RECAPTURING THE PERSON IN THE THERAPIST: AN EXPLORATION OF PERSONAL VALUES, COMMITMENTS, AND BELIEFS*

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ABSTRACT: The authors encourage an approach to personal exploration that attempts to recapture the person in the therapist. Person in the therapist training is aimed at helping therapists discover or recapture their own values, beliefs, and personal ethics. A personal approach to theory development and the practice of therapy is offered and discussed. Activities to re-capture the person in the therapist focus on developing a personal theoretical orientation, exploring the values of family therapy theories, and exploring the values of the stance of the therapist in the therapy session. The authors offer their own personal beliefs throughout the article and encourage further development of these issues.

KEY WORDS: family therapy; MFT training; personal beliefs; values.

The field of family therapy has a recent history of encouraging personal exploration. This training has been termed "person of the therapist" training (Aponte, 1992, 1994; Aponte & Winter, 1987). The purpose of such training has been to help therapists be aware of their issues so that they can be more open with all of their emotions and

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less reactive in therapy (Aponte, 1994). This type of personal exploration, therefore, has largely been deficit based. It teaches therapists to search for their biases and prejudices and to search for problems or deficits in their family-of-origin. This training usually encourages therapists to explain their values and beliefs according to systems theory ideas, or according to a particular family therapy theory, and has largely excluded a personal exploration of therapists' personal values, commitments and beliefs about this work.

There has also been a strong movement in family therapy toward gender and ethnicity training (Arnold, 1993; Boyd-Franklin, 1988; McGoldrick, Pearce, & Giordano, 1982; Preli & Bernard, 1993; Walters, Carter, Papp, & Silverstein, 1988). The purpose of this training is to help therapists become aware of the biases that exist in their culture, and to encourage, through education, sensitivity toward gender and cultural diversity. While this training is very important, it too, like person of the therapist training, focuses on therapists' negative beliefs and biases that may hinder their effectiveness.

Both of these training approaches are important to the expanding of personal understanding, to research in marriage and family therapy (MFT), and to the fostering of multiculturalism that has become a central concern in MFT. These training approaches, however, focus primarily on understanding either personal deficits, or "others" (with some notable exceptions, i.e., Preli & Bernard, 1993). It seems that these approaches fall short of encouraging therapists to explore their personal values, commitments, and beliefs as they relate to therapy and life in general. We suggest that this type of training has led family therapists to take on the voices of the many family therapy theories or prominent ideas in the field and may have had the effect of silencing therapists' own voices. The purpose of this paper is to propose a personalization of the theory training process in a manner that encourages therapists to explore their own beliefs, values, and commitments, and then to encourage a careful exploration of the values that are inherent in the many theories and stances that therapists take. We hope this approach will help therapists recapture their own personal beliefs about the work of therapy.

VALUES AND PERSON IN THERAPIST TRAINING

In order for therapists to recapture their personal beliefs we believe that a personal exploration of values is crucial. There is a

considerable amount of literature that discusses the importance of values. While we agree with many of these ideas, we will also offer some of our own beliefs about values and the role of values in therapy.

The term "values" has been defined in a couple of different ways in psychotherapy literature. Rokeach has defined values as "an enduring belief that a specific mode of conduct or end-state of existence is personally and socially preferable to an opposite or converse mode of conduct or state of existence" (1973, p. 5). Thomas (1994) defines values as "beliefs and preferences that guide the process of human decisions" (p. 194).

Highlighting the importance of values in the therapeutic setting, Seymour (1982) states:

> We must be aware of, admit to, and try to understand fully the impact of personal values as we go about our day-to-day business of marriage and family counseling. If we are indeed, even occasionally selling our values in one form or another to our clients, we should at least be aware of what it is we are selling, and, the consumer client should rightfully demand from us "truth in packaging" (p. 43).

