Own Family History as Part of Personal and Professional Development in Family Therapy Training:

Irrelevant, optional, or compulsory?

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In this article, the status of Personal and Professional Development (PPD) in the field of systemic family therapy education will be discussed from different standpoints. The starting assumption is that personal experience and knowledge from our family lives are decisive in the formation and development of family therapists. The conclusion of the discussion is that, from a constructivist and social constructionist perspective, systemic family therapy training and practice can be viewed as a process where the therapist's own personal family history and private experiences are incorporated as a part of a whole. Working with our own family history and life as part of PPD-work should be viewed as an essential part of family therapy training. I will consider whether «the turn home again» could also be meaningful in the developmental process of becoming a family therapist.

Keywords: Personal and professional development (PPD), family therapy education, supervision and training
Introduction

THE STARTING ASSUMPTION for this article is that personal experience and knowledge from our family lives are decisive in the formation and development of family therapists. Within different countries, polarised differences can be observed. In some countries, PPD-work is a part of the compulsory national regulations (e.g. England, Ireland, USA and Wales); while in other countries it is different in different programs (e.g. Denmark, Italy, Norway and Spain). In addition, the European Association for Psychotherapy (EAP) has regulations that claim that own therapy or PPD-work is needed to recognise an educational program. In some countries own therapy is still a compulsory part of psychotherapy education (e.g. Sweden). These differences in view in the field of family therapy will be illustrated by looking at statements from Richard Fisch and Murray Bowen.

MRI brief therapist Richard Fisch says that he does not think a therapist can be more effective by examining his culture and family of origin. However, another North American, Murray Bowen illustrates the alternative position, in the following statement:

«The family therapist usually has the same problems in his own family that are present in the families he sees professionally and he has a responsibility to define himself in his own family if he is to function adequately in his professional work.» (cited in Lieberman, 1987, 205).

This article intends to discuss the status of Personal and Professional Development (PPD) in the field of systemic family therapy education within Europe and the USA. First, I will consider three different points of view regarding the necessity of working with the relationship between personal and private life and clinical practice as a part of family therapy training. I will then investigate the concept of personal knowledge and how this idea is important when working as a family therapist. The focus of the article is the aspect of family therapy training that forms the «relationship between the personal epistemology embodied in therapists’ practice...» (Faris, 2002, 92).

Own Therapy in Family Therapy Education

The relationship between the therapist and the client has been a theme ever since Freud developed the psychoanalytic model. Personal therapy, as an aspect of qualifying for psychotherapy, came to be a part of psychoanalytic training.
Psychotherapeutic educations traditionally consist of a blend of theory, clinical practice, supervision and going through personal therapy. It was this blend that, for example, became the format for the majority of family therapy education in the USA and Europe in the 1970s and up until today (The Blue Book, 2007).

This was also the case in Norway, when family therapy education started in the early seventies. In the eighties, however, some students and teachers in Family Therapy Education under the Norwegian Church Family Guidance Service started asking challenging questions regarding the rationale for attending therapy as a part of the family therapy education program. The issue was that their personal therapists often had a different theoretical approach to what was taught in the theoretical part of the family therapy program and some students claimed that their family therapy education was thereby undermined. These «personal therapy» therapists were often individual therapists in private practice that had a psychodynamic or psychoanalytic basis. Some students thought that psychodynamic or psychoanalytic therapists undermined the theoretical basis for family therapy education and that the demand for attending this kind of therapy diluted the education. This conflict of models resulted in confusion for some students and teachers; personal therapy was duly removed as a part of the Family Therapy Education under the Norwegian Church Family Guidance Service family therapy education in Norway (Jensen 2008).

Over the last few decades, educational politics have gravitated towards standardisation and formalisation, (Jensen 1999), caught up in a logocentric tradition of knowledge. This means that Norwegian education programs have been characterised by a strong belief in the superiority of «learning outcomes» which are abstract and, at times, without context. This superiority is also emphasised and connected to the solving of practical problems: «From this way of thinking the scholastic model is brought out and made to a moral standard for all education, as well as the occupation- and profession-related educations.» (Jensen 1999, 6).

In the extrapolation of this way of thinking, a division has occurred between the place where knowledge is applied and the place where knowledge is attained. The distance between university, on the one side, and working life, on the other, is growing. The kind of knowledge that we can only acquire through practical work has traditionally limited scope in academia today. At the same time, however, this process has led to a rise in the status of a lot of vocational education programmes and professions, such as nursing and social
work. Although this can be seen as a contradiction, medical doctors and psychologists, for example, receive the majority of their clinical training through clinical educational programs that take place after they have finished their academic studies.

