Centering ethics in group supervision:

Fostering cultures of critique & structuring safety

AUTHOR
VIKKI REYNOLDS

Vikki Reynolds is a community activist, instructor and therapeutic supervisor. She is an Adjunct Professor with City University of Seattle, Vancouver, Canada. Her writing and talks are available for free download at www.vikkireynolds.ca

I refer to my supervision work as a Supervision of Solidarity and my stance as an ethic of justice-doing (Reynolds, 2010a, 2011a). This stance is informed by a spirit of solidarity and social justice activism, and aims to be anti-oppressive and decolonising (Reynolds & polanco, 2012). In this writing I illustrate supervision practices that follow from my commitments to holding ethics at the centre of supervision, which invite a philosophical investigation into the workers' diverse, problematic and messy relationships with ethics. I offer experiential supervision practices and refer to theories that facilitate centering ethics in group supervision. This includes understandings of ethics, ethical stances, and collective ethics; understandings of critique, fostering cultures of critique, and promoting dignifying supervisory relationships. I illustrate practices of structuring safety into supervision groups, which include addressing power, the role of collaboration, resisting innocent positions, and problematising the politics of politeness. The hope in centering ethics in supervision groups is to resource therapists and community workers to enact their collective ethics for justice-doing and to serve clients effectively with justice and dignity.

Keywords: supervision of solidarity, collective ethics, collective accountability, structuring safety, cultures of critique

INTRODUCTION

I refer to my supervision work as a Supervision of Solidarity and my stance as an ethic of justice-doing (Reynolds, 2010a; 2011a)[1]. A Supervision of Solidarity evolved in response to the contexts of injustice and marginalisation in which I was supervising therapists and community workers, and is profoundly collaborative. I have supervised workers in rape crisis centres, shelters and supportive housing; substance misuse and mental health counsellors in health clinics in impoverished communities; therapists working with sexually diverse, transgender, and gender diverse communities; and alongside refugees who have survived political violence and torture. What the therapists and community workers I supervise most desire is to be of use to their clients, and many suffer a cold fear-in-the-belly that incompetence or a lack of knowing on their part may result in devastating consequences for clients. Isolation is often at work to invite stories of their own identities as incompetent, disconnected, and ineffective (White, 2002). Losing clients to suicide and violent death is a reality, and experiences of being overwhelmed are common. Job titles offer only thin descriptions (Geertz, 1977) of the complex demands of their work; nor do they honour the magnitude of trauma, violence, and exploitation that shape the identities of clients. In these contexts of structural oppression, scarce resources, and abundant need, workers struggle to practice in line with their ethics, and to help clients keep a finger-hold on dignity. Teachings from these workers have informed these supervision practices from the inside, pushing me to be of use because of the workers' own determination to practice in line with their ethics and be effective. The humble competence and slogging patience of these good folks has accompanied me in the development of my supervision practice, and shoulders me up in this writing (Reynolds, 2010a).

In my supervisory work promoting the care, sustainability, and usefulness of teams of workers who are committed to an ethic of justice-doing, I ask myself these reflexive questions:

- How can I position myself as a supervisor in ways that de-centre me while maintaining influence and without abdicating my responsibilities to clients, workers, and the relative safety of the supervisory group?
- How can we centre our supervisory conversations around our relational ethics?
- How can we do this work in accord with our collective ethics and our commitments to justice-doing?
- What is required to structure enough-safety for a generative investigation into the ethics from which our practices emerge?
- How am I holding clients at the heart of our supervisory conversations? How can I promote client-centered supervision as opposed to staff-centered supervision?
- How am I upholding the dignity of workers in a tension alongside naming and inviting collective accountability for transgressions of our collective ethics?
- How am I promoting a culture of critique within this supervision group?

The purpose of this stance for centering ethics in group supervision is not necessarily to be correct or right, but it has been useful to communities of practitioners working alongside clients who live and struggle at the intersections of domains of power (Crenshaw, 1995). While group supervision is only one part of the comprehensive and necessary supervision of therapists and community workers, it does provide excellent opportunities for ethical investigations and practice. This requires engaging in practices which structure safety, and provide the scaffolding for critiques that are generative, expansive, relational and dignified, and which promote centering ethics. An important goal of supervision is to enhance vision, to add multiple visions, and not necessarily to direct therapists towards an idea of the correct vision (Ming-Sum, 2005).

In this paper, I illustrate supervision practices that follow from my commitments to holding ethics at the centre of supervision, which invite a philosophical investigation into the workers' diverse, problematic and messy relationships with ethics. I offer experiential supervision practices and refer to theories that facilitate centering ethics in group supervision. This includes understandings of ethics, ethical stances, and collective ethics; understandings of critique, fostering cultures of critique, and promoting dignifying supervisory relationships. I illustrate practices of structuring safety into supervision groups, which include addressing power, the role of collaboration, resisting innocent positions, and problematising the politics of politeness. The hope in centering ethics in supervision groups is to resource therapists and community workers to enact their collective ethics for justice-doing and to serve clients effectively with justice and dignity.

A NOTE ON THE LIMITATIONS OF LANGUAGE AND SOCIAL LOCATIONS

In this writing, I engage in a messy and inconsistent practice of socially locating some domains of identity of the people whose ideas I cite (Reynolds, in press, 2010b). I offer the person's names, domain of practice, and nationality (which is also problematic) to welcome readers for whom this is a new reference. If no social locations such as sexual orientation, ethnicity, or gender are presented, scholars are often read as heterosexual, white men with cisgendered privilege, which invisiblises and appropriates the diversity of locations of other knowledges. When possible I have asked people to self-identify their social locations, but this is also imperfect. Sometimes I offer some social locations as they are pertinent to the ideas cited. However, the absence of locating information should not be taken as indicating dominant locations, as all identities are complex and multifaceted. This inconsistency is required because of the limitations of our language and societies in making space for people. Thus I have chosen to err on the side of inconsistency as a resistance to participating in the further appropriation, colonisation (Tuhiwai Smith, 1999), and erasure (Namaste, 2000) of subordinated identities and knowledges.

I embrace inclusive queer-informed language that contests the gender binary of he/she (Butler, 1990), because language that reinforces gender binaries renders transgender and gender variant people invisible. I therefore use 'they', 'their', and 'them' in both the third person singular and plural throughout this writing.

SOME UNDERSTANDINGS OF ETHICS

Centering ethics in supervision requires that we openly discuss and thereby make public our ethical stances. This is in contrast to other supervision contexts in which we often discuss our affinities and differences in relationship to theories and practice, while our ethical engagement is held private, or not invited into the conversations. In some ways the work described in this paper is a response to, and in contrast to, this routine prioritising of theory and practice over relational and collective ethics.

Centering relational ethics. While much supervision and training is centred on investigations into theory and practice, for me the centre of supervision is the worker's relational ethics and how these ethics are revealed in practice. By this I mean the worker's ethical positioning as they respond to the clients' varying needs within contexts of power. I am curious about what comprises the practitioner's ethical stance. I have worked alongside diverse therapists and community workers who use a wide-range of therapeutic and community work approaches. There are many paths to liberation and no theory or practice is harm-free. The quest is not to find the perfect intervention, but to examine our ethical positioning and hold our practice to enacting these ethics. This requires that clients are centred and that we are effective in creating relationships of dignity and respect across the chasms of difference and privilege that divide us. The aim is to assist clients to change their relationships to suffering (Munro et al., 2013).