It seems important for therapists to examine their own values, and there is a great deal of literature that discusses the idea of value awareness for therapists (Bergantino, 1978; Bergin, 1980; Doherty, 1995; Doherty & Boss, 1991; Gass, 1970; Green & Hansen, 1989; Hayes, 1990; Hecker, Trepper, Wetchler, & Fontaine, 1995; Hulnick, 1977; Seymour, 1982; Smith & Peterson, 1977; Thomas, 1994; Vasco & Dryden, 1994; Vasco, Garcia-Marques, & Dryden, 1993). Currently, there seems to be a general agreement among family therapists that absolute value neutrality is not possible, or even a beneficial endeavor (Beutler & Bergan, 1991; Bograd, 1992; Doherty, 1995; Doherty & Boss, 1991; Hecker, et al., 1995; Ryder, 1985; Strupp, 1980; Thomas, 1994; White, 1995). Doherty and Boss (1991) reviewed literature on values and ethics in family therapy and found common agreement that family therapists take value stances continually in their clinical practice. In many ways, the very nature of therapy can be conceptualized as a process that involves the sharing, discussion, and consideration of values (Doherty, 1995; Schwehn, & Schau, 1990).

Usually, a therapist will choose a theory that is compatible with his or her own values and world view (Hayes, 1990; Tsoi-Hoshmond, 1976; Vasco & Dryden, 1994). Some have pointed out the possibility that the theories chosen can shape and define the values and world-

views of the practitioner (Ackerman, 1972; Vasco, et al., 1993). There seems to be a type of reciprocal effect as therapists interact with their chosen theory(ies).

Although the psychotherapy field recognizes the prevalence and power of values, the ". . . influence of how specific values influence specific therapies, assessments or diagnoses has not been researched" (Hecker, et al., 1995, p. 262). Doherty and Boss (1991) concluded that "the challenge now appears to be to move from agreement at the theoretical level about the pervasiveness of value positions to the more difficult process of self-examination and the dialogue necessary to examine our values" (p. 611).

We propose that this next step should invite family therapists to explore rigorously their personal beliefs and values about therapy, families, and change along with the moral effects of those values on clients. We also propose that another possible step should be a critical evaluation of the values that are inherent in the theories that have shaped the field of family therapy and the moral effects that those values have on the lives of those who seek therapy and family therapists alike. Finally, we propose that for therapists to be accountable to themselves and to those who consult them, a very real integration of personal and theoretical beliefs needs to take place.

We recognize that our thinking has been influenced by others and that we share authorship in this paper with many. Specifically, we have been influenced by postmodern concepts and ideas, including social constructionist thought (for a detailed explanation of postmodernism in family therapy see Doherty, 1991; and Mills & Sprenkle, 1995). We have also been highly influenced by narrative therapy theory (White, 1995; White & Epston, 1990). These influences may be noticeable throughout this paper, but we take sole responsibility for our own voices and our own philosophical and ontological position.

OUR PERSONAL BELIEFS

We feel it is important to be accountable to the readers of this paper by being transparent about some of our personal beliefs and values. We will begin by reviewing the idea of therapists as moral consultants and the issue of moral relativism. Next we will share how we perceive and understand three main issues, morality, integrity, and accountability.

Therapists as Moral Consultants

Why include our values in therapy? What about therapist neutrality and not imposing our beliefs on clients? Doherty (1995) claims that in our effort to keep values out of therapy we have caused great harm to society. He has proposed that therapists have an obligation to be "moral consultants" (pp. 7–8) to their clients, helping them to think about, understand, and be responsible for the real consequences that their behaviors have on others. We agree with Doherty (1995) that therapists have a responsibility to help people consider the effects that their actions have on others, especially in family therapy. If therapists are to become moral consultants, then we believe that therapists need to undergo an exploration of their own values and beliefs.

We are a bit cautious about using the word "moral consultants" because of the misunderstanding that may arise. Doherty is not encouraging a positivist approach to moral consulting. We believe that this is important because a positivist approach assumes a "top down" imposition of values in which the therapist is the expert on which values are right or wrong. Being a moral consultant, in our view, is a collaborative endeavor, in which the therapist participates in guiding the client in an exploration of the moral implications of their decisions.

Moral Relativism?

