Narrative Therapy and Supervision

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If we had to describe a particular clinical orientation in a single sentence, we would surely miss more than we could capture and all nuances would certainly be lost. Nonetheless, the hope would be to offer an image or metaphor that could convey the core message of the approach. For me, the most effective one-line description of Narrative therapyi that I've yet encountered comes from the following book title: Telling Our Stories in Ways That Make Us Stronger. This defining assertionii captures some of the key points of a Narrative therapy approach. The emphasis is on the one who has the story to tell rather than the one with the "expert" knowledge to apply. The story belongs to the one telling it and has always belonged to them, even when subjugated by dominant cultural stories. And, the story is invited and told in ways that have real effects on the one doing the telling—it makes them stronger through the telling of it. These are key elements to a Narrative therapy approach, and, since Narrative supervision in many ways parallels Narrative therapy, it is worth the time and space to give a substantive description of Narrative therapy theory and its practices.

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DECONSTRUCTING THE NAME

It's useful to start with the name itself. The word "narrative" can have many meanings. It is a story—a telling of an event that occurs over time, usually told from one person to others verbally or in writing. With this definition, almost all counseling approaches could be called narrative, and some have argued that the name narrative shouldn't be reserved for one particular therapeutic form.[3] Yet, the Narrative therapy approach generated and articulated by Michael White and David Epston understands the idea of "narrative" through a very specific post-structuralist lens, strongly influenced by Michel Foucault's work with power/knowledge and deconstruction, Jerome Brunner and the power of language and metaphor, and feminism and other strands of liberation thought. In this context, a "narrative" isn't just the telling of an event. Narrative, seen as "events, linked in sequence, across time, according to a plot,"[4] refers to the way that language is constitutive of our lives, not merely descriptive of them. In other words, how we narrate our lives and "realities," to ourselves and others, becomes the reality of our lives. And, those narratives are generated in a context of normative (or dominant) cultural stories as well as the stories of family, neighborhood, friends, and personal experiences.

The "therapy" part of the name should also be examined in order to more fully understand the distinctiveness of Narrative therapy. For White, especially, therapy is a problematic word, holding implications that are antithetical to some of the main values held by this approach. In particular, it is the non-collaborative, "one-way" understanding of therapy that White feels is the taken-for-granted assumption in the culture of psychotherapy. White says, "According to this one-way account of therapy, it is understood that the therapist possesses a therapeutic knowledge that is applied to the life of the person who consults them, and this person is defined as the 'other' whose life is changed as an outcome to these therapeutic procedures."[5] For White, this reproduces an objectification of the client as his or her life becomes the focus for the therapist's "expert" practices, and it includes a set of dominant culture assumptions about the person's deficits and what they need to do in order to become "normal." These assumptions reinforce the identity conclusions with which many people come to therapy, that they are flawed and in need of the solutions and definitions of an expert. Counselees, in this model, become the recipients of therapy.

Instead, White says, the model needs to be seen as a "two-way" account, where the lives of both counselee and counselor are changed by the conversation they have together. The two-way account creates an environment where the agenda is that of co-researching and co-authoring narratives of meaning and value that provide access to the resources of preferred identity, agency, and meaning for those involved.[6] This environment de-centers the so-called "expert knowledge" of the counselor and honors the "local knowledge" that the person coming for counseling brings with them. For these and other reasons, White prefers to talk about "consultation" rather than "therapy" as a way to indicate the collaborative process of these kinds of conversations.

This discussion about the name "Narrative therapy" gives some indication of both the philosophy behind the approach and its focus on the power of language to shape and form human relationships and identities. Nonetheless, in order to be specific about the approach being described, I will continue in this article to use the name "Narrative therapy" to distinguish this particular approach from other psychologies and practices that may also use the name "narrative" in their descriptions.