Ethics are not fixed and static, but are fluid and living. This understanding of ethics is less connected with philosophical and hypothetical judgements of right and wrong, and more attuned to the immediate demands of circumstances in the social context of the lives of clients. This engagement with ethics is more practical than abstract (Jenkins, 2006), as I am concerned with the extent to which our theories and practices assist us in actualising our ethical stances and serving clients.

Codes of Ethics exist so that there is a clear and measurable understanding about what type of behaviour is acceptable within professions. Such Codes of Ethics are helpful in terms of creating 'aspirational goals' (Kakkad, 2005, p. 296) and parameters within which we work. These professional Ethical Codes are not static, however, and as our professions take up invitations to be more effective and just, there are times we must critique, challenge, and even change them (Anderson in Simon, 2010; Tomm, 2002)

Despite the usefulness of Codes of Ethics, , they do not always provide a path for navigating complex situations alongside of clients and fellow therapists (Everett et al., 2013). The word ethics in supervision is usually followed by the words dilemma or problem. It therefore seems important to create supervision contexts that centre on ways of responding to ethical dilemmas.

Contesting neutrality and innocence. In centering ethics in therapeutic supervision, I take a position that explicitly contests neutrality. The helping professions share rich and diverse traditions of resisting neutrality, despite the impact and undeniable power that neutrality and objectivism still hold over our work (Cushman, 1995). There are teachings in every thread of the rich fabric of the helping professions which advocate that practitioners overtly challenge the status quo and address the political issues of our times (James, 1995). Martiniquean psychiatrist Franz Fanon (1965, 1967) unmasked the myth of neutrality in psychiatry in his earliest writings, and was part of a tradition of anti-colonial theorists who always addressed the power of the helping professions.

Critical practitioners have historically advocated practicing in line with the values of resisting neutrality, attending to ethics, critiquing helping systems, and working to change the social context of problems (Furlong & Lipp, 1995). By this I mean work to change the real conditions of people's lives rather than helping them adjust to oppression (McCarthy, 2001; Waldegrave & Tamasese, 1993). We problematise and critique the constructs of neutrality, objectivism, and disengaged professionalism (Cushman, 1995). Neutrality is itself a particular political position. When we centre ethics in our work we are not in new territory, but are weaving ourselves into these rich and divergent histories; although these histories are not always told, taught, or honoured.

To a large extent, as therapists and community workers we learn our work on the backs of clients. A hard truth is that there is no innocent or neutral position for our work (Rossiter, 2001). Clients suffer the greater consequences for our lack of knowing, ineffectiveness, and ethical transgressions. Part of my resistance to the secrecy of this harsh reality is to name my own history of ethical mistakes made on the backs of clients. When supervising, I hold close those clients who never returned to the counselling relationship. The ones I could never ask what I did wrong. Sharing this vulnerability about the part of my work that is not innocent and for which I have culpability, structures safety by inviting workers to bring forward their own vulnerabilities.

Collective ethics. Collective ethics are those important points of connection that weave us together as workers (Reynolds, 2009). In most of our work alongside people struggling in the margins of power, these collective ethics go unnamed, but they are the basis for the solidarity that brought us together and can hold us together. I have found it useful to map out collective ethics in supervision groups in order to create shared meanings and invite a collective commitment to these ethics. The following questions are useful, initially in pairs and then as a group, to illuminate our ethical stance for the work (Reynolds, 2011b):

- What are the ethics that drew you to do this work? What ways of being in this work do you value, hold close, maybe even hold sacred? What ethics are required for your work, without which you would be unable to work?
- What is the history of your relationship to these values and ethics? Who and what taught you this?
- How have these ethics shown up in your life and work?
- These questions, considered within the entire supervision group, help us articulate our collective ethics:
- What ethics or values do we hold collectively?
- What ethics are alive in our work when we're doing work that clients experience as most useful?
- What might clients we aim to serve name as our collective ethics?
- What might clients think of our claims to these collective ethics?
- How can we do this work in ways that are in accord with our collective ethics?
- How can the holding close of our collective ethics foster our sustainability and transformation across time?

In supervision, I often invite practitioners to write an Ethical Stance Paper, which is a more formal and considered way to investigate their ethical stance. This exercise is usually met with great humility and some trepidation. The purpose of this Ethical Stance Paper is to generate a rich critique of our individual relationships with ethics, and also to formulate and articulate some of our collective ethics and important ethical differences. I offer some variation of the ethical stance questions used above to frame the writing.

I receive the paper first and read and critique it, as a practice of structuring safety and to honour the writer's work. Then we share the paper in the supervision group in a witnessing practice (Reynolds, 2002). This practice is an expansion of the use of reflecting teams (Andersen, 1991) in supervision (Anderson & Jensen, 2007; Paré, 1999; Reynolds, 2010a). Another worker reads the paper to the therapist who has written it, and they have a conversation about it. Then the workers acting as witnesses have a conversation about the paper and the author and reader's conversation. The reader then invites the author's reflections on the experience.

Supervision models within the structures of organisations sometimes prioritise other aspects of supervision and do not invite ethical investigations, in which case I encourage practitioners to seek additional supervision which will create space for centering ethics while maintaining the confidentiality of clients. In rare times when the holding of our personal ethics is irreconcilable with positions of collective ethics in an organisation, we need to consider moving to a different location of the work where there is enough-harmony between our personal and collective ethics. I acknowledge that this is never easy or neutral in terms of the politics of paid work. As the supervisor, my role sometimes requires me to help people acknowledge when they are working in the wrong place, or possibly in the wrong work.

SPIRITUAL PAIN.

When we cannot act in accord with our collective ethics as practitioners, we experience what I call 'spiritual pain' (Reynolds, 2010a, 2011b). Cloe Madanes (Madanes et al.,1995), an Argentinean-American strategic therapist, used this term to name one of her strategic stages for treatment with men who had used sexualised violence against their children. I use the term 'spiritual pain' in a different context and with a different meaning, but want to acknowledge how I came to this phrasing. Spiritual pain speaks to the discrepancy between what feels respectful, humane, and generative, and the contexts which call on us to violate the very beliefs that brought us to this work. When our work alongside people who are exploited asks us to accommodate people to oppressions such as poverty, racism and violence, we can easily become exhausted, isolated and dispirited.

As a supervisor, I believe I have been most useful when helping workers practice in ways that are in accord with an ethical stance for the work. Care of the worker is a part of my work as a supervisor, and when a worker experiences spiritual pain there is almost a professional imperative for me to move in and smooth over this discomfort. I resist doing this and, instead, I see this spiritual pain as a potential resource (Bird, 2006) to the worker, a knowing-in-the-bones, whose immediacy calls out for an ethical investigation:

- What am I noticing that I might describe as spiritual pain? What is the specific nature of this discomfort, uneasiness, distress?
- Why is this spiritual pain present in this moment?
- Why is this spiritual pain present in my relationship with this client?
- What is it about this context that might contribute to my experience of spiritual pain?