This collaborative moral consultant approach is informed by social constructionist ideas. These ideas are often interpreted as encouraging a moral relativist stance. We do not believe that constructionism supports moral relativism, but quite the opposite in fact. We agree with White's (1995) position on this issue:

> I don't think that there is any constructionist position that can escape a confrontation with questions of values and personal ethics. In fact, according to my understanding, the constructionist position emphasises these questions, and elevates this confrontation. So, the idea that constructionist positions lead to a state of moral relativism—where there's no basis for making decisions about different actions—doesn't fit with what I know of this position. (pp. 14–15)

We wish to be very clear that our position does not support the moral relativism that is sometimes associated with postmodern and social constructionist ideas. We understand that this can be confusing

because there are different "camps" of postmodern and social constructionist thought. Some camps do emphasize or support certain positions of moral relativism. We are approaching postmodernism and social constructionism from a stance that emphasizes social justice and accountability (Tamasese & Waldegrave, 1994; White, 1993, 1995, 1997). We believe this approach to social constructionism takes into consideration positions of power and privilege, culture, and the unique context of persons' lives, and encourages therapists to be accountable to the moral effects their actions have on the lives of their clients.

Morality and Integrity

A common statement we have heard in professional circles in relation to morality is that if a person's behavior causes no harm to anyone then it is moral. We do not ascribe to this belief. We each have certain values and beliefs that make up who we are. When we do something that goes against these values we undermine our personal integrity. Morality, therefore, is not just a relational matter, it is also personal and has ramifications that are very personal. It also means acting in ways that are consistent with our personal values and beliefs. We believe that this is especially true for therapists. We all have values about issues that arise in therapy and about the nature of therapy. When we hold certain clearly defined values that are personally significant and then do not act on those values in therapy we may experience a moral dilemma. Melton (1968) described this moral dilemma as "value schizophrenia." He uses the word schizophrenia to highlight the splitting of personal values from the values that are expressed in therapy. Vasco and associates (1993) describe the same concept as "dissonance," meaning a dissonance between the therapist's personal values and how the therapist acts in therapy. They also strongly encourage therapists to integrate their personal values into their therapy approach through a process of coming to know themselves.

We believe that the field of family therapy has been particularly influenced by this moral dilemma due to the neutrality stance that systems theories and circular causality invite (Bograd, 1992). As previously mentioned, the possibility of a neutral stance has been critiqued, but it is our opinion that a certain encouragement or invitation toward neutrality still remains a part of the underlying concepts of systems theories. It is our belief that even with the recognition that

neutrality is not possible when therapists work from a systems theory approach, it remains easy for them to be influenced by the ethic of neutrality.

Just as working with clients from a particular point of view shapes the clients' lives, so does working from a theory shape the life of the therapist. One way to escape the moral dilemma is to have a clear understanding of what our personal beliefs regarding therapy are. It is also important to be aware of the values that may be inherent in the theories that are used. When these values are apparent it makes it possible for us to act according to our own beliefs, and thus allows us to maintain personal accountability.

Accountability

If theories hold values and thus values affect the lives of people, then theories should not be used without a conscious consideration of the values and the potential effect that those values have on others. Nor should interventions be picked up and used without the same consideration. It appears to be a common practice to use interventions from various theories without actually working from the context of that theory. We question this practice. Theories are more than neutral ideas about families that might be helpful in producing change. They are values about the nature of humanness, families, and change. Before sharing those beliefs and values with clients, we believe that a therapist should personally believe in the principles and values of the theory that is guiding their work. If the therapist believes in the ideas that he or she is sharing with clients, he or she can be accountable to the client for the effects of what is shared. This means that the therapist should have a personal belief that the effects of the theory being used have been and are helpful not only to the families he or she sees but also in the therapist's own life.

Training that attempts to personalize the therapy process explores these personal beliefs and values and helps therapists establish a theory of therapy that is based on personal values and beliefs. We are not encouraging therapists to simply take value stands; rather, these value stands should be considered only after the moral effects of these values have been explored. We are not calling for therapists to create their own theories totally independently of other theories. What we are calling for is an integration of personal and theoretical beliefs, for the development of personal ethics. The seriousness of this

endeavor will invite therapists to be accountable on a personal level to the people with whom they work.

ACTIVITIES FOR RECAPTURING THE PERSON IN THE THERAPIST

The purpose of this section is to offer some possible activities that therapists can use in their efforts to personalize their work. The activities explore three separate areas: 1) a personal theory of change 2) the values inherent in theories, and 3) the therapists' stance in therapy. Again, while special attention is paid to exploring the values of theories and stances, the main purpose of this paper and the activities that follow is to encourage therapists to work from theories and ideas that they actually believe in. The questions that follow are designed to encourage this personal integration. We feel that this is more important than an attempt at revealing "the" values that are a part of the individual theories and stances.