POSTMODERN AND POSTSTRUCTURALIST IDEAS

Because Narrative therapy's most distinguishing feature is its groundedness in poststructuralist ideas, it is worth saying a bit more about those ideas and their implications for therapeutic (and supervisory) work using a Narrative therapy model, although a full description of postmodern ideas is well beyond the scope of this article. A key feature of both postmodernism and poststructuralism is the distrust of "grand narratives," those explanations that are assumed to provide a comprehensive or global explanation for "the way things are." This is best summed up in the well-known quote by Jean-Francois Lyotard[7] suggesting that, in the simplest terms, postmodernism is an "incredulity toward metanarratives." This skepticism toward grand narratives is central to Narrative therapy ideas, which are concerned that dominant cultural narratives that stand as truth claims serve to dislodge and disempower the local and particular knowledge that resides in individual and relational experience. Additionally, poststructuralist theory suggests that there are no universal and underlying structures that can explain human beings and their behaviors. There are no objective claims that can be made about "human nature" in general and, in fact, there is no such

thing as human nature. There are no objective realities by which people can be understood, nor is there a singular or "real" identity waiting to be uncovered. There are always multiple ways to interpret any experience and the multiple identities/narratives carried by any person. And, there are no categories of deficits or pathologies that can explain the complexities of human behaviors. Instead, poststructuralist thought suggests that the focus needs to be not on the global, universal, or generalizable but rather on the local and the particular. The agenda of poststructuralism is to question the taken-for-granted assumptions about "reality."[8] As Russell and Carey state, when therapy carries a metanarrative about the deep structures and essential truths of human nature, it "creates norms and values about what people's lives should look like in order to be healthy." We then develop practices to encourage people to conform to those values through therapy.[9] Narrative therapy stands against that metanarrative.

The principles and practices of Narrative therapy emerge from these postmodern and poststructuralist critiques as well as from the influence of Foucault's analysis of the operations of knowledge/power as both constitutive and subjugating. I will turn now to those key principles and practices.

PRINCIPLES AND PRACTICES OF NARRATIVE THERAPY/ CONSULTATION

Narrative counseling theory assumes that people make meaning in their lives through stories—in other words, we provide narrative links between events in our lives over time ("storying" them) in order to make sense of them. Since our lives are multiply layered, we could tell many stories about them in many ways. Yet, only a small percentage of our life experiences get storied. Most get lost or obscured by the more dominant storylines of our lives. The way we understand our lives, the way we have storied them, becomes a lens on the way we see life and the way we give ourselves identity. In addition, we don't just choose what events in our lives to story (or what identity to have). The dominant culture also tells us what options we have for making meaning and strongly invites us to live within the dominant narratives of the culture. So, cultural stories about race, gender, sexual orientation, age, class, etc. give an identity framework, with value attached, in which our other stories are situated. The stories through which we understand our lives (personal, familial, cultural, contextual) become the realities that we live out. In other words, the way we interpret the events in our lives and who we are in the midst of those events comes from the way we have

made meaning over time – our "stories" of our lives—and this is "reality" for us.

When we organize our lives and identities around one set of linkages or a story plotline, we are not organizing them or giving meaning to other sets of experiences in our lives that don't fit with it. (We have many more experiences in our lives than those to which we give meaning—we are multiple-storied but many of our experiences/story-lines are subjugated by the more dominant or acceptable ones or simply left out because they are not rendered significant enough to story.) As a result, people who come to counseling or who are experiencing distress or trauma often have a very richly developed story of the problem or the trauma and its effects on their life, but they haven't storied other aspects of their lives, ones that might be contradictory to the distressed story and identity. Instead, their identities have become linked to or even collapsed into the problem story. Professionals often collude with this, labeling people according to their problems and thinking of them primarily in terms of the problem story (a person is depressed, alcoholic, a "borderline personality") and inviting them to continue richly describing that problem story.

