Relational Supervision: Process Ethics Guiding Learning Communities

Students report that developing a holistic "being as therapist" represents the bulk of their efficacy and that skill sets or theoretical guidelines are secondary in their learning venues. Relational Supervision embraces a co-creation of process ethics within a learning community. The supervisor and students mutually co-create the learning agenda. In such, each student’s learning is self-tailored to his or her individual needs. The acquisition of new meaning is a product of social action and interrelatedness. As the therapist and client (or supervisor and student) create narratives and stories surrounding co-created and co-authored themes, desired new learning and change occur. This learning and change is not for the “expert” therapist or supervisor to embed upon the client or student; rather, it is a process that both parties experience and participate equally within. Thus, new meaning is generated through language and the ongoing discourse.

 Supervision and teaching should provide an atmosphere of encouragement and validation, leading to increased self-confidence and growth, further encouraging an opportunity for honest interaction because there is little fear of "failure". Challenges are met with warmth and understanding, promoting an opportunity to learn without fear of being rejected for making mistakes. Other supervisors I have had, had the agenda of teaching the "right way" to interact with clients, limiting my own presence and style in the therapeutic process. In my opinion, this style of validation for our own "ownership" of our experiences and successes in our work creates success. (quote from a former supervisee)

The above quote, expressed by a former student on thoughts of relational and collaborative supervision, represents the substance of this paper. Over the past several years our field has attempted to address these conflicting ethical thoughts--of how students can learn through negotiated meaning and relational responsibility rather than traditional modes of non-interactive contexts (Anderson, 1997; Brufee, 1999; Crocket, Kotze, & Flintoff; Fine & Turner, 1997; Gardner, Bobele, & Biever, 1997; Gehart, 2007; Lapin & Hardy, 1997; Lewis & Cheshire, 2007; McNamee & Gergen, 1992; Rambo & Shilts, 1997; Roberts, 1997; Stewart, 1997; Storm, Peterson, & Tomm, 1997; Swim, St. George, & Wulff, 2001; Todd, 1997; York, 1997). Although I have found an extensive review of the literature on these thoughts, I have not felt that these issues are addressed on a regular basis in the facilitation of learning institutions nor governing bodies. If one looks at the current marriage and family presentations and literature offered on ethics and learning, it is unfortunate that the too often dilemma of the quote from this supervisee is not addressed. The ensuing voices will reflect this theme that supervisees or learners do not feel ownership or safety in their learning andsupervision experiences (Swim, et al & Swim, Plotkin, &Bettye, 1998; Snyder, 2001).

           I feel it is imperative to talk about these ethical constructs. In doing so, I have researched voices of former students who struggled with ethics in their journey to become effective therapists. In this paper are combined voices of past supervisees and learners who explore how a learning environment that supports the efforts of the learner can occur in a manner that is self-tailored to their needs instead of attempting to coerce them into what the many well intentioned supervisor or professors thinks they need to do or acquirer (Anderson, 1998; Anderson & Goolishian, 1990; Anderson & Swim, 1995). The Houston Galveston Institute, along with a wealth of others keeping in mind collaborative efforts to the events of teaching and supervision, consider learning and doing therapy cannot be just taught but experienced (Anderson, London, & Punsky, 2000; Caldwell, Becvar, Bertolino, & Diamond, 1997; Peters & Armstrong; 1998; Swim et. al, 2001). In such, I hope these voices are deliberations on the ethics of experiential learning and supervision; where the supervisee or learner is free and safe to address their respective learning and supervision; where they are seen as competent first, rather than deficient, and where, regardless of theory or personal thoughts that the supervisee practices, or learner’s academic needs are allowed to excel (Swim & Kinman, 2007).

For the purpose of this paper, I have suspended many of the limitations of academic writing—such as expressing opinion and foregoing traditional research-paraphrasing—in hopes of presenting a piece that is genuinely collaborative. In such, the stories included have had limited editing as to keep from doing injustice to the students’ voices. Excuse me if this is problematic, but I consider it post-modernity in action.