Toward a Personal Theory of Change

A central purpose of the training process is for therapists to develop their own model or theory of therapy. Piercy and Sprenkle (1988) have proposed a theory building exercise for therapist trainees and, along with others, have provided some excellent rationales, and given specific guidelines for this personal theory building process (Lebow, 1987; Piercy & Sprenkle, 1986; Piercy & Sprenkle, 1988). The main crux of this process is for new therapists to wrestle with their own beliefs of how people change, the nature of humanness, the nature of problems or dysfunction, the theories that they personally espouse, their main interventions in therapy, and so on. This is a crucial step for new therapists to take so that they are aware of the beliefs that are guiding what they do, and are helped to become personally invested in their work as a therapist.

While we believe in the idea of a personal theory of change, we have a concern about the semantics or definition of the word "theory." The term "theory" is often used as a professional word that may not imply the power that it holds. For instance, if something is just a "theory" it is often considered just an idea, or just one way of describing something. In this sense, it is considered to be "outside" (external) knowledge and not rooted "within" the person. If this is the definition

of theory, then the actual effects of the tenets of the theory, the power of those tenets and ideas, can easily be overlooked. A theory should be defined by what it actually is, a statement of values and beliefs about change. If a therapist is asked "What is your theory of change?," one may get a different response than if the therapist is asked "What are your values and beliefs about change?"

There has been much criticism in regard to family therapy theory's lack of ability to handle politically charged issues, such as abuse against women (Bograd, 1992). Bograd (1992) has questioned "why we keep our values in the closet" (p. 294). It is our supposition that it is not that the theories are incapable of dealing with these issues, but perhaps it is the lack of personal values integration into theories that contributes to this phenomenon. A personal theory of change paper that addresses the important "why" questions can be a significant step in helping therapists take stands on other value charged issues that have profound effects on the lives of families and individuals.

We have participated in this theory building process as a part of our training, and have each noticed that it is easy for a personal theory of change paper to become a recitation primarily of what we are doing in therapy and less of an exploration of why we are doing those things. One way for therapists to personally explore their own values and the values of their chosen theoretical orientation is by specifically addressing the question "Why am I doing what I do in therapy?" In addition, we propose that for a theory of change to become personal, it is important for therapists to use language that helps them integrate their theoretical ideas into their personal belief system.

To help this to occur, we suggest that value statements be used in the writing of a personal theory of change. Value statements situate therapists' ideas in their personal value systems. They include using phases such as: "I believe . . ," "I am committed to . . . ," and "I value . . ." This type of description invites the therapist to make a personal investment in these ideas. The ideas become part of who they are and are no longer seen as ideas that are part of a theory that is separate from or "outside" them. It also frees the therapist to include his or her own beliefs and values about therapy that may not be part of a particular theory, but that certainly are a part of their belief system. This entire process accomplishes two main purposes: 1) it invites a personalization of the therapy process and 2) it promotes accountability on the part of the therapist. As these purposes are achieved, the personal theory of change activity can become much more meaningful to therapists, and the process may spur a much

more rich description of each person's whole "being" as a therapist. Rather than exploring just the nuts and bolts of interventions and theories, trainees and therapists can be provided with an opportunity to explore the whole nature of the therapeutic enterprise and each therapist's own values and beliefs in regard to it.

Developing a personal theory of change. To make the theory of change process more of a personal values exploration, we have adapted some of the theory building questions from Piercy and Sprenkle (1988) to address the important "why questions" of values exploration. Therapists can consider the following revised questions, along with the list of questions in the original, in composing their own personal theory of change paper. When answering the questions, therapists should attempt to use value statements (I believe, I am committed to, I value) to express their beliefs.

