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SUPERVISION AS COLLABORATIVE CONVERSATION: CONNECTING THE VOICES OF SUPERVISOR AND SUPERVISEE

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In this paper we discuss our approach to supervision informed by a postmodern philosophy: knowledge as socially constructed and language as generative. The collaborative nature of the process, the associated characteristics and conceptual tools, and the philosophical stance—the supervisor posture and attitude critical to the process. We weave in supervisees' voices to help us capture the essence of this philosophical stance and supervisory process, and to remain with its spirit.[1]

> There's a feeling of being connected . . . she's present . . . she asks questions in such a way that I start thinking about another way of looking at it or I think about other questions . . . my question becomes a nonquestion . . . and when I got back to my counseling center what I do flows naturally from this process.

Kathy, a supervisee, expressed the essence of the supervisory approach we present in this paper: supervision as collaborative conversation that is generative and relational, through which supervisees create their own answers, and in doing so experience freedom and self-competence. Our approach to supervision reflects a postmodern philosophy and places heavy emphasis on the roles of language, conversation, self, and story as relational (Anderson, 1995; Anderson & Goolishian, 1988, 1990a, 1990b, 1992; Anderson & Rambo, 1987; Anderson & Swim, in press; Goolishian & Anderson, 1987, 1992).

A postmodern dialogical model yields to a consultative action in which learning (change) takes place through discourse. Dialogical refers to a social and inter-

1. The voices are of those of supervisees in individual supervision with the authors and members of a team clinical externship program: Sallie Helms, Lee Herrick, Sister Karen Plotkin, and Vicki Stanfield. We are especially grateful to Sylvia London who interviewed our supervisees, capturing their voices as they tried to describe and understand the essence of their experiences of postmodern therapy and supervision.

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subjective exchange in which meaning is mutually and collaboratively constructed. The supervisor in the dialogical model, more mentor than expert, acts as a catalyst for learning. We use the term postmodern, which has many definitions, in an umbrella fashion to refer to knowledge as socially constructed, to knowledge and the knower as being related in context, culture, language, experience, (Lyotard, 1984; Madison, 1990) and understanding; as well as to refer to language as generative (Gergen, 1985; Shotter, 1993; Vogotsky, 1962). This suggests an enduring reflexivity, the authenticity of multiple voices, and uncertainty. These postmodern premises combine to form our philosophical stance, the system of beliefs that influences our thoughts and actions as therapists, supervisors, teachers, and consultants. For supervision these premises imply that the supervisor is an expert in an exploratory conversational process, in which she or he engages collaboratively with the supervisee in the telling, inquiring, interpreting, and shaping of the supervisee's narrative. Such a supervisory position implies that the supervisor is not the expert on the supervisee, but that the supervisee is the expert on his or her own life and on his or her own narratives, experiences, and knowledge.

THE SUPERVISION SYSTEM: MUTUAL-LEARNING CONTEXT

Like the therapy system, the supervision system is one in which people generate meaning with each other through language, meaning the spoken and the unspoken, the verbal and nonverbal. The supervisor and supervisee create narratives and stories around which they organize the supervisory task. Implicit in this system is the idea that supervisor and supervisee are learners as they share and explore each other's voice. In this process, their voices connect and intertwine, constructing something new and different. We think the supervision system, as we do all human systems, is a system in which we relate in language.

Membership and Goal. In the supervision system, as in the therapy system, communication has relevance specific to its dialogical exchange; it can be thought of as consisting of those who are in relevant conversation about a "problem." Often the membership includes more than supervisor and supervisee. The goal of the supervision system is the co-development of a context for co-evolving new meaning, and thus learning and change.

The system members—at least supervisor and supervisee(s), and often others—each exist within varying contexts, and they often have diverse personal and professional agendas. All influence the supervisor's and supervisee's expectations and objectives for supervision. Instead of assuming knowledge of what the supervisee wants the supervisor to understand, the supervisor assumes there is much to learn about each supervisee. We want the supervisee to be an active architect of personal learning goals and process. For this reason we strive to cre-

ate a supervisee-centered and -directed environment in which the supervisee can individualize questions, use and expand unique competencies, creativity, and imagination; become excited by and take responsibility for own learning, and translate this personal and professional growth outside the supervision context to clinical practice. We trust the supervisee's capacity for self-solution, agency and learning.