Relational and Collaborative Learning Communities

Whether in my classes or supervision contexts, I use collaborative and relational endeavors. Foremost is my desire to know of the learning expectations of each student. In such, my intent is to first establish a process of intimate relationship with each student on the first day of class. This is very similar to how I do any endeavor, whether clinical or academic. On the first day of class I inquire as to what each student desires to occur in the learning or supervision context; I wish to learn about each student both in their professional development or passions, as well as their personal lives. I have the students in large classes create thematic and reflection groups addressing the above variables. These variables shift into learning groups that embrace these expectations, directions, and passions. Within this context we become a group, or what I call a “family,” or community of learning. Within this context we become intimate with each other around the backdrop of what the learning institution academically requires.

The students and I mutually present the material in small groups and then have the remaining students as reflecting teams to offer novel or similar thoughts. The students report that this learning style excels in their acquisition of new information in a manner that is important for each individual. At the closing of each class or supervision meeting, we create a celebration of learning and reflect on the importance of the class or supervision milieu. For the objective of this paper I will focus primarily on supervision.

Relational Supervision is a Collaborative Effort

Relational supervision represents what we refer to as process ethics. I say “we” since this paper is a collaboration of my experience and voice combined with former students and supervisees from universities, on-line teaching, and international teaching venues. Process ethics represents the collaborative efforts and decisions within the learning community (Ray, 2001; Swim, St. George & Wulff, 2001; Swim, 2003). The supervisor and students mutually co-create the learning agenda. In such, each student’s learning is self-tailored to their individual needs. It is similar to the CLS style of therapy and supervision (Anderson, 1997). The therapy system is a dialogical undertaking, as is the learning system. The acquisition of new meaning is a product of social action and interrelatedness. As the therapist and client (or supervisor and student) create narratives and stories surrounding co-created and co-authored themes, desired new learning and change occur. This learning and change is not for the “expert” therapist or supervisor to embed upon the client or student. Rather, it is a process that both parties experience and participate equally within. New meaning is generated through language and the ongoing discourse. Furthermore, new possibilities arise when the supervisor postures around a “not-knowing” venue, as well as allowing for the “not yet said” to occur (Anderson, 1997). Therefore knowledge is accrued through my posture of “knowing” the text and syllabus but assuming a posture of “not knowing” what students’ wish to learn, and allowing the “not yet said” where new information is relationally and socially constructed for each student.

Process Ethics and the Learning Community

In expanding on these precepts, process ethics guides supervision through the co-creation of new meaning through relational connectedness, full presence, and sacred conversations. Relational connectedness refers to the completely shared and egalitarian experience of the supervisor and student in defining the focus and direction of supervision. Full presence refers to a supervisor’s posture of genuinely honoring and valuing the student’s narratives by speaking honestly and caringly, as well as co-creating genuine trust and humility, enabling the strengths of the student to abound. Fear and doubts are deconstructed, and there is no judgment by the supervisor on bad or good students, nor right or wrong therapy styles. The term “sacred conversations,” in this context, refers to the characteristic of reverence in participating with the students’ voices. Process ethics reflects the beliefs, values, and morals these participants create together. They are intimate, immediate, fluid, constantly changing, and individualized (Swim et al. 2001; Swim & Kinman, 2007). They are not produced outside the therapy room or classroom (Anderson, 2001). Therapist, client, supervisor, and supervisee become co-constructors of ethics and therapeutic change.

Hence, I am not concerned with therapeutic skill sets as I feel they produce 10 percent of good supervision or therapy. As a supervisor and instructor, I follow a syllabus that sets a backdrop for the learning agenda. We all participate and honor the syllabus template, but the freedom exists for the above to occur rather than molding students into “GOOD THERAPISTS”.

Skill sets provide the students with initial certainty or templates, and relieves their angst in trying to aid their clients. The students evolve to view these skill sets as therapeutic margins. They learn not to let skill sets or theories determine the therapy process. Instead, the students learn that the client-therapist relationship is vital to effective outcome, regardless of what theory they conceptualize from.  The students in the following excerpts evolve to see their clients as heroes and heroines, despite varied world-view differences and diverse theological postulates. These ideas are akin to Miller, Duncan & Hubble (1997) in their premises on the basic principles of change, as well as Duncan & Miller (2000) on client directed therapy.