These questions are part of a reflexive stance for supervision, as articulated by British systemic therapist John Burnham (1993). Questions that invite reflexivity about spiritual pain require an immediate answering from workers, and can help them move in line with an ethical stance for justice-doing, with an aim to serve clients effectively.

Many practitioners I supervise immediately resonate with this concept of spiritual pain. Often times the extremity of pain and oppression suffered by the clients we work alongside, or the ways of being of the clients themselves, are blamed for 'burning out' therapists. In my experience, most often it has not been the clients, their ways of being, nor their suffering that workers cannot bear, but the spiritual pain we experience when we transgress the very ethics at the heart of our work (Reynolds, 2011b; Richardson & Reynolds, 2012).

ETHICAL RESPONSES TO SPIRITUAL PAIN

Some illuminating understandings about potential ethical relationships to spiritual pain are voiced in Dorothy Allison's (1992) novel, Bastard out of Carolina. Allison is a queer feminist writer who grew up poor in the southern United States. This autobiographical novel outlines the poverty, violence, love and exploitation of her youth. Allison writes of a childhood incident in which her stepfather made a racist verbal attack against a Jewish shopkeeper. The shopkeeper heard the remark, and Dorothy and her sisters were implicated:

> *Heat flamed in my neck and I wanted to apologise – to tell him we were not like our stepfather – but I could do nothing. I couldn't speak a word to him in front of my stepfather, and if I had, why would he have believed me? Remember this, I thought. Don't go deaf and blind to what this feels like, remember it.*
> *(Alison, 1992, p. 11)*

What stands out is Allison's desire to attend to this spiritual pain, and to think of herself in her position of privilege, when she could easily be seduced into attending to the oppression present in her life and abdicating any responsibility for the injury to the shopkeeper. Her commitment to remembering this feeling speaks to her ethics, and is in line with my desire to invite therapists to create relationships with spiritual pain as a resource.

Spiritual pain can activate practitioners when it takes hold and help them resist practices of smoothing over transgressions of ethics. When workers speak with me about moments of spiritual pain in their work with people, for example, times when a worker believes they were disrespectful with a client, I often enquire

about the meanings of this spiritual pain and their relationship with ethics. These kinds of questions are useful in investigating ethical relationships with spiritual pain (Reynolds, 2011b):

- What ethic or way of being that you respect about your work have you transgressed? Why is this ethic important to you? How did you act to transgress it?
- Given you've acted in ways that aren't in line with what you most respect in your work, what would the absence of this spiritual pain mean?
- What does the presence of this spiritual pain, and your resistance to avoiding, ignoring, mitigating, or defending against it, say about your identity as a worker?
- How will you invite accountability to the client for your actions, and begin to repair the relationship? How can we shoulder you up in this accountability work?
- How can you hold this experience of spiritual pain close and use it in the future to re-member (Madigan, 1997; Myerhoff, 1982) your relationship with the ethics you hold?
- What does it say about your relationship to ethics that you've brought this to our supervision group? What does this say about our supervision group?
- What do you know about our collective ethics that might have made it easier to bring this forward? How can this transgression be useful for all of us collectively?
- What meaning might this client give to you making your ethical transgression public in our supervision group? Might this be useful to catch them up on, or not?

Despite discomfort, I encourage workers to engage as fully as possible with an ethical spiritual pain, feel it and hold it near. I resist opportunities to centre my supervisory role as problem-solver. Instead I get curious about the ways spiritual pain speaks to us of our ethics. I encourage practitioners to smell it coming, welcome it, and respond in line with our collective ethics.

A HERMENEUTICS OF SUSPICION - A HOPEFUL SCEPTICISM

I am interested in helping workers practice in accord with their ethics, because what matters most in our work with clients is that we enact our ethics, not how we talk about them. It is in the doing that ethics are revealed. Theory, the ideas that support our work, is revealed through an examination of practice, or what we do. Both theory and practice exist in relationships with our ethical stances.

This inquiry into the relationship of our ethical positioning with our theories and practice is informed by Norwegian qualitative researcher Steinar Kvale's (1996) 'hermeneutics of suspicion' (p. 203), where claims are held in abeyance until the practice can be shown to reveal the theory. Kvale borrows this term from the work of French philosopher, Paul Ricoeur (1970), who contributed to contemporary understandings of hermeneutics, an art of interpretation that resists authoritative truths, and engages with multiple meanings from different voices. Kvale invites us to take a critical distance from the claims to ethics we make, and invites a hopeful yet sceptical position, open to the possibility that our practice may reveal something other than our intention.

This hopeful scepticism has proven a useful supervisory practice, as it invites us to problematise unsubstantiated claims to particular sets of ethics. For example, if a supervision group describes 'collaboration' as part of our collective ethics, I might use these questions to invite our hopeful scepticism about the 'doing' of collaboration:

- What do we mean by collaboration? What does it look like in particular conversations?
- What would clients say in response to our claim to enacting collaboration?
- How would you know you were beginning to act in ways that transgress collaboration? Think of a particular therapeutic conversation where you lost track of collaboration. What got in the way of enacting collaboration?
- When are you more likely to struggle with collaboration? With youth for example, as some youth tell me therapy is all about older folks telling them what to do, but doing it sneaky, with advice disguised as questions.
- What lets you know collaboration is happening in therapeutic conversations? What are you doing to actively make space for and enact collaboration? What do clients do to promote collaboration?

BEING PUBLIC

Transparency is often used to describe accountable therapeutic practice. American collaborative therapist, Harlene Anderson (2008), offers the language and practice of 'being public' in response to her useful critique of the term 'transparency'. Transparency makes a claim that our work is see-through, which is not possible. It is the worker's obligation to show, not the client's obligation to see. When we make our work public we invite a richer critique, which invites accountability.

For example, therapy and community work that aspires to justice-doing makes claims to being client-centered, centering the needs of clients over the needs of practitioners. In my work alongside practitioners, we continually reflect on how our work is being held to account to the clients we work to serve. When teams tell me they are client-centered, I ask them to make public how their practices hold clients at the centre. What are the accountability practices of the organisation they work for? What accountability processes do they create and re-create? How does the practitioners' work link back to accountability to clients? Are there advisory groups or other feedback processes that make space for clients to directly influence practice?

FOSTERING A CULTURE OF CRITIQUE

Understandings of critique. Within supervision, critique can be described as an ethical questioning that breaks with practices of judging and fault-finding (Butler, 2001) so that something creative and libratory becomes possible. I prefer group supervision because in the right conditions,within a culture of critique, the group can offer diverse, useful and innovative critique that might

not come forward in individual supervision. Groups that engage critically can foment emergent ethical critique and innovation that are created relationally (Lehr & Sumarah, 2004) and would not occur in multiple individual conversations. A culture of critique can accommodate the de-centering of the supervisor as the group responds to the demands of the learning community.

