practices.

Implementing MCDC practices enabled the supervisees and the supervisor to engage in conversations on a range of dilemmas. They could do so in a way that assured a cautious use of power, a flattening of the power hierarchy, and a participating, influential, but decentered position for the supervisor. This working method

FIGURE 2. Circular influences of the three kinds of definitional ceremony circles.

DCT
Definitional Ceremony
with the Therapist at its
center - relating to her/his
norms/issues/beliefs

CS
Circular Supervision

DCC
Definitional
Ceremony with the
Client's story
at its center

also allowed for a perspective of multiple storylines, multiple entry points, and multiple truths. These conclusions showed that narrative supervisors could both contribute from their expertise and allow supervisees to acknowledge their own expertise and become the therapists they prefer to be.

The interface between the therapy and the supervision facilitated expansion of the preferred stories of clients and of therapists, and connected all participants. In this way, the different supervisory ends, which were set at the beginning of the project, could be reconciled and achieved.

Below are some further influences that were noticed: some of the therapists emphasized that the use of MCDC practices, while going back and forth from circular supervision to therapeutic work, was perceived as an antidote to loneliness for many of the clients, who had previously experienced social exclusion. It also acted as an antidote to loneliness and burnout for some of the therapists.

The use of these practices helped the therapists in the group to notice a wider range of possible entry points, possible story lines and choices. In addition, they could choose from the varied exploration-lines that were suggested to them. In parallel, the clients could choose also from among the exploration-lines that were brought back to them, thereby enriching both the supervision conversations and the therapeutic conversations.

For many of the clients, receiving the group members' re-descriptions of their preferred stories created the feeling of being part of a wide embracing community. This empowered both therapists and clients.

The circular supervision enabled each of the group members to bring forth many aspects of themselves and to receive reactions from the others. It also connected them to others' stories. These experiences strengthened a sense of togetherness and enabled the expansion of the personal agency and the professional identity of each member of the group. These same experiences also contributed to strengthening the sense of belonging both within the group and as part of the family therapy center staff.

The supervisor's position gradually became described as a "participating supervision." Besides being in an influential but not central position, the supervisor participated in all the various processes. The group members indicated that this participating supervision created intimacy and openness, and increased the ability to reveal and to examine the supervisees' personal and professional stories.

A few thoughts for the future arose: MCDC practices, especially DCT, can be used to deconstruct different dominant social discourses and professional discourses, culturally-sensitive issues, and theoretical ideas that might influence supervisees. Several of these issues that came up in the group were social discourses around singlehood in women and in men, professional discourses/ideas around the timing and the way of ending therapy, and dominant versus nondominant views of supervision. (Some of these findings are being documented currently in writing.)

It could be interesting to use these practices of supervision with additional groups of supervisees and to learn more about their effects. Groups such as: younger or more experienced trainees in the narrative approach; supervisees who have a history of training in psychology, social work, or counseling; and supervisees who have experience or training with other schools of family therapy. In this way, one would be able to facilitate and explore MCDC practices with different professional cultures and examine the extent to which they are sensitive to these as well as to other cultures.

The importance of cultural sensitivity in training programs for family and narrative therapists has become prominent in the last decade. In light of this trend, MCDC practices can be used also as an experiential way of helping trainees in family and narrative therapy and supervision to learn to appreciate this importance.

REFERENCES

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, *26*, 415–428.

Anderson, H. (2007). Tom David Andersen: Fragments of his influence and inspiration. *Journal of Marital and Family Therapy*, *33*, 411–416.

Beels, C. C. (2009). Some historical conditions of narrative work. *Family Process*, *48*, 363–378.

Behan, C. P. (2003). Some ground to stand on: Narrative supervision. *Journal of Systemic Therapies*, *22*(4), 29–42.

Bird, J. (2006). *Constructing the narrative in supervision*. Auckland, New Zealand: Edge Press.