An Ideal Collaborative Supervisory Context. To accomplish the kind of dialogical learning associated with collaborative supervision, the inexperienced therapist (the supervisee) and the experienced therapist (the supervisor) must work together, share clinical experiences, and be in continual conversation with each other. In the ideal collaborative supervisory context, a team made up of novice, mid-experienced, and senior therapists would bring a wide range of experiences to the learning process. They would also offer a variety of clinical practices by providing experiences with various presenting problems, socioeconomic groups, and ethnic populations—experiences the learners would incorporate into their narratives and into their perceptions of themselves as therapists. This team context for supervision is not the classical team as an entity—a fixed group that works together for specific time periods using the one-way mirror. In our view, team signifies an attitude toward clinical practice and learning that values, honors, and entails openness, sharing, collaboration, and flexibility. Teams coalesce around a particular relevance or task, and their form, format and lifetime are shaped by that relevance or task.

Working within and at the same time supervising a team with diverse membership is not easy, especially when the team is pulled by complex clinical situations holding life and death issues. It is the supervisor's responsibility to create room for and encourage all voices, and to facilitate the exploration of differences. The aim is not to negotiate or dissolve differences; differences are held in high regard as something to be explored and as the seeds of newness. One supervisee talked about her experiences with differences among her team members.

> We were from such a wide variety of backgrounds, and it was not always easy to deal with our differences. But we could talk about all of this. It felt as if the supervisors (referring to the two-person supervisor team) modeled how to deal with differences. They acted like the process they talked about. We didn't feel we had to defend a position.

Another supervisee adds,

> It's the way questions are asked. The questions seem spontaneous, to come from curiosity, the here and now, and the experience. They don't seem like questions the supervisors take from their question box, like part of an agenda, like techniques or manipulative. They ask questions in a nonthreatening, nonjudgmental way. It's more like the questions prompt us to reflect on our position rather than challenge it. They enable us to see the unseen, to see in colors rather than just black and white.

> The question doesn't imply I'm wrong but allows me to provide my own conflict and ask new questions.

In our view to be a good therapist or a good supervisor requires the capacity to simultaneously participate in multiple and contradictory expressions of viewpoints so that all can be explored. It is in the capacity of all participants to tell and retell their narratives, to continually rewrite their narratives, that we find the opportunity for maximum learning and change.

Visiting Therapists and Supervisors. The visiting therapist or supervisor (i.e., a therapist or supervisor who participates as a guest in any one session or course of therapy [Anderson & Goolishian, 1991]) takes an active part in the conversation—between client and therapist, supervisor and team, or supervisor and supervisee. He or she joins as an equal participant, not as the master voice. Visitor and resident therapist or supervisor talk with each other during the session, sharing their private thoughts aloud with each other and the client or supervisee. This practice differs from conventional methods of live behind-the-mirror or in-the-room supervision that promote the ideas that the supervisor has more expertise, can be in a meta-position that allow access to more correct observations and more helpful ideas, can be more effective by privately discussing the client with the supervisee in the client's absence, and that there is a private supervisor-supervisee technical language of psychological theory and diagnosis.

Coincidental Supervision. When supervisee and supervisor work in the same settings, supervision often can be spontaneous and coincidental as illustrated by this supervisee's reflections.

> Several coincidences strung together, or supervisor and supervisee being in sync, or maybe it is some sort of spiritual process. One day I happened to answer the phone at the Institute. My supervisor was calling to check her messages. When I asked her, "How's your day?" she mentioned a frustrating encounter with a forensic psychologist whom she experienced as disrespectful and arrogant. Her experience made me realize how angry I was with a therapist at another clinic who was seeing the family of an adolescent I was seeing. His attitude toward me (*and* my intern peers and supervisor) was always critical, and he always seemed to be trying to direct my therapy. Reflecting on my supervisor's comments . . . helped me to begin to make sense of my situation with this therapist. It gave me the courage to make an appointment with him to address my frustrations in working with him. When I called my supervisor and told her that I had made the appointment and was on my way to see him, she said, "Go for it!" She also asked me what I was wearing. What a great question, I thought. I told her. "Perfect," she said, "How strong and professional you must look." How liberating, how supportive, how courageous her position appeared and still appears to me!