Resisting confrontation, evaluation, judgement and attack in group supervision is important, as a culture of critique hopes to be something different. From a position within a culture of critique, we connect in ethical struggles and offer thoughts on theory and practice that are cautious, tentative (Davidson & Lussardi, 1991), and that we check out with the worker we are hoping to assist. Without these compassionate and well-considered responses, moments of potential critique might be experienced as judgement at best, and possibly experienced as attack. Australian narrative therapist, Michael White (2005), encourages therapists to offer 'embodied responses' (pp. 17). This means that the practitioner offering critique connects their own practice or lived experience to the critique being offered. Thus critique is not abstract but connected to living practices.

The following quote from French philosopher Michel Foucault (1997) offers a description of criticism that is both poetic and encouraging:

> *I dream about a kind of criticism that would try not to judge but to bring an oeuvre, a book, a sentence, an idea to life; it would light fires, watch the grass grow, listen to the wind, and catch the sea foam in the breeze and scatter it. It would multiply not judgements but signs of existence; it would summon them, drag them from their sleep. Perhaps it would invent them sometimes — all the better. All the better. Criticism that hands down sentences sends me to sleep; I'd like a criticism of scintillating leaps of imagination. It would not be sovereign or dressed in red. It would bear the lightning of possible storms. (p. 323)*

FOSTERING INTENTIONAL SUPERVISORY RELATIONSHIPS

Workers sometimes prudently hold themselves back from exposing their struggles when they believe supervision is not trustworthy and confidences shared in supervision might be used in unethical ways. My aim in fostering a culture of critique within the supervision group is to create space for vulnerability, accountability, and rich engagements with expansive critique, rather than requiring workers to continually present fixed stories of their competence. The intention is to have supervision conversations that resist being deficit-based, and that simultaneously resist smoothing over the spiritual pain that is experienced when we transgress our collective ethics for justice-doing. Rather, a culture of critique invites a solidarity that says, 'I'll walk alongside you as you struggle towards ethics – and I am also imperfect'. This solidarity reflects the 'primacy of relationship' (Cottone, 2001, p. 41) that is necessary to promote centering ethics in group supervision.

For this culture of critique to emerge, the importance of preparation work cannot be underrated. Part of this preparation is the co-creation of intentional supervisory relationships that are dignifying and useful. My intention is to foment webbed relationships between the supervisor and each worker, and between each worker and every other worker in the supervisory group. Our first point of connection is articulating the collective ethics we share. From this relational space we can then engage with expansive critique, disagree, problematise, and unsettle our theory and practice. And, more than this, we create an ethical inquiry that transforms our practice in unexpected and useful ways. The grounding of this critique is relational, as described by Canadian therapist and social architect, Arden Henley:

> *'Though we often take it for granted, our belonging with one another is the very stuff of life. In order to survive, grow, and develop, we need to cultivate our connection to one another ... As connections are restored and stories of belonging prevail I have observed that moral agency re-appears and ethical conduct becomes more likely.' (Henley, 2011, p. 29)*

DIGNIFYING RELATIONSHIPS

Workers need to experience being dignified (Richardson & Wade, 2010) to foster the moral courage required to be vulnerable, open to critique, and resist engaging in supervision, with a static defence against negative judgements. Creating relationships with the intention of guarding against violations of the workers' dignity is at the heart of my supervision work. These understandings of the relational nature of dignity are informed by Canadian response based therapist, Allan Wade:

> *Dignity encompasses so many heartfelt aspects of human conduct and experience. It concerns the most basic, everyday, ever-present concerns in social interaction, and is arguably even more important when it comes to working for folks who are oppressed and socially marginalised. It is completely interactional – not something a person can claim by themselves, so to speak, but socially accorded through interaction.*
> *(Email communication, 2008)*

Dignity can be accorded to people when they are given the power to define themselves (Bracho, 2000). As a practice of resisting replicating oppression in many forms, such as colonisation, I ask people to self-identify how they wish to be located culturally. I ask everyone, including workers I might read as from the dominant culture/white culture, what culture they belong to as a universal practice to resist the racism inherent in only asking non-white people about culture. I ask for each worker's preferred gender pronouns to resist the heteronormativity of assuming that people's gender identity fit into a gender binary (Quetzo J. Herejk, personal communication, 2010). These and other practices aim to make more space for workers' multiple domains of identity (Crenshaw, 1995) to be welcomed and honoured, and to contribute to group safety.

One way I promote relational belonging is to invite the supervisory group to begin our collective work by centering our introductions as something other than our names, academic qualifications, and a quick abstract of our work histories. American narrative therapist, John Prowell (1999), who identified as Black, invited therapists to centre therapeutic conversations in culture. To do this, Prowell created an exercise to explore the cultural story of the client's name. I have used a related exercise that facilitates workers inviting other supervision group members into their lives on multiple parts of their identities, as

investigating the intersectional complexities that contribute to our multiple identities as workers is an essential component of ethical supervision (Miehls, 2001). The exercise begins with a worker writing their full name on a whiteboard. They then give an oral history of their name, engaging or declining any of these possible questions:

- Who named you? Do you carry a family name?
- Does your name have a meaning? In your family/family of choice or culture, how are names passed on, such as family names or 'surnames'?
- Has your name changed in response to migration or racism? Have you changed your name for your own purposes, like relationships, such as commitment ceremonies, marriage? Why or why not?
- Do any family/family of choice members or loved ones carry your name, or parts of your name?

These simple questions can be generative, as workers respond by writing their name in their original language and script, such as Spanish or Arabic, and this may be the first time the group really hears these cultural pieces because our normative assumptions prescribe otherwise. Workers may reveal spiritual or religious connections to their names, such as names given in ceremonies, and through rites of passage such as confirmation names. Transgender workers may share their names and the story or processes of how their name/s emerged. Or all of this might not be revealed because of an absence of trust or the presence of well-founded caution. As the supervisor, I offer some questions inviting fluid boundaries around containment and disclosure to facilitate the worker taking space if they would like to make public more of their identity and culture. More self-disclosure is not required, however, and here negotiating and hearing 'no' on the part of the supervisor is important.

This 'inviting in' is informed by Australian narrative therapist, Sekneh Hammoud-Beckett's (2007) work with sexually and gender diverse youth, where euro-centric ideas of the imperative of 'coming out', as gay for example, may put Muslim youth at greater risk and might not be their preference. Hammoud-Beckett invites the youth to consider what parts of themselves they wish to share and with whom.

The cultural story of our names exercise is also different than a genogram, for example, as it provides 'wiggle-room' (Henley, 2011, pp. 29) to keep our own counsel on parts of our identity. This fluidity allows us to choose how to interact with the question, and guards against being 'outed' by formulaic exercises. This might require us to name family members where the relationship is painful, or that risks our containment, for example, naming children who have died, been 'given up' for adoption, or apprehended. Also the invisiblising pain of not naming children we could not conceive. This exercise aims to create space to name relationships with children who are not formally 'ours', but connected by relationships of meaning from alternative cultural locations, such as alternative parenting/family models (Quetzo J. Herejk, email communication, 2013).