The mantra of narrative counseling theory is that "people are people and problems are problems—people are never problems." So, the work of narrative counseling is to invite people to describe the problem story and its effects as separate from themselves (externalizing conversations) —so they can begin to reclaim a richer identity that's not dominated by the problem. They can then begin to see events in their lives that haven't been noticed or given meaning to and join these events together in a storyline that helps them develop a different and preferred relationship to the problem experiences in their lives and thus a different identity stance (re-authoring conversation). The narrative counselor does not take an expert position on what is "normal" or "best" for the person's life. In fact, the narrative counselor works diligently to keep from reproducing dominant or expert knowledge in the counseling relationship. A narrative counselor (who asks lots of particular kinds of questions) tries never to ask a question to which they already know the answer. They ask the kinds of questions that pay attention to aspects of the narrative that stand as exceptions to the problem story (unique outcomes) or to gaps in the story where an alternative story is evident by its absence. This invites a story to emerge that offers new and preferred ways for a counselee to understand himself or herself (as unique outcomes are rendered significant and linked to other similar experiences) and, thus, as

having more personal agency than they have in the problem story. And, narrative counselors also ask questions that help people reconnect with the "social and relational histories" (White's phrase) of these subordinate or alternative stories in ways that reconnect them to their own values as well as to the people who have supported those values and agency over time (remembering conversations).

In these ways, a richly described story emerges that helps the person stand in a different part of their identity than the problem-saturated part of it. The counselor's job is not to set goals, interpret meaning, offer evaluations (even positive), or diagnose. The narrative counselor's job is to ask the kinds of questions that help separate the problem from the person, that look for entries into subordinate stories that have potential agency and meaning in them (and thus a richer and more meaningful identity), and that help to construct and describe those stories in rich ways. It is based on the notion that language is constitutive—we are our stories, individually and collectively. So, this kind of counseling approach is not about "problem-solving" but about inviting the telling of subjugated, alternative stories that stand in contradiction to the problem story so that new identities, meanings, and agency can emerge for the person and they can live differently.

One other concept is especially helpful to introduce here and that is White's notion of "definitional ceremony," based on the work of cultural anthropologist Barbara Myerhoff.[10] The purpose of a definitional ceremony is to add more voices and more layers to the retelling of an emerging, alternative story. In the telling, re-telling, and telling again, the story gains strength and richness, making it more likely to stand productively alongside the problem story and provide the necessary identity, agency, and meaning to generate new directions for the one seeking counseling. White describes the definitional ceremony in narrative work as follows:

> Definitional ceremonies provide people with the option of telling or performing the stories of their lives before an audience of carefully chosen outsider witnesses. These outsider witnesses respond to these stories with retellings that are shaped by a specific tradition of acknowledgment. . . It is not the place of outsider witnesses to form opinions, give advice, make declarations, or introduce moral stories or homilies. Rather, outsider witnesses engage one another in conversations about the expressions of the telling they were drawn to, about the images that these expressions evoked, about the personal experiences that resonated with these expressions, and about their sense of how their lives have been touched by the expressions.[11]

Definitional ceremonies are about resonance and acknowledgment rather than empathy or support. Using outsider witnesses in the consultation process de-centers the consultant by broadening the voices in the room, although the consultant carefully monitors the process to make sure that the outsider witnesses stick to the process of acknowledgment and retelling rather than evaluation or advice-giving. Much narrative-based supervision takes place within a definitional ceremony context, so it's valuable to understand both the principles and the importance of this element of narrative consultation.

It is useful to notice that we as counselors always listen to the stories of others through a particular lens. Another way to say this is that we listen to people with a certain intention (there is no neutral or objective listening). We bring the culture (including the ways we've been shaped by cultural and knowledge discourses) into the room. Our intention usually reveals itself through the questions we ask—the kinds of stories we invite. We are often unaware of the intention we have in asking a question or in the way we listen, but nonetheless we invite people through a host of cues to tell their stories in particular ways. The questions I ask, the intention I have in listening, will shape the story to be told. The task of ethics in Narrative therapy/consultation is to figure out how to invite the deconstruction of oppressive or problematic discourses and the re-authoring of preferred identity and agency, while being transparent about the power dynamics of the therapy relationship and not reproducing oppressive discourses, either therapeutic or cultural, in the process.