What this supervisee refers to as coincidental we think of as transferability or generativity. How does the conversation inside the supervision room transfer to outside the supervision context? We do not think of the conversation as causing

something to happen or causing someone to be different outside the supervision room (e.g., to have a new idea or attitude, perform a new behavior, execute an intervention or carry a homework assignment to the clinical job). What happens inside and outside the therapy room has two-way mutual influence as supervisor, supervisee, and others involved bring, take, and interact with each other and others. It is paradoxical, we believe, to think one needs to ensure the transferability and durability of the conversation by steering the supervisee in a particular direction. Transformation, the generativeness, is inherent in the conversational process. As one supervisee put it, "I find that my internal conversation does not end when I leave here. What begins here continues outside. It's like now I'm always in a learning mode with no end."

THE SUPERVISORY PROCESS: GENERATIVE CONVERSATION

The supervisory process, like the therapy process, is a dialogical endeavor. It is thus thought of as a *generative conversation* in which learning or the acquisition of knowledge is a social phenomenon. The supervisor and the supervisee create meaning and generate knowledge together. This begins as the supervisor welcomes and encourages the supervisee to present and explore personal views. The supervisor's learning stance naturally leads to, and invites the supervisee into a shared inquiry—a mutual puzzling, curiosity, and exchange concerning the "problem" and its "solution." The supervisor's primary focus is on the process of the dialogue rather than on its content. The agenda is not to teach the supervisee what the supervisor knows (predetermined content) nor how to do therapy ("cookbook" skills) nor to correct the supervisee's faults or repair defects. The shared inquiry is the critical interaction in which the familiar (i.e., the problem as defined by the supervisee) is co-explored, and learning evolves from a co-exploration of the new (i.e., the solution or dissolution of the problem as defined by the supervisee). Crucial to shared inquiry and a generative conversation is our concept of not-knowing (Goolishian & Anderson, 1987; Anderson & Goolishian, 1988, 1992), which we will explain later.

Certainty

Supervisees often begin their study of therapy with a need and quest for certainty, particularly if they equate certainty with knowledge. This is based on educational and life experiences in which observer-independent observations create objective, generalizable truths about clients, client-therapist relationships, diagnoses, goals, and treatment modalities. Most supervisees have learned to understand the first-person experiences of their clients by using general psychological and family models. Professional technical vocabularies, while rich and certain in one

sense, are impoverished and uncertain in another. Such vocabularies force us to know our clients in the language of stereotypes and pre-understandings. Consequently, they can reduce the uniqueness of any client or clinical utterance to fit sterile theoretical concepts. Further, the generality of their descriptive levels limit and interfere with our ability to stay in touch with our client's (and supervisee's) narrative experiences. We believe this is often mistaken for certainty.

The best language for moving toward understanding those with whom we work is the story teller's own language. This is our only safeguard and escape from the limited generalities about clients and supervisees that stem from our technical theories. The art of therapy, and thus the art of supervision, is the art of conversing in a multiplicity of meanings simultaneously. This is a difficult art to learn. We believe therapists and supervisors gain from sharing their work with each other as part of mutual learning and continued professional growth.

A collaborative supervisory partnership results in a shift from an emphasis on knowing with certainty to an emphasis on the ongoing and evolving dialogical process and on the development of a sense of competence and confidence. This does not mean that the therapist is mired in uncertainty and helplessness. The shift from a need for certainty and predictability through general psychological language to an acceptance and comfort with the uncertainty and randomness of unique human experience occurs slowly. It evolves as supervisees experience a collaborative and "connected with" way of constructing meaning, and thus learning, with others. As they experience and recognize their own "voice," "power," and "authority" to generate knowledge, certainty becomes a nonissue and the need for it dissolves. Supervisees often experience this shift and an acceptance of uncertainty long before they have words to make sense of it. In a paradoxical way, there is considerable certainty and freedom in not needing to know with theoretical certainty, and to accept the richness of many ways to know.

Roberto, a traditionally trained psychiatrist from Nicaragua, expressed his struggle with uncertainty and certainty.

> One day I realized that I had changed and my therapeutic possibilities had changed. I no longer felt that I had or needed to have wisdom, that I didn't need to direct the conversation. I didn't feel a need to change the client. Working with really difficult cases forced me to realize that I am not the key to change, but that the key is through the dialogue, through the process. I don't know what it is or how to explain it, but I know that, when I become worried about a troublesome case, when I leave supervision it will be all right. I will feel relieved, not that I will have an answer to my question but that the question will no longer be a question and that I am comfortable what to do will come. No, I haven't had to leave behind all of my previous learning. All of what we've learned can be catalogued in my memory and is there to use. It's all just possibilities. The difference is my intention.