1. What models/schools of therapy have most influenced your own approach to therapy? Why?
2. How are your interventions consistent with your chosen theoretical orientation?
3. What is the nature of humanness? How does this personal belief influence the way you do therapy?
4. How does change occur in therapy and how does this relate to what you do?
5. What is the nature of problems or dysfunction within families and/or individuals? How does your answer to this question guide what you do?
6. In what ways have your personal values and/or beliefs influenced your chosen theoretical orientation?
7. In what ways has your chosen theoretical orientation influenced your own personal values and/or beliefs?
8. What stance do you personally take as a therapist? Why do you take that stance?
9. What are your specific responsibilities as a therapist? Why?
10. How do the values of your chosen theoretical orientation fit with your own personal values and/or beliefs?

As therapists engage in critically examining their own beliefs about families and change, they are more likely to choose a model of therapy that best fits their values and beliefs. The end result will be an integration of the therapists' values and those of the theory(ies)

they choose. This integration makes the work of therapy more of a personal process, one in which the therapist is invested.

Exploring the Values of Theories

The integration of personal values and beliefs on the part of therapists that we have encouraged cannot be accomplished if therapists have not been involved in a personal exploration of the possible values that are part of theories. It is easy for a person to accept ideas from theories when they are only presented in terms of theory. When a person learns about theories in this way (a way that presents the ideas as ideas and not values), the approach does not invite a critical exploration of personal beliefs. If, however, the ideas of theories are presented as values, then in order for a therapist to accept those values the values of the theory need to be consistent with the personal values of the therapist.

Another reason that it is important to explore the values of theories is because values are inherently part of cultural and historical contexts. The theorist who developed the theory was part of a particular cultural and historical context and the cultural and historical context of the theorist influenced the theory's development. The theorist does not somehow stand outside of this context. Therefore, understanding the cultural and historical contexts of the theorist may help therapists discover the values that are found in theories.

This activity involves taking a definite ontological position. We are assuming that theories do indeed hold values, or that adoption of theoretical tenets constitutes adoption of certain theoretical values. We believe that certain power structures are supported by the theory, and that these power structures have very real effects on the therapist who adopts the theoretical orientation.

The activity that follows is designed to encourage therapists to take part in a personal exploration of the values that may be a part of family therapy theories. The questions that are part of this activity are based on the principles of deconstruction as they relate to narrative therapy (White & Epston, 1990; White, 1993; 1995). This activity is in no way designed as a means to deconstruct all of the values that are inherent in theories. In fact, we do not believe that this is possible. Nor is the intent of this activity to create a reified construction of "the" true values that family therapy theories hold. We believe this would be a mistake. Our intent is for this to be a very personal process, a process in which therapists come up with their own ideas

about the values that may be part of the theories of family therapy, according to their understanding, their reading of the theory. The questions that follow are designed to provide therapists with an opportunity to ask questions about and to begin the process of becoming aware of the values that influence their own lives and the lives of their clients, and how those values may be rooted in the theories of family therapy.

Theory value exploration questions. In this activity, we have taken typical questions that would be asked in a narrative therapy interview and adapted them to address theoretical issues. The purpose behind this line of questioning is to help therapists become aware of the values of certain theories and how those values may lead them to intervene in therapy. These questions can be answered personally or in groups. We believe the process is more effective when there is opportunity for discussion. The questions from this activity have been adapted from Freedman & Combs, 1995:

1. What are the beliefs of this theory in regard to the nature of families, problems, and change?
2. What values and power structures do these beliefs support?
3. What behaviors/interventions do these beliefs about families, problems, and change lead the therapist to do?
4. What are the effects of these beliefs and behaviors on clients? and what may be some of the values those interventions impose on to families?
5. What qualities in people do these beliefs and behaviors blind you to? and what qualities in people do these beliefs and behaviors open your eyes to?
6. Do these beliefs and interventions suit your own personal beliefs as a therapist?

If used with groups, after each group has had time to discuss these questions, all the groups then share what they have learned from this process. This is a very important part of this process. While the groups may come up with similar answers, they will also come up with ideas that the others had not thought of. The groups may not agree with all the ideas presented, but what is important is that the therapists see how the theory's ideas affect others, especially those that feel differently than they do. It may be beneficial if a list of all values stated is written down. Again, however, the most important aspect of this activity is to help therapists begin to critically examine

the way that a particular theory's tenets influence their own work and how they view families.