So, in summary, a Narrative therapy/consultation project usually includes helping people who come for consultation to:

- Loosen the hold of the problem story so it's not so totally descriptive for them (externalizing conversations);
- Get enough distance from the problem story so that the unpacking of it and its "life support system" (including dominant cultural discourses and psychologically defining discourses) can occur (deconstruction);
- Make room for experiences to surface where the problem story isn't in charge or where the person has an experience that the problem story wouldn't predict or where the person has a value or hope that the problem story hasn't been able to extinguish (unique outcome identification);
- Develop the story of that experience in rich and compelling ways (unique outcome development/identifying the absent but implicit storylines);

- Connect the unique outcome to experiences that hold significant identity and meaning and richly develop the descriptions of those experiences in both landscapes of action and landscapes of meaning (re-authoring conversation);
- Invite confirming or enhancing experiences from significant people (present or absent) to be told (remembering conversations);
- Get the story re-told in ways that continue to thicken and strengthen the identity/meaning/agency within it (outsider witnesses, documents, letters, rituals, etc.);
- Let the alternative story continue to deconstruct and render less significant the problem story or other problem stories that try to take hold (communities of concern, letter-writing campaigns, general support).[12]

This process in Narrative therapy is primarily supported by the use of questions that come out of authentic interest and curiosity and to which the counselor does not know or suspect the answer. The questions are genuine and become ways to invite and richly develop the particular kind of story (externalizing, unique outcome development, re-authoring, etc.) happening at that point in time. The questions, often referred to as "beautiful questions" (coined by Stephen Madigan), help structure or scaffold the alternative story being told so that it becomes so richly developed that it can serve as a persistent source of preferred identity, agency, and meaning for the story-teller.

POTENTIAL CONNECTIONS WITH PASTORAL COUNSELING

It is clear, I hope, from this brief description of the principles and practices of Narrative therapy/consultation that this is quite unlike most of the therapeutic approaches previously developed. It certainly has similarities with some of the other postmodern approaches and some of the "positive" psychology approaches, but it is philosophically grounded in ways that pull together the threads of meaning-making, social justice/dominant culture deconstruction, and empowerment. So, instead of this being simply an effective clinical vehicle for the work of pastoral counseling, Narrative therapy/consultation has important congruence with many values and aspirations long linked to pastoral theology, especially those of meaning-making, social justice, and the centrality of community.

TEACHING, TRAINING, AND SUPERVISION FROM A NARRATIVE PERSPECTIVE

For the purposes of this section, I want to make a distinction between three elements that are often thought of together in talking about supervision—teaching, training, and supervision. For this context, *teaching* is about exposing students to the ideas of others and, after the students have grasped these ideas thoroughly, inviting them to reflect critically on these ideas, integrate them into their own frameworks of understanding, and use this integration to further develop congruent theory and practices of their own. *Training* involves inviting students, usually in a group format, to find ways to enhance their clinical practices and to help others do the same through shared practice, feedback, and experimentation. *Supervision*, in either individual or group form, has more to do with direct reflection on supervisees' immediate work as counselors, whether the focus is on issues within the counseling process, general growth in competency, accountability issues, or the development of therapist identity and confidence. These distinctions are broad and inexact in that each of these elements participates in the others and boundaries between them blur in the actual experiences of teaching, training, and supervision. Yet, there are different strategies and agendas that are worth noting as we consider the impact of a narrative approach to each of them.