Another aim of this exercise is to resist my own and others' assumptions about one another so that we do not learn who is in the supervision group by transgression. As a supervisor, I aim to remember that I never know who anyone is. By this I mean that I never believe that I am in a space of perfect safety; or that I know who a group of practitioners are. I aim to decline ascribing totalising identities to any group members. Without creating relationships intentionally, we can find out who is in group by transgression. Despite an ethical stance for justice-doing and our intentions to resist being oppressive, we are going to be imperfect. For example, someone says something against immigrants, Christians, or childless women, and then discovers someone has been offended. More likely the worker who is victim of the comment decides prudently that the group is not worthy of trust and works to hide any response or indignation, and quietly plots their surface level, borderline compliant participation in the group as an act of resistance and to promote their own safety (Reynolds, 2010b; Wade, 1997).

Early in the formation of the supervisory group, I construct a conversation that opens space for us to connect around what is at the heart of our work. The purpose of these questions, which frame the conversation, is to centre our supervisory relationships in dignity and respect:

- What do we need to understand in order to respect you, make space for you, and not transgress against you in our relationship?
- What do you hold sacred, close to your heart, that it would be useful and important for us to know?

In a cautionary introduction to the exercise, I invite practitioners to consider both the cost of speaking of parts of themselves, and the cost of not speaking (Bird, 2006). I aim to avoid being patronising and deciding for others what is appropriate to share or not share, but take time to offer examples of what not to disclose, to invite sharing with containment – not necessarily without pain, but in relationships with boundaries and presence.

These supervisory practices aim to shoulder-up the dignity of workers with relationships grounded in solidarity. This dignified and ethical knowing of each other allows room for transgressions and ethical mistakes to be considered in relationships across time, so that a transgression does not become the person's entire story.

PROMOTING CRITIQUE

Creating a culture of critique requires willingness, a sense of self-awareness, moral courage, and an understanding of the potential impacts of your actions on others. I construct an open discussion of critique, how we would describe it, and why it is of value in centering ethics and holding clients at the centre of therapy and community work, and supervision. Following this discussion, I invite practitioners to consider these questions that help them construct particular practices that make space for critique:

- What do you do to invite critique?
- How do you let people know that you are open to critique?
- What practices assist you in receiving critique? How would you like to be given critique?
- How do you offer critique? What are your intentions behind offering critique in these ways?

- Have you experienced useful critique in this group? What have you witnessed other therapists doing that contributes to a spirit of critique amongst us? What have you contributed?
- How do we make space for clients to give critique? How do we structure enough-safety for clients to gift us with their critique?

STRUCTURING SAFETY

Creating cultures of critique in supervision requires structures of safety, and actually begins to enact safety. Structuring safety embodies my response to problems of supervision, specifically deficit-based case consultation practices that foment anxiety, competitive space, debate, and onslaughts of negative judgements framed as advice. Many practitioners have all-too-familiar experiences of being in unstructured supervision groups where risk was palpable and harm was done, particularly in groups with supervisors who have not upheld their obligations to structure safety and address risk. Many workers I supervise have recounted experiences of being 'whittled away', exposed, and judged in some case consultations and group supervisions where expert talk de-humanised clients and mechanised their work. Practitioners have told me that showing vulnerability and asking questions in group supervision can be met with censure.

CONTESTING THE BINARY OF SAFE AND UNSAFE

There are no perfectly safe helping relationships, as there are always risks of transgressions. New Zealand narratively-informed therapist Johnella Bird's (2000, 2006) relational supervisory practice has greatly influenced my understandings of relational safety. Bird contests the binary of 'safe/unsafe' and totalising constructions of paralysing risk or perfect safety. I work to create 'some-safety', 'enough-safety', or a 'safe-r' conversation and co-create relationships of 'enough-safety' with workers.

In supervision that claims to be client-centered, the safety of clients must be at the centre. It is important to assist therapists in differentiating experiences of being unsafe from being discomforted. Supervisors need to resist prioritising the comfort of practitioners over the actual safety of clients. Our collective commitments to justice-doing are going to require us to unsettle some of the comforting knowledges that help invisiblise our privileges and the subjugation of others those privileges stand on. Discomfort is predictable and possibly necessary (Kumashiro, 2004). Comfort can be an obstacle to enacting our ethics, especially the double comfort which Canadian critical social worker, Barbara Heron (2005), describes as the comfort that follows when we name our access to privilege, such as holding economic/class privilege, and then do nothing to mitigate it. When this is accompanied by smugness and righteousness, it is easier for supervisors to attend to, but even practitioners and supervisors with humble intentions can get caught by this double comfort. Participating within a culture of critique also requires us to let go of certainty, but embracing uncertainty is most often also experienced as discomforting (Jeffery, 2007).

With an aim to prioritise clients' safety, I invite the supervision group to collectively investigate the differences of discomfort and unsafety. I do this as part of structuring safety, in a proactive way, and not in reaction to someone saying they feel unsafe. (When workers name feelings or experiences of being unsafe in conversations I try to attend to the context and the real possibility of unsafety first.) These questions can frame an investigation into the usefulness of discomfort:

- What is the difference of being unsafe and being uncomfortable in supervision?
- What would tell you that what you are experiencing is discomfort?
- What might the presence of discomfort speak to in supervision?
- How can discomfort be a resource to us as therapists?

ADDRESSING POWER

Addressing power is inextricably linked to structuring safety in supervision, as in all therapeutic and community work. As a supervisor from dominant (white) settler culture, I aim to act with accountability for my access to power within the supervisory relationship (Fine & Turner, 1997). I am informed by critical race theorists and supervisors, Pilar Hernandez, Brent Taylor and Teresa McDowell (2009), who researched the experiences supervisors of colour had as therapy supervisees. They found that '(the) power differential is compounded when the supervisor is of a privileged racial background' (p. 98). The supervisees of colour they interviewed:

> *… experienced the impact of ignorance and overt racism … Supervisors made racist comments, showed preference to supervisees of their own ethnic class, were blind to diversity issues (especially sexual orientation and spirituality) … the misuse of power was also seen on an institutional basis as participants noted the male-dominated nature of their supervision experience. (Hernandez, Taylor & McDowell, 2009, p. 94)*

COLLABORATION AS SHARING POWER

Part of my own ethical positioning is to honour the ethics of the practitioner, de-centre myself and, where possible, share power (Crocket, 2004). This is indeed messy practice (Lather, 2010; Law, 2004), but I aim to create a position that is fluid, not neutral, not denying my own influence or power, and yet not centering my own ethical position in supervision. My understandings of the role of collaboration in supervision are informed by Anderson's (1993, 1997) collaborative therapeutic supervision practices. Collaboration invites a generative and community-making spirit to therapeutic supervision (Anderson & Swim, 1995) that acknowledges our relational responsibilities (McNamee & Gergen, 1999) for the safety of the supervision group.

Collaboration assists in structuring safety as it invites the sharing of power and responsibility so that the supervisory relationship is not limited to monitoring clinical performance (Crocket, 2002). I

attempt to provide a structure for the group that promotes the competency of the group. I resist taking positions of expertise or prescriptive positions around what practitioners need to do, unless ethically required.