Sarah, whose voice we heard earlier, talked about her personal value, "kids ought to go to school."

What I'm learning from my supervisor is the courage to go beyond custom, to be unconventional. Because going with what a person presents in a conversation carries me beyond what I have internalized as convention. My internal dialogue with myself tends to be very conventional and mindful of the *shoulds* and *oughts* which I perceive in our society. For example, Sharon (an adolescent client), decided not to go back to school this fall. I was beginning to feel that old fear and sense of responsibility again. I know I was mindful not to position myself as opposing Sharon, but my internal thoughts were that Sharon ought to go to school. My supervision helped me, once again, to get out of such controlling responsible internal dialogue with myself so that I could explore with Sharon and her family the possibilities and thoughts around her not wanting to go back to school, and to provide them a space to come up with their own solutions. Sharon's father, in fact, is looking into home schooling, per Sharon's wishes. I was able to see home schooling as a choice the family wants to make at this point in time, rather than viewing home schooling as something for the benefit of Sharon as a physically or emotionally challenged student. I realized her father did not ask me to help him find a solution; he just wanted to check out with me what I thought about the solution he came up with. Talking with my supervisor freed me to talk with the father about this rather unconventional solution and my apprehensions about it. Home schooling developed an entirely different meaning and future now.[2] Later, Sharon told me that, during a previous session, she had felt pressured by me and my not-so-hidden agenda (although I thought I was hiding it) of convincing her to return to school this fall. I said "Sharon, as I have told you, I am learning how to be a therapist. I don't know how many times I will need to apologize to you for mistakes I make along the way, but I realize I was pressuring you last week and not really hearing you, and I'm sorry." Sharon, with a big smile, said, "Well, someday when you are a famous therapist like Freud, you'll have to say that *I* was your teacher!"

THE SUPERVISOR'S POSITION: BEING *IN* A COLLABORATIVE RELATIONSHIP

Learning to be a supervisor is learning how to best participate in the generative process of expanding and creating meaning and action.

Not-Knowing.

This requires that the supervisor adopt a different kind of role or expertise. This is best accomplished, as we mentioned, by the supervisor's being expert in "not-knowing" and by talking with the client from a position of not-knowing. By not-knowing we mean a general attitude or stance that the supervisor does not have access to privileged exclusive information, can never fully understand another

2. In what is obviously a complicated case, Sharon's words are intended not to present the case or focus on any one aspect, but to share her experience of certainty and uncertainty.

person, and always needs to learn more about what has been said or not said. Most important, not-knowing requires the supervisor to maintain a constant awareness of what is brought to the supervisory context and to keep it perpetually suspended in full view to be examined and questioned.

Not-knowing has to do with what you know *and* what you don't know. It does not mean that the supervisor comes into the process as a blank screen or withholds participation. It has to do with how the supervisor considers, what is known, and how this knowledge is shared. This is not a nihilistic position. Although providing information is not the primary agenda, information is, of course, shared in any dialogical endeavor. As a supervisee commented when asked what it was like to work with a supervisor who did not know,

> It's not that they didn't have ideas or thoughts, but they never pushed their ideas on us. I never felt guilty if I didn't like their idea. I was pleasantly surprised that they let us question their opinions. What surprised me most is that sometimes they liked mine better than theirs. But most important they gave us a lot of power.

The supervisor takes a position in such a way as to be receptive to being informed by the supervisee. Such a position allows the supervisor to better maintain continuity with the supervisee's position and to grant primary importance to the supervisee's voice—their world views, meanings, feelings, emotions, and understandings. This "being-informed" position joins the supervisor with the supervisee in a shared inquiry, a co-exploration of the supervisee's understanding. For us understanding as well as meaning and experience is completely linguistic, socially constructed, and always changing. We believe that it is impossible to have complete understanding, and, we emphasize that is not our goal.

Through a curious posture, including words and actions, the supervisor conveys abundant interest and a need to know more, a desire to learn about and understand the supervisee's meaning and social construction of the supervisory agendas. Questions, comments, said-aloud thoughts, checking-out statements, and imagined ideas are ways of participating in the experience of meaning co-developed through dialogue between therapist and client, or supervisor and supervisee. Here are the words of a supervisee talking about questions.

> At first they seemed to ask trivial questions. But then I realized that they must not be trivial questions, because the more they asked the more the client seemed to talk about really important stuff. I learned I could ask any question, no matter how trivial it seemed. They opened windows, letting my curiosity direct, letting clients talk about things that come through the conversation.