Bond, T. (1993). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Brownlee, K., Vis, J.-A., & McKenna, A. (2009). Review of the reflecting team process: Strengths, challenges and clinical implications. *Family Journal*, *17*, 139–145.

Carey, M., Walther, S., & Russell, S. (2009). The absent but implicit: A map to support therapeutic enquiry. *Family Process*, *48*, 319–331.

Cole, P. M., Demerrit, L. A., Shatz, K., & Sapoznik, M. (2001). Getting personal on reflecting teams. *Journal of Systemic Therapies*, *10*(2), 74–87.

Crocket, K. (2002). Introducing counselors to collaborative supervision. *International Journal of Narrative Therapy and Community Work, 1*.

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings*. New York: Pantheon.

Fox, H., Tench, C., & Marie. (2002). Outsider witness practices and group supervision. *International Journal of Narrative Therapy and Community Work*, *4*.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W. W. Norton..

Freedman, J., & Combs, G. (2007). *The six questions exercise.* Presented in An intensive course re supervision and more, Kasem Institute, Jerusalem. Unpublished.

Haley, T. (2002). The fit between reflecting teams and a social constructionist approach. *Journal of Systemic Therapies*, *21*(1), 20–40.

Lago, C., & Thompson, J. (1996) *Race, culture and counseling*. Milton Keynes: Open University Press.

Lever, H., & Gmeiner, A. (2000). Families leaving therapy after one or two sessions: A multiple descriptive case study. *Contemporary Family Therapy: An International Journal*, *22*, 39–65.

McCready, V., & Raleigh, L. (2009). Creating a philosophy of supervision through personal narrative. *Perspectives on Administration and Supervision*, *19*(October), 87–95.

Merl, H. (1995). Reflecting supervision. *Journal of Systemic Therapies*, *14*(2), 47–56.

Morgan, A. (2000). *What is narrative therapy*? Adelaide, South Australia: Dulwich Centre Publication.

Myerhoff, B. (1986). Life not death in Venice: Its second life. In V. Turner & E. Bruner (Eds.), *The anthropology of experience* (pp. 261–286). Chicago: University of Illinois Press.

Parry, A., & Doan, R. (1994). *Story re-visions: Narrative therapy in the postmodern world*. New York: The Guilford Press.

Redstone, A. (2009). Narrative practice and supervision: The re-population of identity. *Context*, *21*(October).

Selvini-Pallazoli, M., Prata, G., Ceccin, G., & Boscolo, L. (1978). *Paradox and counterparadox*. New York: Aronson.

Shachar, R., & Barcai staff members. (2001). Supervision process informed by the narrative philosophy. *Family Issues*, *34*, 6–7.

Simmonds, L. (2010). Narrative approaches to supervision consultation: Reflections and options for practice. *International Journal of Narrative Therapy and Community Work*, *1*.

Smith, T. E., Jenkins, D., & Sells, S. (1995). Reflecting teams: Voices of diversity. *Journal of Family Psychotherapy*, *6*, 49–70.

Smith, T. E., Sells, S. P., Alves-Pereira, G., Todahl, J., & Papagiannis, G. (1995). Pilot process research of reflecting conversations. *Journal of Family Psychotherapy*, *6*, 71–89.

Speedy, J. (2000). Consulting with gargoyles: Applying narrative ideas and practices in counseling supervision. European Journal of Psychotherapy, *Counseling and Health*, *3*(3 December), 419–431.

Tomm, K. (1993). A commentary on Michael White's work. In S. Gilligan & R. Price (Eds.), *Therapeutic conversations*. New York: W. W. Norton.

White, M. (1995). *Re-authoring lives: Interviews and essays* (pp. 172–199). Adelaide, South Australia: Dulwich Centre Publications.

White, M. (1997). *Narratives of therapists' lives*. Adelaide, South Australia: Dulwich Centre Publications.

White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W. W. Norton.

Whiting, J. B. (2007). Authors, artists, and social constructionism: A case study of narrative supervision. *American Journal of Family Therapy*, *35*, 139–150.