PREPARING THE SPACE TO FOSTER SAFETY

I envision supervisory conversations that are free-flowing, spontaneous, with room for the possible which has not yet been named. For that to happen, I take responsibility to prepare the space (Roth, 1993) and put structures in place, in accordance with an ethical stance, from which generative and safe-enough supervisory conversations can be constructed. This exercise is influenced by the work of American Public Conversations Project which works to create space for dialogue on divisive and polarised issues (Roth et al., 1992). These questions aim to promote a culture of critique:

- What are your intentions and hopes for yourself in our supervision group? What is your hope for everyone in our supervision group? What is your hope for how this supervision group might serve clients?
- What will you need to resist, refrain, hold back, decline, or leave out in order to contribute to a culture of critique and keep clients at the centre of our work? (for example, competition, vengeance, righteousness, distraction, overwhelming pain ...)
- What are you going to have to invite, make room for, welcome in, and hold onto in order to contribute to a culture of critique and keep clients at the centre of our work? (for example, solidarity, humility, patience, compassion ...)

COLLABORATIVE AGREEMENTS

I begin orienting supervision groups towards a culture of critique by co-creating collaborative agreements. Collaborative agreements are different than a list of rules, and are always fluid in terms of the context in which they are co-created and the purposes of our work. Here is an example of a supervision group's collaborative agreements:

- Respect for everyone's time. The group will begin and end on time. Give the group and the supervisor a heads-up if you have something critical we need to collectively make time for.
- Respect confidentiality of other group members, as well as being purposeful about the ways in which we discuss clients. Limits of confidentiality, as always, exist in this group.
- We have the right to self-identify in relation to gender, culture, and all parts of their identity.
- We may choose to 'keep our own counsel', participation can be varied, and speaking out is voluntary.
- Practice in line with our collective ethics with an aim to be decolonising and anti-oppressive.
- Room for struggle. Everyone is in various locations in relation to the work, and we want to create a safe-enough space for people to bring their struggles forward. To do this, judgement must be contained, while simultaneously holding a deep respect that oppressive ideas and acts will not be smoothed over but addressed in solidarity and with compassion.
- Witness, not gossip. Resist venting and negative talk of other workers and professions, allowing for a critique that aims to serve clients.
- Fluidity. These agreements are fluid and flexible, and we will reflexively attend to them and change them in response to our emergent work.

Each of these agreements is discussed in depth so that everyone knows what they are agreeing to. Taking time and space for the preparation of collaborative agreements increases the potential for everyone to know what is meant by the words that we are using, and to commit to them. We go over these agreements at the beginning of every group to assist practitioners in orienting themselves respectfully and intentionally for our supervision.

COLLECTIVE ACCOUNTABILITY

Collective accountability requires that we are responsible for more than our personal actions. For example, if a client is disrespected in our workspace, we are all collectively accountable for that affront to dignity, and cannot just find which staff member to blame. We are required to make repair collectively as well. For example, if there is a person on the team who acts as a bully, we have a collective responsibility to address that situation. If we do not, because of our own concerns for our comfort or even safety, we leave clients vulnerable to known risks, which is unethical. This is the way staff-centered teams organise around accommodating themselves to some members' moods and actions (Reynolds, 2011b). Collective accountability requires we address situations like these before transgressions against clients occur.

RESISTING SMOOTHING OVER DISCOMFORT AND THE POLITICS OF POLITENESS

When something disrespectful, discomforting or transgressive occurs in groups, many practitioners, and sometimes supervisors, become extremely interested in their shoes. They look down, attempting to disengage themselves from the group. When something disrespectful happens in a group, I aim to resist smoothing over tensions and discomforts and invite the group to take a position on the transgression. For example, if a worker has made a subtle but cutting remark to another worker, I would ask with respect and compassion, 'Is everyone okay with how Julie is being talked to?' This invitation names that we are all implicated, and constructs the incident as something other than a 'personality conflict' between two group members and instead as being the stuff that the group must collectively respond to. This collective accountability structures safety and lets people know that they will be backed up. Acts that are not in line with the collective agreements of the group will be dealt with compassionately but

clearly. As the supervisor, my work now is to invite the group to attend to the hard work of repair.

It is supervisor's role to reveal and repair what is unattended, mis-taken (McCarthy & Byrne, 1988), ineffective, harmful, or unethical in the therapists' practice. Sometimes supervisors 'let things go', mutualise transgressions, and 'mediate' situations when one person has abused power over another. This constructs transgressions as personal problems between practitioners, as if 'they just don't get along', when, for example, one worker might be enacting racism against another.

Therapists and community workers often hold a great capacity for compassion, and sometimes we find it difficult to allow each other to struggle. When a worker makes public their discomfort, there is a tendency for fellow practitioners to jump in and resolve the tension or discomfort with praise, applause, or evidence that the discomfort is not warranted. Rescuing each other from discomfort and spiritual pain sets the tone of harmony and contentment, which often passes for support. Structuring safety requires different responses, which make space for practitioners to engage with ethical struggles, but does not leave them alone in that struggle. An example of this kind of resolution of tension could be a worker bringing up an event they are puzzled by that, upon group inquiry, is revealed as actually acting with class privilege in ways that stigmatise poor people. The group may wish to commiserate, saying, 'Oh, I have done that myself, but we know you are in the homelessness march every year'. This brings forward evidence that the worker did not intend to transgress. What is warranted from the group is an invitation to accountability (Jenkins, 1990), and some way out of the spiritual pain that comes from harming the dignity of people they intended to serve. A more useful response would be, 'Oh, I have done that. How can we help you figure out how this happened and begin to make repair?'

The politics of politeness can be a nice thing when waiting in a line-up, but engaging with politeness in uncritical ways can pose risks to our commitment to centre ethical work with clients. The politics of politeness shows up as smoothing things over, talking ourselves and others out of our discomfort, and more egregiously, esteeming harmonious relationships over ethical relationships. What is required and more helpful to clients and practitioners, is often an honest reckoning with privilege.

THE POTENTIAL VALUE OF DISCORD

A culture of critique requires discernment between division and difference. The point is not to achieve unity by smoothing off the edges of all differences (Bracho, 2000), but to find points of connection in relationships that do not annihilate difference (Palmer, 2007). In supervisory conversations, I work to attend to the presence of discord, listening for more than conflict, and to open space for differences, especially those differences which are not always safe to speak. American queer theorist, Judith Butler (1997), speaks about the limits of acceptable speech; meaning the parameters of what can be said within a particular discourse before there are repercussions for transgressing across lines backed up by power. Disregarding and ignoring the presence of tension is not in and of itself respectful, as it can side with 'psychology's long-standing tendency to generate constructs that represent and naturalize consensus and coherence, at the expense of evidence of dissent and contention' (Fine, 2006, p. 96).