Being as Therapist

The process of learning to “be” a therapist is one that yields not from books but by doing or being (Anderson & Swim, 1994; Swim, Helms, Plotkin & Bettye, 1998, Swim et al. 2001; Swim, 2003). In such, “learning to do” therapy is a collaborative endeavor akin to the therapeutic process (Anderson & Swim, 1994; Swim, 2003). The client-therapist relationship is intimate and occurs through a process of hearing, listening, and talking--of meaning being informed and formed (Anderson, 1997). Ethical constructs such as genuineness and trust become co-generated and relationally immediate (Andersen, 1997; Anderson, 1991). In this manner, options and needs are personalized and lend to localization within relationships (Gergen, 2001; Miller, Duncan & Hubble 1997). Self-evaluation and understanding creates the space for ethical dialogues. It is a journey where an understanding of self leads to the understanding of the Other (Anderson, 2001; Swim 2003).

In the following themes, this soul-searching reaches into one’s sacred self, personal self and self-as-therapist. As the student becomes familiar and comfortable with his or her role of “being” therapist, he or she is free to demand and follow process ethics in therapy (Swim, 2003). My main emphasis *as a facilitator* is for the student or learner to become familiar and comfortable with himself or herself as a therapist. Therefore, the development of the therapist is at the forefront of the educational process. Through this process, students develop not only skill sets and self-knowledge, but also a sense of what is the good and proper for each client they see—what I have termed as *process ethics*.

In my experience, these students have become relational therapists through participating in relational supervision.  As presented in these informal interviews, students desire to be seen and heard in their own personal purity. They want their facilitators to “know them” and they wish to be free to be noted for their expertise, as well as their feelings of ineptness. When they are free to present their being as therapist and person, they flourish in the learning process. Some of their words resonate as I remember the interviews; such words as warmth, being a friend, not judging, trusting relationships, a community of trust within the classroom venue, openness, positivist, having a voice, broadening the learning process (versus limiting it), the use of the supervisor as one extra voice within therapy, being able to ask any question, genuine interest, honoring knowledge of clients, facilitating through dialogue and reflecting teams new possibilities for their clients, and feeling safe and supported.

In expanding on the above mentioned freedom, one former student brought her newborn son to the three last classes. Another time I was an hour late due to traffic and the students were participating in the learning agenda “as if” I was present. These are not unusual events. The students experience freedom in the learning environment. I trust them not to use the time unwisely. Occasionally a student may have difficult burdens such as illness, divorce, sick children, and even ill pets. We take time to process these themes since these are crises for the students that require addressing before the traditional learning events. It feels good to not limit the learning process. This unique dynamic is, I feel, why many comment that we are a family of learning.

Questions

For the purpose of this paper I asked three questions and emailed them to former supervisees, students, on-line students, and international students where I have taught. Question one was to inquire how my supervision and teaching style of relational and collaborative efforts were for each of them. Question two: What are your thoughts on relational and collaborative endeavors regarding learning? Question three: How is this different or the same from experiences in the past? I stated that these questions were just beginning thoughts to stir ideas. Therein, the student or supervisee could answer the question or feel free to comment on what they thought would be important to address for this paper, as my wish was (and remains) for their voices to be prominent.

Reflections from the Students

Student 1: “Thinking about your teaching style I can say that all the things that I can expect from a teacher…you have them. A very important word that I think defines part of the collaborative work is RESPECT, and it includes other words like inclusion, hearing, to be with the other and…I don’t know, I imagine you in therapy and I think that the relaxed context for your client is the same [as] in your class, [with] you absolutely projecting collaboration. I have the impression, and I’m sure, that you have done part of your life [according to] this philosophy, this word: collaborative, and all the good things which define it. When we were talking together about my son I could talk as if I was talking with a friend, because your INTEREST about my history, your face, your eyes, your body [reflects] some things that make people feel comfortable [talking]. The same thing happened when we were talking in my home. Taking those things in supervision explained my own well being during your class.”