Teaching

Teaching Narrative therapy/consultation, in my experience, best starts with the project of deconstruction. It is useful to invite students to reflect on the "taken-for-granted" assumptions they bring to the counseling task so that we can examine together the sources of those assumptions and their implications for pastoral counseling. In the midst of this, it is important for students to acknowledge the "truths" that they hold most dear and what it might take to allow those assumptions to be deconstructed and placed alongside other ways of understanding similar situations. Sometimes the best way to do this is through role-play exercises that invite counselors to adopt particular assumptions and values (different for different dyads) and to move through a counseling scenario based on those commitments. Processing this kind of exercise allows students to see immediately the direct impact of their assumptions on their practices.[13]

This deconstructive work around their own assumptions and values begins to introduce the students to key elements of postmodern and poststructuralist philosophy in which Narrative therapy/consultation is grounded. It is important for us to explore the philosophical underpinnings of Narrative therapy since it is a philosophically based approach rather than a "scientific" or "clinical" one. In addition, we can address the ethical and accountability issues more easily when the philosophical foundation is first available.

From this point we move to a broad sweep of the Narrative therapy literature (especially the work of Stephen Madigan, Jill Freedman and Gene Coombs, Gerald Monk and John Winslade, David Epston, and Michael White) as well as the pastoral theological literature that uses Narrative therapy ideas (especially the work of Duane Bidwell, Susanne Coyle, Karen Scheib, Carrie Doehring, David Dinkins, and Christie Neuger).[14] In particular, we use numerous case studies and case transcripts to explore the practices of Narrative therapy (although it becomes especially important, I think, to talk about this work as Narrative consultation or even Narrative conversation when teaching it to seminary students preparing for parish ministry and chaplaincies). Whether teaching Narrative work to seminary students or doctoral-level counseling students, we work through the maps of the various kinds of therapeutic conversations that Michael White has proposed and learn how to use those maps in various situations and contexts. Although the goal is not to produce another "grand narrative" of counseling "truth," a person who is new to these ideas needs a place to start. As Christopher Behan writes, "White does admit that a supervisee will need to temporarily position his or her work within the narrative story about therapy and copy the teacher as a point of entry. He calls this 'the copying that originates.' . . . Copying is just the beginning; the point is to originate a new story that extends upon the narrative metaphor by incorporating the therapist's experiences and meanings and then continuing to perform it into the future."[15] It seems to me that, without this kind of teaching process, the work of training and supervision in Narrative therapy will be counterproductive.

Training

Training introduces students to narrative-based ideas and practices appropriate to their work setting and invites them to teach each other the most effective counseling practices possible through role-plays, exercises, experi-

mentation, and feedback. White suggests that much of the training in Narrative therapy/consultation "occurs in contexts structured as definitional ceremonies."[16] For example, in doing training with seminary students, I frequently invite them to prepare case studies for each other and then, working in teams of a "counselor" (or consultant), a person seeking consultation, and two or three "outsider witnesses," they role play a narrative consultation that we videotape. After the consultation, the one seeking consultation is invited to reflect on what the experience was like for them, including what were the most helpful questions that the consultant asked, what directions they found most productive, and the effects the consultation had on them. Then the consultant is invited to talk about their experience, including how they were affected by the conversation, where they felt particularly positive about their work, how the work fit with their self-understanding as a consultant, and ideas they have for questions or directions they didn't take in the conversation but that might have been productive as they look back in hindsight. The outsider witnesses (including the trainer/teacher) are invited to reflect on what they saw happening in the consultation, the effects of the conversation on them, and ideas they might have for other conversational directions in a future session. Then, the trainer/teacher interviews the "consultant" about what they are hearing from the outsider witnesses about this session. The whole group then talks together about the feedback and may come up with recommendations for ways to move forward in the training process.

Students have said that this training exercise has been particularly powerful in pulling together the teaching and training for them. This emphasis on multiple voices participating in the training context helps to destabilize the hierarchical power of the trainer by inviting a variety of local knowledges into the room. The same principle operates in supervision, which in Narrative work most helpfully and effectively happens in a group context, although not always.