To restate, we are taking an ontological position that theories do indeed have inherent values. Those values are the result of socially constructed ideas and creative formulations conceived by the theorist(s). Just as the process of therapy is not value-free, we feel strongly that the theoretical basis of that process is value-laden. Again, this is not "the only way" to conceptualize and understand the values of theories, there can be many realities in this regard. Some of these questions may assume things about the role of values and theories that participants and/or others will reject. This dissent or rejection of these ideas can be part of the discussion, which can be very helpful in regard to the exploration of personal values. It is hoped that critical thinking is encouraged by this activity. We also feel that a meta-discussion about the ontology of values in regard to theories and the therapeutic process can also be enlightening.

Since we are encouraging a social constructionist stance in this activity, it should be noted that social constructionist philosophy, and social constructionist theories including narrative therapy are not exempt from this line of questioning. As therapists, we feel that the least we can do for our clients is to ensure them that we are aware of the values and the implications of what it is we may be imposing on to them.

Exploring Values Inherent in the Stance Taken by the Therapist

While theories may hold certain values about families and ways of being in the world, the authors believe that these values are mainly expressed or shared with families through the stances that therapists take in the therapy room. The term that is commonly used for the position that a therapist takes in relation to the client is the word "role." We prefer the word "stance," because it is better suited to describing the position that a therapist takes. The word stance implies that a person is taking a stand or value position in regard to an issue or situation. For a therapist, that stance is an expression of the therapist's values and beliefs, the vehicle for value expression.

The reason why we believe that values exploration should include the stances that therapists take is that many different theories promote different stances. Leaving these stances unexamined would undermine the benefits of exploring the values inherent in theories. It is our assumption that the particular stance that a therapist takes in

therapy indicates a preference for certain values. These values are then shared with, or perhaps imposed on, the clients. The therapist's stance also indicates a particular way of seeing people. In our opinion the stance that is taken by a therapist is more than a way of doing therapy, it is a way of being in the therapy room. Whenever a stance is taken, certain values are favored over others. The purpose of this activity is to help therapists examine the values that these stances hold, to become aware of the messages this stance and these values may be sending to clients/families, and to examine whether these values suit the therapist's own beliefs.

Erickson, Lowe, and Buchanan (1997) have identified five different stances that family therapists commonly take in the therapy process. Table 1 contains a list of those stances and a description of each.

Stance exploration questions. The purpose of the following activity is to provide a means for therapists to explore the values inherent in the stances that they take and to examine the moral effects that those stances have in their own lives and in the lives of the people who consult them. We wish to emphasize that this activity is not designed to reveal the "true values" of stances, but rather is meant to provide therapists with the opportunity to begin a personal exploration of the possible values of these stances and encourage them to take stances that they believe in and that are consistent with their values.

These questions can be answered individually or in groups. Again, we believe that the process is more effective when there is opportunity for discussion. The group can choose one of the five stances given by Erickson and associates (1997) or, if the group disagrees with the Erickson outline, it can determine what stances therapists often take. Once a particular stance is chosen, the group can then discusses the following questions:

1. What does this stance say about the therapist?
2. What does taking this stance say about the therapist's belief about families? Are these beliefs consistent with your beliefs as a person?
3. How does this stance fit with your theoretical orientation?
4. What types of interventions does this stance lead a therapist to perform?
5. How might this stance, and the interventions that accompany it, affect families?
6. What messages do these interventions send to the client(s)?
7. What stance might the family take in relation to the stance taken by the therapist?

TABLE 1
Five Stances Therapists Commonly Take

1. Directive Expert-Educator	The therapist assumes an expert or educator role, and the agenda of therapy is set by the therapist. Knowledge comes from scientific empirical research, and from empirically informed assumptions about each specific client or family. The therapist has knowledge that s/he imparts to the clients so that they are able to take this knowledge and change. Ideas, knowledges, and skills of the clients are subordinated. This stance is heavily informed by positivism and empiricism.
2. Collaborative-Observer informed Directive Expert	The therapist assumes the directive expert role that is informed in part by the client. The therapist's agenda has the primary influence. Knowledge comes in part from empirical research and empirically informed observations of the client; and in part by the client's own input (ideas, knowledges, skills, and goals)
3. Directive informed Collaborative Observer	The therapist assumes a mostly collaborative role with clients. Knowledge is obtained from clients in consultation, and may be informed by empirical research. The therapist assumes a role of observing the clients in their world, and is able to give directives, suggestions, and provide guidance to clients through collaboration.
4. Collaborator	Clients are the experts on their lives, and therapy is informed by the clients and by the therapist in cooperation together. The therapist participates in walking with the clients through their experiences, in an exploration of their lives. The therapist does not impose a hidden agenda; any therapist agenda is discussed with the clients by per-