Student 2: “I think that you have a genuine, open, and honest approach. As a student I felt that I could come to you with my cases as well as my own personal issues. I never felt judged or criticized by you. You had a way of empowering whom I was and helping me to be okay with it. My experience with you as a teacher and supervisor has been wonderful. After having you [as my supervisor] I was drawn to collaborative therapy. I feel that it fits my personality because it views the client as a person and not a ‘patient’."

Student 3: “The relational style of teaching and supervision that you provided gave me a place where my voice counted. This [collaborative] learning experience gave me a sense of empowerment as well as validation that my opinions and experiences were important to you. It also allowed for more openness and honesty in relating my experience to you, someone best equipped to help me grow as professional in the field. Some thoughts on this style of learning:

It provides an atmosphere of encouragement and validation leading to increased self confidence and growth. It provides an opportunity for honest interaction because there is little fear of ‘failure’. Challenges are met with warmth and understanding, promoting an opportunity to learn without fear of being rejected for our mistakes. Other supervisors I have had have had the agenda of teaching us the ‘right way’ to interact with clients, limiting my own presence and style in the therapeutic process. This style of learning in my opinion limits any type of validation for our own ‘ownership’ of our experiences and successes in our work.”

Student 4 (a student from Merida, MX: “Here some ideas about supervision (sorry for my poor English): Here some ideas about what happen with a special guest in Kanankil called “Susana Nadar” in a story…

            Susana y Rosa Nadar were in Merida, the first one is mother of Rosa (the postmodern daughter) they were talking us about the therapy with couples and then of the workshop I learned that first, I could be warmer with my clients than I [am]; second we have many meta-narratives that we can`t see when we are inside the conversation and [these] meta-narratives sometimes are very important to understand at the clients; third, I need to trust in the process, I need to trust in me, I need to trust in the clients… I think that Susana and Rosa were an example of postmodernism, respect, collaborative and warm people, I think [these] are very important elements to the therapy and supervision.”

Student 5: “I definitely appreciated and felt lucky to be able to have supervision with you, and benefit much from your teaching style of relational supervision. I had much crisis during the time we had supervision, and your relational and collaborative supervision and teaching…provided me with much comfort, made me felt understood, protected, and supported. I definitely never hesitated to ask you about my cases, because you always worked with me collaboratively, trying to understand from my perspective, how I see my clients, how the relationships between my clients and I were, and how I could have approached my cases best, for my clients and [myself]. With other supervisors who did not come from a collaborative and relational supervision style, I often felt very rejected, frustrated, and overlooked as a trainee. They often jump into our cases and ‘take over’ by telling us what the next step should be in working with our clients, from their perspective, their therapeutic style, and their theoretical approach, without taking into consideration the relationship between my clients and me, our personalities, and working styles.”              Student 6: “Even though the foundation is there beneath my feet, I can’t help but feel rather unstable. This feeling is something like having marbles under the cornerstones and with one wrong move all would come tumbling down. I know, having spoken to many beginning trainees, the feelings were similar. Now, at this vulnerable and unsure time in the genesis of a therapist trainee, add a supervisor who I hopefully wished would gently guide and encourage my journey through the experiences a beginning trainee would encounter. I expected supervisors to have empathy with my honest self-disclosure of those insecurities trying to integrate a collaborative approach to therapy in a medical model atmosphere of family systems therapy. When the time came for me to present my case to one of my supervisors at an agency and before I finished or could ask even one of my questions my supervisor asked me a question. ‘What is your assessment and treatment plan for your client? I didn’t hear how you are going to help solve the problem this person has.’ I must have looked like I had seen a ghost. I felt the blood leave from my head. There was a long pause and a puzzled look from me. I answered by saying something like I didn’t have a plan and that one could not be determined at the time because I was giving my client space to tell their story, their unique interpretation of a problem affecting their life. There was more silence and then came the lecture about what I should have done and what I had to do next time I saw the client. Then one more question was asked, ‘What theory do you work from?’ I proudly said, ‘A postmodern approach called Collaborative Language Systems.’ A loud ‘What is that?’ followed and I don’t even remember what else was said by my supervisor. I felt that the ground beneath me was beginning to shift in a direction I did not want to go and so began the figurative fade-to-black feeling one might experience just before fainting. Of course, I didn’t faint but from that day on I knew where my place was and it was at the bottom of the food chain. My inexperience was made known, seen by fellow trainees and interns who did not share their own partiality towards postmodern therapy because they had witnessed others before me put in their place. I thought I was in supervision to be reassured, encouraged, maybe have some suggestions as to how to proceed, and have empathy from what I thought was to be a supportive collection of individuals who would gather once a week to collaborate on ideas as to how to interact with other humans.