Supervision

In talking about supervision from a narrative perspective, we again have to raise the issue of language. The name "super-vision" implies a top-down hierarchy of knowledge defining the relationship between supervisor and supervisee. It assumes that the one called supervisor has superior vision to that of the one being supervised and, thus, the right to define, normalize,

and even impose the criteria for the "good therapist." Yet, as Jane Speedy notes, "A narrative take on supervision, however, would acknowledge the multi-storied possibilities available and would not necessarily collude with, or privilege, the professional knowledge of the supervisor. It would shed a critical light on the stories we tell ourselves about counseling supervision and on the cultural traditions of these 'common sense' professional practices."[17] Other languages for narrative-informed supervision have been proposed, including "sharevision," "co-vision," mentoring, coaching, etc. Most narrative practitioners use the name "consultation" just as is used for the therapy process (which can make the discussion a bit complicated). Some have maintained the language of "supervision," hoping to reclaim its meaning while retaining some of its traditions (like apprenticeship and ongoing commitment to the counselor).[18]

Individual supervision, in many ways, mirrors the therapeutic process in narrative work. Oftentimes a supervisee will bring in a problem with their counseling work, a concern about a counselee, or a problem with their own experience of being a counselor. Just as in Narrative therapy/consultation, the supervisor needs to work against the tendency to take on the problem story as their focus or to be drawn into the narrative the problem story expects. The notion of double listening applies here, where the supervisor listens to the problem story but at the same time listens for the other stories (exceptions, unique outcomes) that are hidden by the problem story. All experiences are multi-storied. No one way of explaining a situation is fully defining, so the supervisee and supervisor work together to make room for other stories to emerge. Again, as in the therapeutic process, the supervisor/consultant invites the supervisee to have an externalizing conversation, separating the person from the problem in such a way that other perspectives and experiences are able to surface. For example, if a therapist is convinced that they are "not doing any good" for the counselee consulting them, the supervisor might get interested in whether the counselee would agree with this assessment or the supervisor might be interested in inviting a description of what the counselor is doing (rather than what they are not). These kinds of questions free the supervisee to explore other aspects of the counseling that have been pushed aside by the power of the problem story. As White says,

> Through the introduction of externalizing conversations, it is the experience of the therapist seeking consultation that comes to occupy the centre of the conversation. In the course of these conversations, the thin conclu-

> sions that therapists have about their work and their identity are deconstructed. In this way, these thin conclusions become less specifying and capturing of therapists' identities. The deconstruction of these thin conclusions also frees therapists to engage in the exploration of 'other' events of therapy—events that have been neglected, events that contradict the thin conclusions that are the outcome of the negative truths of identity. These contradictions provide a point of entry to the alternative territories of the therapist's work and life, and it is in these territories that traces of the therapist's preferred knowledges and skills can be identified."[19]

This is the definition of a supervisory re-authoring conversation.

When supervision/consultation is done in a group context, the hope is not just to make room for re-authoring stories but also to have rich retellings of those stories through the definitional ceremony work of group members. Usually a group member or the supervisor interviews the supervisee about the case being presented, getting background information and contexts. Then the supervisory group listens to or watches a short segment of a previously taped session, which the supervisee has chosen because of his or her discomfort with or concern about it. The supervisor interviews the supervisee about the issues they wish the supervision to address, and then they engage in a re-authoring conversation about the counseling work. In this conversation, the problem story is externalized and its effects on the counseling explored. Unique outcomes are noted and developed as the supervisor asks questions about taken-for-granted assumptions within the problem story. Questions like the following might be invited:

- If you were looking at yourself through the eyes of your client, what would you be seeing in yourself?
- What sort of story does the diagnostic label that has been applied to this case by others invite the client and you to participate in?
- Since you are asking your clients to become much better at identifying ways they can successfully escape a problem-saturated story, can you experiment along with them in being able to do that for yourself?
- Who has been the major author of your story as a therapist?
- Can you think of times as a therapist that you have escaped the influence of incompetence and insecurity and instead opted to side with your strengths? [20]

Are there times when you fall into joining your counselee's problem story's view of herself or himself?