Another supervisee talked about how at first she and the others didn't see any "meat."

I remember the day Lucille blurted out in our team meeting that she was horrified by this not-knowing stuff—that it was deceitful. She was thinking about asking for a refund. The rest of us cringed, not knowing what would happen. But our supervisors did exactly what they were teaching us to do. They were not defensive, patronizing, or apologetic, but appeared genuinely interested in what she had to say and in her experience. They modeled the process, that is how they act. Lucille's distress became part of our conversation. And the next thing we knew there was no problem. This was a dramatic turning point for all of us as we actually experienced the change.

Our belief that "anything can be talked about in therapy" came alive for them.

The not-knowing position facilitates a collaborative relationship and a participatory process. When learning becomes collaborative and participatory, it also becomes individualized and self-directed. Such a shift entails a supervisory position in which the supervisee's expertise, competencies, and talents are respected, valued, made room for, and encouraged. The supervisee is the expert on the "problem" (both in terms of wanting help and wanting to learn) and how the supervisor is imaged to be able to help "solve" the problem or be helpful. Premature knowing of what is important to the supervisee contradicts and interferes with the development of an environment in which learning, the acquisition of knowledge, is deemed a social phenomenon. This does not suggest that the supervisor succumbs to or dispenses passive acceptance. Acceptance is an active process that involves connection and interaction.

We return to Sarah and her client, Sharon.

One afternoon, Sharon's father called and told me that he had made an appointment with a community expert and that the family wanted to work with both therapists, me and the expert. I was flooded with feelings of shame, disloyalty and fear. How was I going to tell my supervisors? If I didn't say anything, maybe they wouldn't find out (not really an option, I knew). I was talking with anther supervisee about my dilemma when by chance my supervisor popped in the door. She just wanted to tell us that "as far as interns go we were the 'cream of the crop'." I reluctantly confessed to her my recent conversation with Sharon's father. Rather than grill me or challenge me in any way, my supervisory said something like wasn't it wonderful that we had this new opportunity to work with the family in a different way. Because of her kindness, support and optimism, and her dedication to seeing the delightful opportunities and possibilities inherent in any new situation, I was able to begin to face the challenges before me from a position of strength rather than shame.

The supervisor's responsibility is to create and facilitate a process in which the supervisee's story can be told in a way that expands the options for thinking about and dealing with the problem. In this learning context the supervisee can develop self-competence, or simply have a sense of it, that leads to self-solution or self-agency. When a supervisee says, "I don't know what to do—tell me," the

supervisor does not respond with a solution, but engages the supervisee in a dialogue about the issues important to the supervisee and through mutual inquiry about the known, appropriate answers emerge to what needs to be known. We listen curiously and diligently. While some disregard the nonsense of others, we look for the *sense* in what appears *nonsense.* The solutions or dissolutions are coauthored in this dialogue, and as one supervisee said, "my question becomes a nonquestion."

Self-Supervision: Inner Dialogue.

Self-supervision is the ability to be in dialogue with oneself and maintain a dialogical space in one's own head. The purpose of such supervisory efforts are to maintain or to restore a dialogue with oneself as a critical step toward participating in a collaborative dialogue with the supervisee. The dialogue we have with ourselves, the thoughts we have, the questions we ask, are in the nature of continually puzzling over what has just been said, continually checking out our interpretive understanding against what has been said and not yet said. This self-dialogue is a questioning of our sense and understanding against the sense and understanding of those with whom we are in conversation with. The supervisor must, from the earliest internal dialogue, be sensitive to "newness." This sensitivity to the "newness" of the story of understanding is the beginning of the position of not-knowing.

The supervisor must be aware of when he or she is involved in monologue—either silent self-monologue or out loud self-other monologue. By monologue we mean when dialogue breaks down and one idea or narrative takes over, dominates, and continues to repeat itself. As a result, thinking ruts develop, and the opportunities for new meanings close down and the supervisor becomes unproductive. Similarly, the supervisor and supervisee may find themselves engaged in parallel or dueling monologues in which their efforts are aimed at promoting and protecting their own, often dominant, ideas. Clues that might alert a supervisor to this kind of dialogical collapse include feeling frustrated by a supervisor, favoring one supervisee's opinions and actions over another's, perseverating about one idea or event, assuming too quickly that the supervisor knows the problem and solution, not liking the supervisee, or blaming a case's lack of progress on the supervisee's ineptitude or personality.