TABLE 1 (*Continued*)

	mission. The therapist attempts to be open and honest, and openly divulges that he/she is limited by his/her own subjective reality and blind spots. This is not a value-neutral stance, the therapist may offer his/her own values, morals, opinions, etc. but it is not done "top-down" or from an expert role, rather it is done in collaboration with the clients. This stance is heavily informed by post-modernism.
5. Eclectic stance	This is probably a very common stance toward therapy for many therapists. It allows the therapist to "apply" any of the four stances to a particular situation with a particular individual, family, or couple.

If used with groups, after the groups have had sufficient time to discuss these questions, each group can then share what they learned from this activity and how this might effect the way they work with those that consult them.

As these stances, and the values that they embody, become apparent, therapists will be better prepared to choose a stance that fits their own values and beliefs. This seems particularly significant for therapists in training. Since trainees are often required to begin working with families in their practicum settings with little or no experience, it is possible that they may begin intervening in families without exploring the values they are potentially imposing on families. We are aware that many people may think that the word imposing is too strong a word. We use it because we believe that we are always imposing or sharing certain values with clients no matter what theoretical orientation we are using. Revealing these values may help therapists to avoid imposing values on their clients in ways that may be harmful to clients, and/or that are inconsistent with the therapist's personal beliefs.

Again, we feel that it is important to discuss the ontological position that we are taking in this activity. Due to the influence of systems theory and the stance of neutrality that it often supports, the issue of values and the power that those values have can easily be

ignored. We do not believe that neutrality is possible. Neutrality invites a blindness to issues of gender, culture, and power that certainly exist in relationships. We believe that values exploration will not only help therapists be more aware of the values that they are sharing with clients, but also by bringing an awareness of values into the therapy room will enable therapists to address difficult value laden issues such as spouse abuse, sexual abuse, and addiction.

A COUPLE OF CONCERNS

One concern we have heard expressed in regard to values exploration training is the danger of creating therapist vigilantes, or, in other words, therapists who take extreme value stands on issues that could easily cause harm to many clients. But some have argued that this danger is more likely to occur if therapists are not aware of their values (Thomas, 1994; Vasco & Dryden, 1994; Vasco, et al., 1993). What we are proposing in this paper is designed to do the opposite of creating therapist value vigilantes, and that is to help therapists become aware of the values that guide their work so that they can then consciously choose to continue acting on those values or to change them.

Another concern of some—which certainly is a misunderstanding of our intention—is that only certain values and theories will be regarded as ethically responsible. This is not the case. We are calling for therapists to be accountable for the effects of their work on clients, that they be personally involved in and committed to the ideas that they are sharing with clients. By doing so, we can then offer the "truth in packaging" (Seymour, 1982; p. 43) that our clients deserve.

CONCLUSION

Since we are interpretive beings, values are foundational to our reality, and thus an inseparable part of the therapy process. Not only are values an inseparable part of our existence, but also they "function as the lens through which reality is viewed so that one can hardly know that they are there" (Thomas, 1994, p. 194). We have encouraged therapists to consider their own personal values, beliefs, and commitments, and to integrate these into their therapeutic work. This personal accountability we are encouraging will not only benefit

clients, but also will benefit each therapist individually, as we act in therapy in ways that are consistent with our beliefs, values, and commitments. It will also serve the purpose of reclaiming our own voices as they relate to the therapy process. This reclaiming can be a very liberating experience, and we believe that when the person in the therapist is recaptured, the experience of therapy can be more personally rewarding for both therapists and clients. The ideas and activities in this paper are only some of the approaches possible to accomplish the ends stated. Further exploration of these ideas, and further development of such activities can offer therapists new opportunities to redefine and expand the therapeutic endeavor.

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