CAUTIONS: THE LIMITS OF STRUCTURING SAFETY

Earlier I described structuring safety with tentative language, such as 'an aim to structure safety', and 'enough-safety'. Safety is an ideal that cannot be delivered perfectly even with the best of intentions because we live and work in unjust societies. Khalida Ebrahimi, who describes herself as an Immigrant, feminist, Muslim woman of colour from Afghanistan, offers this critique: 'Naming racism is always exposing, hard and painful. We cannot structure safety enough to make that acceptable. Naming racism is exposing and risky for me as a woman of colour, even in feminist spaces where I usually would assume solidarity and trust.' As the supervisor responsible for providing a structure for safety I ask myself these reflexive questions, 'Structuring safety for who? Whose safety?' Ebrahimi's critique mirrors the analysis of Gail Simon (2010), who describes herself as a UK-based lesbian systemic therapist:

> *There often exists a form of unspoken censorship by the host culture which can lead to self-surveillance and private assessment by people from oppressed and marginalised cultural groups as they try to anticipate what the consequences might be of expressing or even acting on ideas from outside the mainstream culture. (p. 310)*

These critiques are not reasons to abandon attempts to structure safety, but a call to attend to power and privilege accountably and continually in supervision, and to keep working towards our collective commitments to change the oppressive structures of our societies.

SUMMARY

Centering ethics in supervision invites a philosophical investigation into practitioners' rich, diverse, problematic and messy relationships with ethics. It invites workers to make public their own ethical stance. It demands points of connection, making room for an emergent collective ethics that can direct our work towards justice-doing. Structuring safety includes practices which set the space for safety, address power, co-create collaborative agreements, resist innocent positions and problematise the politics of politeness. The hope in centering ethics in supervision groups is to resource and call on practitioners to enact their ethics and to serve clients effectively with justice and dignity.

DEDICATION

For my parents, Joan & Bill Reynolds, my first and most important teachers of dignity.
This work occurred on Indigenous territories of the Musqueam, Skxwu7mesh-ulh Uxwuhmixw (pronounced Squamish) & Tsleil-Waututh nations which were never surrendered.

ACKNOWLEDGEMENTS

Great appreciation to all of the groups I supervise, especially the supervisors in my 'super'vision group, the therapists at Concordia Counselling, the counselling groups at WAVAW (Women Against Violence Against Women) rape crisis centre, RainCity's Princess Rooms, and the Peak House program for youth struggling with substance misuse. They have contributed immeasurably to my supervision praxis. Elaine Connolly, David Denborough, Arden Henley and Quetzo J. Herejk offered critiques which made this a more useful paper. Heartfelt thanks to Allan Wade for our recursive supervisory relationship and for encouraging me to take space and make my work public.

NOTE

The six guiding intentions that comprise my stance for justice-doing in community work include centering ethics, doing solidarity, addressing power, fostering collective sustainability, critically engaging with language, and structuring safety. I have written extensively about
an ethical stance for justice-doing in therapeutic work elsewhere (Reynolds, 2010a; Reynolds & polanco, 2012). In my dissertation I offer a chapter on each of these guiding intentions (Reynolds, 2010b).

REFERENCES

Allison, D. (1992). *Bastard out of Carolina.* Toronto, Canada: Plume.

Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues.* New York, NY: W.W. Norton.

Anderson, H. (1993). On a roller coaster: A collaborative language systems approach to therapy. In S. Friedman (Ed.), *The new language of change: Constructive collaboration in therapy* (pp. 323–344). New York, NY: Guilford.

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

Anderson, H. (2008, September). *Collaborative practices in organization, therapy, education and research contexts.* Paper presented at the Social Construction Relational Theory and Transformative Practices Conference, Sarasota, FL.

Anderson, H., & Jensen, P. (Eds.) (2007). *Innovations in the reflecting process.* London, UK: Karnac.

Anderson, H., & Swim, S. (1995). Supervision as collaborative conversation: Combining the supervisor and the supervisee voices. *Journal of Strategic and Systemic Therapies,* 14, 1–13.

Bird, J. (2000). *The heart's narrative: Therapy and navigating life's contradictions.* Auckland, New Zealand: Edge Press.

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

Bracho, A. (2000). An institute of community participation. *Dulwich Centre Journal,* No.3.

Burnham, J. (1993). Systemic supervision: The evolution of reflexivity in the context of the supervisory relationship. *Human Systems: Journal of Systemic Consultation and Management,* 4, 349–381.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity.* New York, NY: Routledge.

Butler, J. (1997). *Excitable speech: A politics of the performative.* New York, NY: Routledge.

Butler, J. (2001, May). *What is critique? An essay on Foucault's virtue.* Retrieved from: http://eipcp.net/transversal/0806/butler/en

Cottone, R. (2001). A social constructivist model of ethical decision making in counselling. *Journal of Counselling & Development,* 79, 39–45.

Crenshaw, K. (1995). Mapping the margins: Intersectionality, identity politics, and violence against women of colour. In K. Crenshaw, G. Gotanda, G. Peller, & K. Thomas (Eds.), *Critical race theory: The key writings that formed the movement* (pp. 357–383). New York, NY: The New Press.

Crocket, K. (2002). Introducing counsellors to collaborative supervision. *International Journal of Narrative Therapy & Community Work,* 4, 19.

Crocket, K. (2004). Storying counselors: Producing professional selves in supervision. In D. Paré & G. Larner (Eds.), *Collaborative practice in psychology and psychotherapy* (pp. 171–182). New York, NY: Haworth Clinical Practice Press.

Cushman, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy.* Reading, MA: Addison Wesley.

Davidson, J., & Lussardi, D. (1991). Reflecting dialogues in Supervision and training. In T. Andersen (Ed.), *The reflecting team: Dialogues and dialogues about the dialogues.* New York, NY: W.W. Norton.

Everett, B., MacFarlane D., Reynolds, V., & Anderson, H. (2013). Not on our backs: Supporting counsellors in navigating the ethics of multiple relationships within queer, Two Spirit, and/or trans communities. *Canadian Journal of Counselling and Psychotherapy,* 47(1), 14–28.

Fanon, F. (1965). *The wretched of the earth.* New York, NY: Grove Weidenfeld.

Fanon, F. (1967). *Black skin, white masks.* New York, NY: Grove Press.

Fine, M. (2006). Bearing witness: Methods for researching oppression and resistance: A textbook for critical research. *Social Justice Review,* 19(1), 83–108.

Fine, M., & Turner, J. (1997). Collaborative supervision: Minding the power. In T. C. Todd & C. L. Storm (Eds.), *The complete systemic supervisor: Context, philosophy, and pragmatics* (pp. 229–240). Bloomington, IN: Authors Choice Press.

Foucault, M. (1997). The masked philosopher. In P. Rabinow (Ed.), *Michel Foucault, ethics subjectivity and truth: The essential works of Michel Foucault.* New York, NY: The New Press.

Furlong, M., & Lipp, J. (1995). The multiple relationships between neutrality and therapeutic influence. *Australian and New Zealand Journal of Family Therapy,* 16, 201–211.

Geertz, C. (1977). *The interpretation of cultures.* New York, NY: Basic Books.

Hammoud-Beckett, S. (2007). Azima ila Hayati-An invitation into my life: Narrative conversations about sexual identity. *The International Journal of Narrative Therapy & Community Work,* 1, 29–39.

Henley, A. (2011). *Social architecture: Notes and essays.* Vancouver, Canada: The Write Room Press.

Hernandez, P., Taylor, B., & McDowell, T. (2009). Listening to ethnic minority AAMFT approved supervisors: Reflections on their experiences as supervisees. *Journal of Systemic Therapies,* 28(1), 88–100.