Self-supervision may occur while the supervisor is inside or outside the supervision room. The supervisor might ask: If I were to present this situation to one of my colleagues, what kinds of questions would they ask? What would they be interested in knowing? How would I prepare for supervision of supervision? How would I present my dilemma? If a supervisor feels handicapped because of disliking a supervisee, the two could try to be in conversation in which non-liking thoughts would have no place. The supervisor could try to understand how the supervisee has made sense of things and how that sense has guided the supervi-

see's talk and actions. A supervisor might write a personal note about the supervisory dilemma or summarize the case from the supervisee's imagined point-of-view. Reading fiction or a journal article might stimulate the supervisor to conduct self-dialogue. Internal dialogue helps the supervisor to give up the ideas, or narratives, dominating the conversational space in the supervisor's head or the supervision setting, and make room for other ideas and the ideas of others.

CONCLUSION

Sharon's story represents the translation of how our philosophy, specifically how learning and change occur through collaborative interaction that is continuously open to revision. Sharon described her supervisory experience in terms of feeling valued and supported in her journey of working with clients and their extended systems, a journey that produced many issues of personal and theoretical distress for her. We share some of Sarah's reflections as we talked with her about her ideas at the end of the training year.

> Sharon, sixteen years old and diagnosed as having an eating disorder, had seen multiple therapists who used various treatment approaches, including hospitalization. Her family was referred to the Institute because they had exhausted all insurance benefits. I was initially excited to have been assigned this specific case because I had also experienced an eating disorder and felt that my personal experiences, along with my theoretical and clinical knowledge, were a perfect match for this case. These inner voices of my personal experience and academic knowledge drove my conversations and clinical focus. After the first few sessions I became aware that all these "knowing voices" were not producing the expected results I initially felt comfortably certain would occur. I began to search alternative explanatory truths to direct my clinical interactions. In the process I became involved in numerous conversations with many of the people in Sharon's and my life, leading to my feeling I was in a mob of dueling voices with pragmatic ideas about the "right" direction, ideas often in direct opposition to the voices of my client, her family, and myself. As the case got more difficult, my quandary and my distressed voice dominated my life.
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> The process of supervision enabled me to not disregard my previous experiences or academic learning, but to use these ideas and experiences in a manner that enabled these multiple voices to be a harmonious chorus. I developed within myself an ability to listen both in regard to this client, her family, her physicians and the helping professionals, and my fellow students. And, most important, in learning to listen to other people I have learned to listen to myself. My supervisor's most significant role was in walking with me on this journey, not to "know" for me, but to help me find curiosity and new understanding in the diverse voices, and out of the curiosity develop with Sharon and the others involved with her, new directions for change in a climate of gentleness and caring.
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> I feel great about this case. Sharon is doing exceptionally well, has gained weight, and is out of medical danger. She and I now talk about the new direction in

her life, and share in the excitement in her rebirth and the rebuilding of her future. This is not to say that I do not often return to my old habit of knowing how things ought to be and searching for the therapeutic truth, but it happens less often.

We believe that doing therapy is eminently learnable but is not taught. Learning and learning therapy is the acquisition of knowledge and skills through experience. In the collaborative, interactive dialogic model supervisor and supervisee learn together. Both change and experience transformations in their professional and personal lives. Supervisees shared these reflections:

Each week when I would leave the externship, my world perception was always quite different than when I arrived. I felt less judgmental and more accepting of people's differences. As a result, I also felt more accepting of myself.

I now give myself permission to be flexible. I have acted in ways that surprised me, done things that I had never imagined before. I also have a lot more faith and confidence in others' abilities and in my own.

I'm leaving my anxiety behind. I'm seeing life in different ways. It's funny, but I realize I'm more ignorant than ever. . . . I don't have to have the answers, and that's okay.

We have a high regard for the role of change in driving the complexity of life. We think that we, our supervisees, and our clients are always becoming what we have not yet been, in contrast to the more general view that we are always an expression of what we used to be. Central to this idea is to hold in high esteem the view of a multiplicity of evolving ways of knowing, as opposed to the view of foundational or central knowledge. Put simply, we regard highly the position that there are many ways to know and to learn, and this attitude must be reflected in our supervision. As postmodern supervisors, therapists, theoreticians, and researchers we must remain open to challenges of our own dearly held views and biases, and open to the uncertainty of the yet-to-be known territories these challenges may lead us to in the future. We welcome your challenges.

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