- What is it about your counseling work that is particularly energizing for you?

- Would you describe an aspect of this counseling session that was particularly successful? What successes in past counseling paved the way for these unique outcomes in your recent work? What was it in your work with this person that triggered your imagination in this way? What do you think the person most appreciated in your work with them? [21] These are questions that come from the context of the externalizing conversation between supervisee and supervisor and can never be scripted ahead of time. However, they do offer a glimpse into how narrative questions might be framed in supervision. The questions are designed to invite a distancing from the problem story so that other perspectives might begin to be available and those perspectives might be more likely to assist the counselor in doing the kind of counseling work they want to do. As Doan and Parry note, "In this version (Narrative), the supervisor is seen as an editor, a catalyst—as one who helps 'call forth' the type of therapist the trainee wishes to be, rather than as one who defines the type of therapist she/he should be."[22]

In the group supervision model, after the re-authoring conversation has occurred between supervisor and supervisee, the group members serving as outsider witnesses would have a discussion about what they had heard. The discussion would follow the guidelines of definitional ceremonies (what resonated for them about what they heard, what images emerged for them in the hearing, how they were moved by the conversation). This retelling helps to enrich and "thicken" the alternative story developed in the supervisor/supervisee conversation and make it more available and lasting for the counselor as they move back into the work with their counselee. Finally, the supervisor interviews the supervisee about what they heard in the outsider witness conversation and what they will be taking with them. All of these conversations are taped. In this kind of supervision model, the counselor will take the material that surfaced about their work with a particular counselee and invite the counselee to reflect on it, particularly in light of ideas about other directions that the counseling conversation might take.

Hugh Fox, Cathy Tench, and Marie (a pseudonym) reflect on this kind of model in an article on outsider-witness practices and group supervision. The group listened to a tape of a session between Cathy Tench and Marie. They engaged in this supervisory process of conversation by honoring and acknowledging both counselor and counselee, as is always the case in Narrative work. The material was taped and Cathy took it back for Marie

to listen to. Marie's response was that the sense of respect, acknowledgement, and new ideas expressed in the supervisory consultation were gratifying and strengthening for her. Her assessment was that listening to the tape was worth at least twenty counseling sessions. Cathy (the supervisee) writes about her experience, "Previous experiences of supervision have often left me feeling sort of 'inadequate', that there were gaps in my work with the client, or that the client was inadequate or 'defended' in some way. This supervision group, however, left me feeling energized. It offered more possibilities for my work. People 'wondered about', thought of things', 'were curious', etc. The work was much more co-operative and this brought about a sense of belonging for me, too! Importantly, my client was always raised in regard." [23]

CONCLUSION

I have used these models of teaching, training and supervison in the contexts of Master of Divinity students, PhD students in pastoral counseling, monthly consultation groups of chaplains, and consultation groups of parish clergy over the past twenty years. Consistently, members of these groups report an increased sense of collegiality and collaboration, increased confidence in their ministry competency, and hopefulness about their ongoing practice. The one aspect of the supervisory work that I have not included in my own work is that of taking the taped supervisory conversations back to the counselees. I had been practicing these approaches without awareness of this aspect of the work, although it certainly fits with the Narrative agendas of transparency and collaboration at all levels. Yet, I find myself not quite ready to add this element to my supervisory work. I would be interested to hear how others working primarily with chaplains and clergy, as well as specialists in pastoral counseling, have experienced this full circle of collaboration with supervisees and their counselees.