Heron, B. (2005). Self-reflection in critical social work practice: Subjectivities and the possibilities of resistance. *Journal of Reflective Practice,* 6(3), 341–351.

James, W. (1995). The moral equivalent of war. *Peace and Conflict: Journal of Peace Psychology,* 1, 17–26.

Jeffery, D. (2007). Radical problems and liberal selves. *Canadian Social Work Review,* 24(2), 125–139.

Jenkins, A. (1990). *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive.* Adelaide, Australia: Dulwich Centre Publications.

Jenkins, A. (2006). Shame, realisation and restitution: The ethics of restorative practice. *Australia and New Zealand Journal of Family Therapy,* 27(3), 153–162.

Kumashiro, K. (2004). *Against commonsense: Teaching and learning towards social justice.* New York, NY: Routledge.

Kvale, S. (1996). *Inter-views: An introduction to qualitative research interviewing.* London, UK: Sage.

Lather, P. (2010). *Engaging science policy: From the side of the messy.* New York, NY: Peter Lang.

Law, J. (2004). *After method: Mess in social science research.* London, UK: Routledge.

Lehr, R., & Sumarah, J. (2004). Professional judgement in ethical decision-making: Dialogue and relationship. *Canadian Journal of Counselling,* 38(1), 14–24.

McCarthy, I. (2001). Fifth province re-versings: The social construction of women lone parents' inequality and poverty. *Journal of Family Therapy,* 23, 253–277.

McCarthy, I., & Byrne, N. (1988). Mis-taken love: Conversations on the problem of incest in an Irish context. *Family Process,* 27, 181–200.

McNamee, S., & Gergen, K. (1999). *Relational responsibility: Resources for sustainable dialogue.* London, UK: Sage.

Madanes, C., Keim, J., & Smelser, D. (1995). *The violence of men: New techniques for working with abusive families: A therapy of social action.* San Francisco, CA: Jossey-Bass.

Madigan, S. (1997). Re-considering memory: Remembering lost identities back towards re-membered selves. In D. Nylund & C. Smith (Eds.), *Narrative therapies with children and adolescents* (pp. 338–355). New York, NY: Guilford Press.

Miehls, D. (2001). The interface of racial identity development and identity complexity in clinical social work student practitioners. *Clinical Social Work Journal,* 29(3), 229–244.

Ming-Sum, T. (2005). The nature, culture and future of supervision. In L. Beddoe, J. Worrall & F. Howard (Eds.), *Weaving together the strands of supervision* (pp. 25–32). Auckland, New Zealand: Auckland University Press.

Munro, A., Reynolds, V., & Plamondon, R. (2013). Lessons from self-organizing communities: 'We were already a community and you put a roof over us'. *The International Journal of Narrative Therapy & Community Work,* 2, 61–78.

Myerhoff, B. (1982). Life history among the elderly: Performance, visibility, and remembering. In J. Ruby. (Ed.), *A crack in the mirror: Reflexive perspective in anthropology* (pp. 99–117). Philadelphia, PA: University of Pennsylvania Press.

Namaste, V. (2000). *Invisible lives: The erasure of trans-sexual and transgendered people.* Chicago, IL: University of Chicago Press.

Palmer, P. J. (2007). *The courage to teach.* San Francisco, CA: Jossey-Bass.

Paré, D. (1999). The use of reflecting teams in clinical training. *Canadian Journal of Counselling,* 33(4), 293–306.

Prowell, J. (1999). Reflections on issues of culture. *Gecko,* 2, 43–50.

Reynolds, V. (2002). Weaving threads of belonging: Cultural Witnessing Groups. *Journal of Child and Youth Care,* 15(3), 89–105.

Reynolds, V. (2009). Collective Ethics as a Path to Resisting Burnout. *Insights: The Clinical Counsellor's Magazine & News,* December 2009, 6–7.

Reynolds, V. (2010a). A supervision of solidarity. *Canadian Journal of Counselling,* 44(3), 246–257.

Reynolds, V. (2010b). *Doing justice as a path to sustainability in community work.* Retrieved from http://www.taosinstitute.net/Websites/taos/Images/PhDProgramsCompletedDissertations/ReynoldsPhDDissertationFeb2210.pdf

Reynolds, V. (2011a). Supervision of solidarity practices: Solidarity teams and people-ing-the-room. *Context,* 116, 4–7.

Reynolds, V. (2011b). Resisting burnout with justice-doing. *The International Journal of Narrative Therapy and Community Work,* 4, 27–45.

Reynolds, V. (2014, in press). A solidarity approach: The rhizome & messy inquiry. In G. Simon & A. Chard (Eds.), *Systemic inquiry: Innovations in reflexive practice research.* Bradford, UK: Everything Is Connected Books.

Reynolds, V., & polanco, m. (2012). An ethical stance for justice-doing in community work and therapy. *Journal of Systemic Therapies,* 31(4) 18–33.

Richardson, C., & Reynolds, V. (2012). 'Here we are amazingly alive': Holding ourselves together with an ethic of social justice in community work. *International Journal of Child, Youth and Family Studies,* 1, 1–19.

Richardson, C., & Wade, A. (2010). Islands of safety: Restoring dignity in violence-prevention work with Indigenous families. *First Peoples Child and Family Review,* 5(1), 137–155.

Ricoeur, P. (1970). *Freud and philosophy: An essay on interpretation.* New Haven, CT: Yale University Press.

Rossiter, A. (2001). Innocence lost and suspicion found: Do we educate for or against social work? *Critical Social Work,* 2(1). Retrieved October, 10, 2006, from http://www.criticalsocialwork.com/units/socialwork/criticalnsf/982f0e5f06b5c9a285256d6e006cff78/4e6dbd1345c21cfa85256eb0005010a4?OpenDocument

Roth, S. (1993). Speaking the unspoken: A work-group consultation to reopen dialogue. In E. Imber-Black (Ed.), *Secrets in families and family therapy* (pp. 268-291). New York, NY: W. W. Norton.

Roth, S., Chasin, L., Chasin, R., Becker, C., & Herzig, M. (1992). From debate to dialogue: A facilitating role for family therapists in the public forum. *Dulwich Centre Newsletter,* 2, 41–48.

Simon, G. (2010). Self-supervision, surveillance and transgression. *Journal of Family Therapy,* 32, 308–325. doi:10.1111/j.1467-6427.2010.00505.x

Tuhiwai Smith, L. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London, UK: Zed Books.

Waldegrave, C., & Tamasese, K. (1993). Some central ideas in the 'Just Therapy' approach. *Australian and New Zealand Journal of Family Therapy,* 14, 1–8.

White, M. (2002). Addressing personal failure. *The International Journal of Narrative Therapy and Community Work,* 3, 33–76.

White, M. (2005, September). *Michael White workshop notes.* Retrieved from: http://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf

DEAR READER

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia. You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968, no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission.

All enquiries should be made to the copyright owner at:
Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000
Email: dcp@dulwichcentre.com.au

Thank you! We really appreciate it.

You can find out more about us at: www.dulwichcentre.com.au

You can find a range of on-line resources at: www.narrativetherapyonline.com

You can find more of our publications at: www.narrativetherapylibrary.com