“I was confused after my first group supervision experience outside the walls of academia, beyond the textbooks, and those marbles were moving under the cornerstones. Family therapy was about relationships between people. Did my supervisor think I was not a human who could have a professional relationship that consisted of conversation that would encourage new thoughts and promote a collaborative atmosphere?  A mentor is someone I wanted to emulate. This is a person who isn’t trained to be a one, but someone who takes the time to have a relationship with another and shares [his or her] expertise without the expectation of being worshipped by [his or her] own academic achievements. This is an individual who becomes a coach and is willing to listen to other humans and interact with them through conversation. The learning is experiential and spontaneous at times. Ideas flow, like rivers after the snow melts in the spring. Enthusiasm, encouragement, empathy, laughter and tears are shared and felt. Being vulnerable has a place to explore new possibilities to navigate through all types of relationships. Power and control of how a person should run their sessions in therapy is left at the door within the context of supervision that is collaborative in nature. With collaborative supervision, she not only showed types of postmodern therapy in action through videotapes, but she modeled her supervision after a collaborative systems style. She also encouraged other styles of therapy as well. She used reflecting teams that encouraged thoughtful participation from each member in the group. This encouraged a respectful and caring environment where trainees felt comfortable and weren’t afraid to be vulnerable. This collaborative style of supervision promotes unidirectional, spontaneous conversation that legitimizes the voices of others without retribution. She did not preplan what would occur in supervision, but allowed space for student trainees to be spontaneous. The group self-tailored itself to the needs that were current during that session. She was the example of how to be collaborative within supervision, therapy and even my own daily living.

“Reflecting teams were an important element of my training in supervision. This was also done in collaboration with trainees and was extremely helpful to be a part of a reflecting team and also to be the subject of other’s reflections about my cases that I presented. I was able to listen to others point out what I was doing right as a trainee that I might have overlooked. I gained valuable insight about myself that I thought some of my own clients could glean from others as well. The very nature of collaboration is that of developing a relationship that encourages trust and openness to explore new ideas shared not only by the therapist, but by the client as well. It was an opportunity too for a client to say what was in the privacy of their own mind where one might harbor views that might not be acceptable to others. In a collaborative style of supervision, being nonjudgmental allowed trainees to be safe and to express insecurities without having words of power like ‘transference’ and ‘counter transference’ be casually tossed to insinuate there was something wrong with the trainee. As a collaborative therapist trainee, supervision taught me to ‘teach’ through modeling and having a therapeutic relationship could touch the heart of another human. This element of therapy is essential in order for the dialogue to encourage change that is self-tailored to the client. This does not mean that anything goes. However, if I have taken the time to develop a therapeutic relationship with a client and I limit the conversation to only the client’s perspective, I close the door on new ideas and possibilities.

“Collaborative supervision engages trainees and supervisor to have an exchange of inquiry. The knowledge of the supervisor is shared and is transparent where there isn’t a feeling that a secret is being held over another. It promotes unidirectional conversation without retribution. This occurs because a supervisor takes the time to develop a relational quality with their trainees and mentors them by ‘showing one, doing one, teaching one’ what it is to be collaborative.”

