

# Starting with values

by  
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Keywords: *narrative therapy, teaching, supervision*

In our teaching, we begin by talking with students about their values and ideals. More particularly, we engage with students about how their values which have been formed over the course of their lives, may or may not connect with what sort of therapist they wish to be.

At the beginning of our live supervision training course, each student traces the history of some of the values that they bring to the task of being a therapist. They tell the story of her/his background, their family of origin, their community, the country and culture that their parents came from, etc. They richly describe the values that they wish to subscribe to and talk about how these relate to their wish to be a therapist.

Generally, there is a great diversity within any student group. There are usually a number of people whose parents survived the holocaust and they may speak about the learnings and values that have been passed on through these histories. There are usually other students who have grown up on a kibbutz, and students who speak about their experiences of living in good relationships with local Arab people and how this has led to a determination to respect differences in culture. There will also be a number of students who are from religious orthodox communities, and increasingly there will be students who are new immigrants from Russia. This year we have two Arab Israeli students in our theory class and we are taking steps to ensure that our courses and the therapy we offer becomes more accessible to Arab students and families. Because of the diversity in the class, inevitably when people trace the histories of their values, we come to hear extraordinarily rich and varied stories of life.

One of the reasons why we feel it is important to talk about students' values throughout the process of training, and to trace the history and social context in which these values are formed, is because Israeli therapists are likely to be consulting

families from a great diversity of cultures and countries of origin. One of our hopes about our training is that it will enable students to be aware of how the particular cultures, contexts and histories of families will influence their beliefs, their understandings, and in turn the construction of both the problem and possible responses to it. We believe that the best way to do this is to illustrate to students how their own values have been shaped by the history of their lives, their families and their communities.

Talking about people's values and their histories generates richer descriptions of people's values and enables us to make links between them and therapeutic practice. It also often assists us in dealing with complex issues if they arise later in the course. Because there is often a diversity of participants in our training courses, it can be very important for us as a group to have some basis from which we can discuss differences. Witnessing each other's values, and stories about the origin of these, helps create a framework to which we can always return throughout the year.

Similarly, it makes giving feedback easier as it becomes more possible to deconstruct therapy sessions by looking carefully to see which questions fitted most closely with the therapists' intentions, values and purposes, and which may have been less congruent. In this way, we don't have to say to students 'what you did there was wrong', we can instead search together to deconstruct what occurred in the session and why, and discuss what alternative directions might have better fitted with their intentions.

During live supervision, if we feel an interview is going in a direction that is empowering pathology and we need to interrupt, it means we can more easily enquire of the therapist if the session is going as they are intending. Usually, if we sense a session is going into hazardous territories, then the student/

therapist also has some concerns. We can generally then join in collaboration to enable the consultation to get back on track.

The other reason we begin our courses with discussions about values, is because we believe that narrative ideas and practices are intricately linked to certain values in relation to power, the position of the therapist, about respect, and about acknowledging and honouring differences in world view and cultures. In our teaching, we choose to begin by considering these elements rather than trying to initially teach techniques.

## Building on students' preferred stories

Early on in supervision courses, we deliberately ask students to speak about how they wish to widen their preferred story as a therapist. In these conversations, students describe their current view of their work as well as their vision of the practices they wish to further develop and the sort of therapist they wish to become. We try to articulate a key theme that the therapist/student would like to more fully step into – it may be a more thoughtful, or more confident or more patient practitioner. This description provides a theme with which to work throughout the year. When a student then consults with a live family, we divide the rest of the student group into two outsider-witness groups. The first and larger outsider-witness group is behind the one-way mirror to offer reflections in relation to the family's preferred stories. The second, smaller outsider-witness group, which may consist of only two or three students, is also behind the mirror. They are there to offer reflections on the therapist's performance in ways that contribute to more richly describing the student's preferred story as a therapist.

Throughout the year, it is as if the course group is involved in painting a portrait of each student's preferred story about their work as a therapist. As each student's skills develop, the rest of the group act as witnesses to this and make links to the student's story of themselves as a therapist. Of course, the main emphasis when consulting with live families is to ensure that the family has a positive experience of therapy. That is why the majority of the students (and us as facilitators) act as outsider witnesses to the family's stories. Far from detracting from the family's experience, in some ways, having the second outsider-witness group for the student therapist assists us as supervisors to focus more of our attention on the family. We know that others are attending to the student therapist's experience and generally this process works well.

We work through the year to help students to trace the history of the ways that they are wishing to perform as a therapist. Let us offer an example of this process.