Over the past decade, we have seen a shift in the view of knowledge and learning: many alternatives to the logocentric model have emerged. Today, we see examples of the pendulum swinging in the opposite directions in the discussion on education. Some emphasise that the working place is the main field for learning; they emphasise practice in such a way that it renders it the only field of knowledge that carries weight. Collaboration of universities and practical fields in an educational process that benefits the individual student is hugely challenging. The issue pertaining to how to best include and incorporate working with the relationship between personal and private experiences connected to therapeutic practice became one aspect of this shift in the view on knowledge.

Different Ideas about the Meaning of our own Family Experiences in Family Therapy Training

In the USA, Murray Bowen saw that it was necessary to include the therapist’s own family in the understanding of family therapy (1960). Bowen was puzzled about how little help he received from the psychoanalytic tradition in terms of dealing with problems he experienced with people that were closest to him: his own family (Kerr 1984, 5; 7). In 1967, Bowen presented his own family of origin instead of an academic paper at a conference in Philadelphia (Young et al 2003, 132). Bowen subsequently wrote the first article to be published on the necessity to work with the therapist’s family of origin, in 1968 (Lieberman 1987, 207ff).

In the years to come, reflections and research about working with the family of origin from the perspective of Bowen arose and a number of articles and books were written (Bochner 2000). Bowen also claimed that, of his trainees, those who «conducted ongoing differentiation work within their own families became better therapists» (Young et al 2003, 132). In 1972, Guerin and Fogarty published the first systematic attempt to describe both the work with one’s own family and the role of the family therapy supervisor in such work (Guerin & Fogarty 1972). In the UK, the initial attempts to work with the family of origin in training occurred in the mid 1970s, Lieberman later explored a model of this in 1980.
When I asked MRI brief therapist Richard Fisch for his perspective on the topic of working with family of origin in family therapy, he replied in writing that it is not something they concern themselves with at MRI. He says that he does not think a therapist can be more effective by examining his culture and family of origin.

Different Views on the Necessity of Working with One's Own Family Experiences in Family Therapy Training

James L. Framo argued, in 1976, that returning to home life is necessary in therapy, in «Family of Origin as a Therapeutic Resource for Adults in Marital and Family Therapy: You Can and Should go Back Home Again» (Family Process, 15, 1976).

Aponte et al. claim that: «[m]odels for the use of self normally focus almost exclusively on the emotional aspects of therapists’ lives.» Other aspects, such as influence of culture, values, and spirituality appear to be left out of several PPD-programs (Aponte et al. 2009). The three alternatives I shall explore are as follows:

1. Our own family of origin is irrelevant to clinical training.
2. Working with one’s own family is optional
3. Working with the relationship between our own background and contemporary life and clinical practice is compulsory (Jensen 2008).

1. Working with One’s Own Family of Origin is Irrelevant to Clinical Training

Family therapy, as part of the field of traditional psychotherapy, emphasises the same common ideals. From a modernistic point of view, and in positivistic psychotherapy research, the idea of neutrality and objectivity is central: both in understanding practice and as a guideline for clinical practice. In terms of competence and eligibility, the therapist is a professional with adequate training. From this perspective, influence from one’s own family can be viewed both as irrelevant and as disturbing for the therapeutic process.

Jay Haley and the strategic family therapy tradition viewed the therapist’s own family as irrelevant in terms of family therapy training, (Haley 1976). In «Teaching Family Therapy» (Draper et al. 1991), working with one’s own family is not mentioned as a topic at all. In Haley’s book, «Learning and Teaching Therapy» from 1996, he claims that, if trainees’ biases should cause problems in therapy, this should be dealt with under supervision. Personal therapy is not the
solution; he goes on to state (Hildebrand 1998, 3). As mentioned earlier, Richard Fisch at the Mental Research Institute in Palo Alto, claims that the Brief Therapy education program supports the same viewpoint. In a statement on this topic, received in personal correspondence on this issue, he stated his position as follows:

«In any of the training I do, I do not use the concept that a therapist can be more effective in examining his family of origin. That concept implies that current problems stem from earlier experiences, eg within the family. This is a very different model (concept) than what I find useful in problem resolution. That model explains problems as a result of persistence by the client in attempting to resolve his/her problem by methods that continue to fail to resolve the problem, what we call ‘the Attempted Solution’. As you can see, such an explanation would find ‘the past’ as irrelevant as well as the notion that one’s problem is a reflection of an enduring influence by others in the past. Those concepts are much more related to earlier methods of ‘family therapy’ developed by Virginia Satir and Murray Bowen, among others. They differ from the ‘Brief Therapy’ model also in retaining the idea that current problems reflect psychological or social pathology; eg ‘the dysfunctional family’. We discarded the notion of pathology altogether since we did not see that it was useful and, in fact, prolonged therapy unnecessarily....»

Bochner (2000) claims that strategic oriented family therapists «...have also not considered the therapist’s part in the interpersonal dynamic of the therapist-family system, nor have they used any constructs that might have similar meanings» (72). From these remarks, it is clear that, according to this tradition, both personal therapy and PPD-work seem to be irrelevant to family therapy training and to the understanding of family therapy practice.