Student 7: “Positive experience, non-judgmental, willing to be open with feedback, warm environment, able to come into the class and feel non-judged—can go for help without being judged, helped with cases and able to figure out together (through reflection team) instead of being told what to do, we are helped to learn each of our modalities or theories through pamphlets, case examples, prior papers, and journal articles that apply to each of our needs. Supported by the entire class aides in not being afraid to ask any questions, help to feel comfortable with any doubts or questions about our expertise allows for self-growth, most growth came from finding her voice and presence in therapy. When she doubted herself or did not know how to proceed with cases, the reflections from the class in the format of a reflecting team helped her to believe in herself. Most students are nervous of taping. With taping she describes that through the relational support of the class that she began to see herself as therapist—with warmth and caring and that she saw her clients responding to this—and she could see how she was helping them. She was also able to generate the self agency to redefine her therapy style; the relationship, in my view, is the same as the therapeutic relationship. You want to do the best if someone believes in you---if the supervisor believes in you, eludes to sacred conversations where as a therapist or supervisor you develop a “friendship” where problems, doubts, joys, and hope are explored and [lead] to conversations that envelop new meaning—the never thought of before or the not yet said develops through the relationship. If I was a supervisor I would expect students to bring their fears and ideas and after talking about it come up with something new together. The relationship and goals are the same…through talking as a friend.”

Student 8: “Just as we need to join with clients a supervisor needs to join with their students, making us feel comfortable…as a new therapist I was scared and uncertain in modality and skills. Supervision made us feel comfortable and willing to explore the theories, as well as our own ideas...it was like a safety net…to feel safe coming and going…and how [what] I did was wrong or right…knowing that I could trust the supervisor made me a better therapist, more comfortable in the therapy room. The relationship that was created with us helped us jump that hurdle from an uncertain and fearful beginning therapist…my supervisor had a different theory and we learned from it. But we were allowed to pick our own theories and felt she could help us approach every situation through different theoretical orientations. We felt respected in the theories we [chose].”

Student 9: “My overall experience in the class was to learn a lot about [my] relationship with others including clients [and] peers. It is crucial to understand who we are as…human [beings] and our relationship to others because everything we do is like a community and the more you get to develop yourself and understand others, the more you learn about yourself in the process. I think it has something to do with growth and [opening] up the door to how we relate with clients and build upon relationships…[getting] to know our clients as [persons], as well as ourselves…my supervisor came from another modality but she respected who I was and assisted in my own modality. The best care possible—what is…most important is how you treat a person (client) regardless of your modality.”

Student 10: “I would teach other supervisors [how] important [it is] to assist…students from a supervisory standpoint…we do not know always how to assist our clients and it is important for the supervisor to listen to the students. The students are knowers of their own clients…the supervisor needs to listen and attend the supervisee’s needs and also what the client says. Besides listening, the supervisor needs to [share his or her] own experiences and [help] the student to understand and [hypothesize] about certain cases, combining both the students’ and the supervisor’s hypotheses, [assisting] the student to find out what may or [may] not be helpful with the client. See where the supervisee/therapist is—do not assume what they need. Talk and find out where they are being listened to and acknowledged.”

Student 11: “A supervisor should know and keep in mind where the supervisee is; the supervisor should know the supervisee, both in a personal and theoretical manner, stimulate the supervisee to allow [him or her] to explore [his or her] own meaning and explore [what] else may be there in the session, rather than [place a] limit on content ethics—clinic procedures, notes, etc. We want to be stimulated with new thinking and perspectives. Having a supervisor that is familiar with my modality is important—some supervisors only want you to learn their modality and not explore yours. Also I wish to not have to retell the entire case to supervisors but wish that they listened (keep notes or be familiar with cases) and view…each session [as] different and new. I do not want supervision where I always know what they will say and are not open to new ideas.

“I almost quit because my supervisor was pejorative and had a different direction.