Some time ago there was a student who felt that she wasn't intelligent enough. She had married young and had not had the opportunity to go to university to study psychology. This student had never believed in her intellectual qualities. She knew she had a 'good heart' but doubted her intellect. It was her aim for the year to further develop an awareness of her decision-making in therapy, and to try to develop a realistic but more developed appreciation of her intellectual skills. She asked the outsider-witnesses to assist her in this process, and it worked well. During the year, on several occasions that she conducted an interview, two or three other students reflected on what they considered to be unique outcomes in her questioning, and spoke of what witnessing these meant to them. We worked with her to develop a much richer account of her intellectual skills.

## Supervision as teamwork

When students work together in outsider-witness groups, we have found this greatly increases a sense of teamwork and reduces the sense of isolation and pressure that new therapists can feel. We are clear from the outset that any live therapy sessions conducted by student therapists are the responsibility of the whole team (including us as teachers). Student therapists use teamwork in a variety of ways. Students have the option, when they are conducting an interview, to pick up the phone during the interview and talk to those of us behind the one-way mirror to ask our advice or to leave the therapy room and actually visit us behind the mirror. We check with the student therapist before and after the session to get feedback on what sort of process of teamwork and supervision they prefer and why.

When a student therapist is conducting an interview with a family, in order to sustain a sense of teamwork, we write down every single word that is spoken by the team behind the mirror. We are very particular and document exactly when various statements are made. This is so the student therapist, when they watch the video of the session they have just conducted, can read all the comments that the team made to one another while the therapy was occurring. This process of documentation serves a number of purposes. Importantly, it encourages respectful teamwork, as everyone knows that each word will be shared with the therapist. In turn, this provides reassurance for the student therapist who is consulting the family. And finally, it also enables a further form of reflection on the consultation. Sometimes team members might make reflections to one another about alternative questions that could have been asked at particular times, and having these

reflections documented has proven very helpful for the person who conducted the interview.

## Questions about questions

The process of reflecting on therapy consultations is an important one in our training contexts. We will often look together at a piece of videotape that a student therapist has conducted and ask a series of questions about the questions that the therapist asked. These questions highlight the hopes and values that the therapist had for the consultation, and offer us a chance to thoroughly deconstruct the therapy session.

Here are some of the questions that we use. They are based on ideas taken from workshops of Michael White, (Dulwich Centre, Australia) and Peggy Penn (Ackerman Institute, USA).

1. What theories did you have in mind when asking this question? What is the question looking for? How did you arrive at this question?
2. Do you ask this question often, or did you invent it for this particular client/family?
3. How does the question relate to the past? Does it open possibilities to look at the past in a different way?
4. Does the question influence the future?
5. Is it a question that someone in the room has an obvious answer for? Is the therapist trying to get a specific answer?
6. Is this question related to a certain cultural belief? Does the question challenge or deconstruct the belief, or does it take the belief for granted?
7. Does the question come from an equal stand or from an expert position?

A related exercise that we find helpful is to show a segment of a video conversation and to stop the tape and ask the students to write down as many questions as they can that they believe would be helpful questions at that point in the conversation. We invite students to write down deconstruction questions, unique outcome questions, questions that enquire about the landscape of action and the landscape of meaning, remembering questions, and so on. We have found this can free students' imaginations and also demonstrate the multitude of directions that any narrative therapy conversation can take.

In our classes it is very rare to need to encourage students to ask questions or to participate in discussion! Of course, there is a great variety in any group, but generally speaking there is a culture of learning through asking and debating rather than learning through listening. Different

students may have different approaches to learning. We try in our classroom discussions to talk about questions, the different types of questions, and the varied meanings they may have to different people.

Finally, in relation to questions, perhaps the most significant questions of all in narrative practice are those that enquire about the family's experience of the therapy, and those that consult the family about what is the right direction to pursue in the conversation. These are the questions that make narrative practice a collaborative endeavour. And these are the questions we love to teach, as students come to realise that they don't have to do therapy on their own, that actually they can do it *with* the family. This can be quite a revelation, and a beautiful one.

## Current times in Israel

Living and working in Israel at present is troubling and frightening. In the last two years, a big percentage of the clients we have seen have been wounded or have lost family members due to the violence occurring around the country. Our clients have been affected by attacks of various kinds. As therapists, we are witnesses to the ongoing trauma and suffering that so many families are living with. We are witnesses to the fears of the people. But we are not only witnesses. Their fears and losses and suffering are also our own. There are so many stories of individual lives ruined or lost amidst the violence of current times.

On some days we wonder how much pain can we witness. How many families can we see where there is such sorrow, and what is the role of therapists, of healers, in times of national crisis, in times of war? We witness effects of war and violence. And as we witness this, we imagine the trauma and losses being experienced by Palestinian families. As we struggle with our losses, our fears, we wonder how Palestinian families are coping with theirs.

These matters are not separate from our teaching. When a violent incident occurs during a training program it inevitably becomes part of the conversation. This is another reason that we are focusing much of our work now around issues of values. Values in therapy, in teaching, and in our social context, are ongoing concerns in our work and in our everyday life.

## Note

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