I have found that a Narrative approach to teaching, training, and supervision is not only effective for the students involved but that it also seems to have a quality of "formation" for them. Students frequently talk about how being introduced to the theories and practices of Narrative work has changed the way they see themselves and others in everyday life, not just in doing ministry. They often feel the possibility of being more deeply known and acknowledged just because they now have a different way to see and

acknowledge themselves and others. It seems to me that because Narrative theory is about a philosophy of living and knowing, it may have an integrative capacity that stretches well beyond being a clinical vehicle for pastoral care and counseling. I know that I have found, in my twenty years of working with these ideas, that I have been both enlivened and strengthened as a teacher and supervisor through the rich collaboration with students seeking to engage with Narrative approaches.

NOTES

1. This discussion of Narrative therapy is grounded in the work of Michael White and David Epston and the ongoing work of their Narrative therapy colleagues rather than in a broader, more general idea of narrative psychology and counseling.
2. Barbara Wingard and Jane Lester, *Telling Our Stories in Ways That Make Us Stronger* (Adelaide, South Australia: Dulwich Centre Publications, 2001).
3. See, for example, the preface to John McLeod, *Narrative and Psychotherapy* (London: Sage, 1997).
4. Alice Morgan, *What Is Narrative Therapy?* (Adelaide, South Australia: Dulwich Centre Publications, 2000), 5.
5. Michael White, *Narratives of Therapists' Lives* (Adelaide, South Australia: Dulwich Centre Publications , 1997), 127.
6. White, *Narratives of Therapists' Lives,* 130–32.
7. Jean-Francois Lyotard, *The Postmodern Condition: A Report on Knowledge*, trans. Geoff Bennington and Brian Massumi (Minneapolis: University of Minnesota Press, 1984).
8. Shona Russell and Maggie Carey, *Narrative Therapy: Responding to Your Questions* (Adelaide, South Australia: Dulwich Centre Publications, 2004), 95.
9. Russell and Carey, *Narrative Therapy*, 96.
10. Barbara Myerhoff, "Life History among the Elderly: Peformance, Visibility and Remembering," in Jay Ruby, ed., *Crack in the Mirror: Reflexive Perspective in Anthropology* (Philadelphia: University of Pennsylvania Press, 1982), 99–117.
11. Michael White, *Maps of Narrative Practice* (New York: W. W. Norton and Co, 2007), 165.
12. The concepts reflected in this summary are drawn primarily from Michael White's *Maps of Narrative Practice.*
13. Similar teaching and training exercises can be found in *The International Journal of Narrative Therapy and Community Work* 1 (2008).

14. See Christie Cozad Neuger, *Counseling Women: A Narrative Pastoral Approach.* (Minneapolis: Augsburg Fortress, 2001); Suzanne M. Coyle, *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry* (Minneapolis: Fortress, 2014); Duane Bidwell, *Empowering Couples: A Narrative Approach to Spiritual Care* (Minneapolis: Fortress Press, 2013); Burrell David Dinkins, *Narrative Pastoral Counseling* (Maitland, FL: Xulon Press, 2005); Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville, KY: WJK Press, 2006).

15. Christopher P. Behan, "Some Ground to Stand On: Narrative Supervision," *Journal of Systemic Therapies* 22, no. 4 (2003): 29–42.

16. White, *Narratives of Therapists' Lives,* 172.

17. Jane Speedy, "Consulting with Gargoyles: Applying Narrative Ideas and Practices in Counselling Supervision," E*uropean Journal of Psychotherapy and Counseling* 3, no. 3 (2000): 419–31.

18. Behan, "Some Ground to Stand On," 31.

19. White, *Narratives of Therapists' Lives,* 152.

20. Alan Parry and Robert Doan, *Story Re-Visions: Narrative Therapy in the Postmodern World* (New York: Guilford Press, 1994), 187–93.

21. Martin Payne, *Narrative Therapy*, 2nd ed. (London: Sage, 2006), 195.

22. Parry and Doan, *Story Re-Visions*, 195.

23. Hugh Fox, Cathy Tench, and Marie, "Outsider-Witness Practices and Group Supervision," *Journal of Narrative Therapy and Community Work* 4 (2002): 32.