We are enriched when we have more voices and possibilities in our head

The supervisor should bring into the room…a positive attitude towards the client and therapist/supervisee. Do not be critical of the supervisee. We are vulnerable and need to be encouraged, [we] need positive critique. Do not want a big battle or challenge with your supervisor. Diverse mind and approach that respects the uniqueness—do not take away their energy. Tolerance, patience, model do not lecture. Not a little/petite robot of the supervisor. Openness and curiosity and be able to be creative instead of doing what the supervisor views as best. Stimulate the use of more modalities—Miller’s guideline—ability to be empathetic, join, care, and understand. I questioned the field when my supervisor would not let me be postmodern and not label people. Uncomfortable when supervisor tries to override their way of thinking over mine.

Student 12: “Supervisor can open up the scope and broaden rather than limit me.

It cannot be this is must you what do! Collaborative way is helpful with the clients—use voice of supervisor for many purposes but gives another voice in the therapy room that allows for the clients to hear more voices—enrich. Joining, listening to us…every conversation we have is new like with our clients. So every supervision meeting should be listened anew without preconceived ideas of old or treatment plans.”

Reflections on Reflections

            The presented voices speak to what is important in the supervision and learning environment. In reading these reflections, I thought that I could do qualitative research and represent word counts or thematic pools. I decided against this for numerous reasons but two are prominent for me. When I was doing my dissertation, for me the voices somehow became watered down after listening to the heart-felt interviews and then placing them into categories. In this event of presenting the voices I would like each listener to ponder for them what is important. For many, the voices will resonate with what they have experienced. For some it may be novel to consider what is supervisee or learner directed. Regardless, I am pleased to have so many respond with their experiences and ideas. I am always on the road to learn how to supervise and teach.

            In my now almost three decades of doing supervision and teaching I have realized it is the intimacy that is created that matters most. As one can see from the following students this occurs differently for each, although they may use the same language.

REFERENCES

Amundson, J., Webber, Z., & Stewart, K. (2000). How narrative therapy might avoid the same damn thing over and over. *Journal of Systemic Therapies*, 19 (4), 20-32.

Andersen, T. (1995). Reflecting processes: Acts of informing and forming: You can borrow my eyes but you must not take them from me! In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (pp. 11-37). New York: Guilford.

Andersen, T. (1997). Researching client-therapist relationships: A collaborative study for informing therapy. *Journal of Systemic Therapies*, 16, (2)125-133.

Andersen, T. (2001). Ethics before ontology: A few words. *Journal of Systemic* *Therapies*, 20 (4), 11-14.

Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern* *approach to therapy.* New York: Basic Books.

Anderson, H. (2001). Ethics and uncertainty: Brief unfinished thoughts*. Journal of Systemic Therapies,* 20 (4), 3-7.

Anderson, H. & Swim, S. (1993). Learning as collaborative conversation: Combiningthe students’ and the teacher's expertise. *Human Systems: The Journal of Systemic Consultation and Management*, 4, 145-160.

Anderson, H. & Swim, S. (1994). Supervision as collaborative conversations: Connecting the voices of supervisor and supervisee. *Journal of Systemic* *Therapies*, 14, 1-13.

Becvar, R. & Becvar, D. (1997). The client therapist relationship: Comparison of secondorder family therapy and Rogerian therapy. *Journal of Systemic Therapies*, 16 (2), 181-194.

Bergin, A. & Lambert, M. (1978). The evaluation of therapeutic outcomes. In S. Garfield & A. Bergin (Eds.), *Handbook of Psychotherapy and behavior change:* *An empirical analysis.* (pp.139-189). New York: John Wiley & Sons

Bertolino, B. & Caldwell, B. (1999). Through the doorway: Experiences of psychotherapists. *Journal of Systemic Therapies*, 18 (4), 42-58.

Corey, G., Corey, M., & Callanan, P. (1998). *Issues and ethics: In the helping* *professions*. Pacific Grove: Brooks/Cole Publishing Company.

DiMatteo, M. R. (1982). Physician-patient communication. In M. R. DiMatte & D. D. DiNicola (Eds.), *Achieving patient compliance* (pp. 265-328) Elmsford, NY: Permagon Press.

Drane, J. (1982). Ethics and psychotherapy: A philosophical perspective. In M.Rosenbaum (Ed.), *Ethics and values in psychotherapy*(pp. 15-50). New York: The Free Press.

Engel, G. (1992). Medicine as a human science: The essence of the biopsychosocial model.*Advances: The Journal of Mind-Body Health*, 8 (4), 28-32.

Garfield, S. (1978). Research on client variables in psychotherapy. In S. Garfield & A. Bergin (Eds.),*Handbook of Psychotherapy and behavior change: An empirical* *analysis*. (191-232). New York: John Wiley & Sons.

Gehart-Brooks, D. & Lyle, R. (1999). Client and therapist perspectives of change in collaborative language systems: An interpretive ethnography. *Journalof Systemic Therapies*, 18 (4), 58-77.

Gergen, K., J. (2001a). Relational process for ethical outcomes. *Journal of Systemic* *Therapies,* 20 (4), 7-11.

Gilligan, S. (1997). When I sit with a client. *Journal of Systemic Therapies*, 1 (2), 113-125.

Grayson, H. (1982). Ethical issues in the training of psychotherapist. In M. Rosenbaum,(Ed), *Ethics and values in psychotherapy* (pp. 51-63). New York: The Free Press.

Hargrave, T., Jennings, G., & Anderson, W. (1991). The development of a relational ethics scale.*Journal of Marital and Family Therapy*. 17 (2), 145-158.

Helman, C. G. (1990). Doctor-patient relationships. In C. G. Helman (Ed.), *Culture, health, and illness* (pp. 86-126). London: Butterworth/Heinemann.

Hirschohorn, D. (1999). Postmodern ethics and our theories: Doing therapy versus being therapists. *Journal of Systemic Therapies*, 18 (4), 18-42.

Keith-Spiegel, P. (1977). Violation of ethical principles due to ignorance or poor professional judgement versus willful disregard. *Professional Psychology*, 8 (3), 288-296.

Koocher, G. (1976). A bill of rights for children in psychotherapy. In G. Koocher (Ed.), *Children’s rights and the mental health profession* (pp. 23-32). NewYork: Wiley & Sons.

Macklin, R. (1973). Values in psychoanalysis and psychotherapy: A survey and analysis. *American Journal of Psychoanalysis*, 33 (1), 133-150.

Madsen,W. (1999). Inviting new stories: Narrative ideas in family-centered services. *Journal of Systemic Therapies*, 18 (3), 1-23.

Maione, P. & Chenail, R. (1999). Qualitative inquiry in psychotherapy: Research on the common factors. In M. Hubble, B. Duncan, & S. Miller (Eds.), *The heart and soul of change: The role of common factors in psychotherapy*(pp. 57-88). Washington: American Psychological Association Press.

Matthews, W. (1978). Constructing meaning and action in therapy: Confessions of an early pragmatist.*Journal of Systemic Therapies*, 16(2), 134-145.

Miller, Duncan, & Hubble (1997). *Escape from Babel: Toward a unifying language for* *psychotherapy practice*. New York: Norton

Miller, S. & Duncan, B. (2000). Paradigm lost: from model-driven to client-directed

outcome-informed clinical work. *Journal of Systemic Therapies*, 19 (1), 20-35.

Ray, F. (2001). Ethics in therapy: Moving from the mind to the heart. *Journal of Systemic Therapies*, 20 (4), 25-36.

Robinson, G (2000). *Essential Judaism*. Simon & Schuster Inc: NY: NY.

Snyder, M. (2000). Mutual love in therapeutic process. *Journal of Systemic Therapies*, 19 (4), 4-20.

Swim, S. (1995). Reflective and collaborative voices in the school. In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (100-118). New York: Guilford.

Swim, S., Helms, S., Plotkin, S., & Bettye. (1998). Multiple voices: Stories of rebirth, heroines, new opportunities, and identities. *Journal of Systemic Therapies*, 17 (4), 61-71.

Swim, S., St. George, S., & Wulff, D. (2001). Process Ethics: A collaborative partnership. *The Journal of Systemic Therapies*, 20 (4), 14-24.