2. Working with Our Own Family is Optional

Monica McGoldrick writes about the meaning of working with the relationship between personal life history and clinical casework as a part of family therapy training (McGoldrick 1992). She states that: «[t]here is much need for research to determine the value of work on the therapist’s own family in training» (ibid, 19). Here, I will highlight three topics from her article (cited above) that I find to be important and of interest in this regard. Lastly, we will look at re-mem-bering.
The first main topic concerns a trainee meeting his or her «trigger family» and explores how it is possible to work through a process in family therapy training that gives new meaning to both personal history and development in one’s own clinical practice. The «trigger family» in this case study is defined as a family where the relations between the issues in the trainee’s own family and the family in therapy «...were ... close to his [or her] own» (ibid 17). The second topic is related to the idea that this type of work is optional in the education program that she writes about. The third topic comes from a footnote where McGoldrick remarks that, in the eight years that she had carried out family therapy training, only one trainee «was able to maintain his level of clinical competence while going through a separation or divorce» (ibid 37).

McGoldrick strongly argues that trainees work with their relationship to their own family. She writes, «it is our impression that such work benefits the trainee’s clinical work, and that it is particularly helpful in aiding trainees to shift from linear to systems thinking» (ibid 19). She also asserts that, understanding one’s functioning within the trainees own family seems to make it possible to understand the operation that generates hypotheses about families on a systems level. She surmises by stating that, «...it is my strong impression that one tends to get blocked with clinical families in the same ways one does in one’s own family» (20).

McGoldrick relates the story of «Peter» (the trainee) and the «Arthur» family. Through a supervised process, «Peter» identifies common themes from his own family in working with the «Arthur» family. He finds himself stuck, although through supervision and willingness to open up and bring these themes into the therapy room through self-disclosure, he acquires new experience: both with his own family and as a family therapist. McGoldrick states that, «[s]uccessful work on their issues and clarifying the connection to the trainee’s own (family) may produce a quantum leap in clinical development» (17). Although, this point of view could indicate that «work on their issues» is necessary for therapists in family therapy training, McGoldrick goes on to argue differently.

Optional
McGoldrick argues instead that the part of the program that is connected to working with the relationship between the trainee’s own family and clinical practice should be optional: «[m]any factors influence a trainee’s willingness or
interest in pursuing work on his/her own family, and such pursuit cannot be dictated by a training programme,» (20). Everybody is encouraged to participate in this process, and about 50 % did so in the program that she reports.

**Crises and Training**

In her article, McGoldrick connects «Peter’s» story to his family of origin; it can be useful in this regard to draw a distinction between family of origin and current family issues. I think this indicates that the links between personal life and clinical training are significant. In this perspective, from McGoldrick’s own arguments, and from the stories she tells about «Peter» and the «Arthur» family, it is not obvious that this part of the program should be optional. In order to understand this position, I believe it will be fruitful to look at educational traditions, in this realm, within family therapy in Europe and USA and within the psychotherapy field.

**Re-membering**

Michael White presents an alternative view in his book, «Narratives of Therapist’s Lives» (White, 1997). He clarifies how he uses re-membering to create new narratives; re-membering is a way of connecting someone in one’s history to their life today, a means to be a «member» of one’s history once more. Barbara Mayerhoff dubs re-membering «a purposive, significant unification» (White 1997, 22). Going into a re-membering process is akin to re-creating thick descriptions of one’s history. For White, «thick» and «thin» stories are alternatives (and corollaries) to «depth» and «surface» (ibid 63), and these alternatives help circumvent the expert position.

In the intensive training courses at Dulwich Centre in Adelaide, Australia, the participating therapists have the option to be interviewed about their lives and work. These interviews are structured in four phases, with an outsider-witness group present during the session. Through interviews like this, White has shown that the therapist’s personal and private experiences from their life can be related to their professional practice as family therapists.

**3. Working on the Relationship between our Own Background and Contemporary Life and Clinical Practice is Compulsory**

There are a great number of various ways of focusing on the therapist’s own family in training and education, ranging from political (White 1997) to private and personal (Hildebrand 1998; Faris 2002; Burck and Campbell 2002). Julia
Halevy claims that her fundamental belief is «...that in order to become competent and ethical practitioners, students must understand themselves and how they see others.» (Halevy 1998, 233).

«What are your motives and what’s your agenda?»
Odell and Campbell advise teachers in family therapy programs to ask students who want to study family therapy: «What are your motives and what’s your agenda?» (Odell and Campbell 1998, 10–4). Odell and Campbell emphasise that motives are both internal and external. They claim that, in explaining why they have chosen the profession, students most often tend to emphasise external motives, such as «to address major problems in the lives of families». However, they also claim that internal motives, such as «to come to some understanding or closure with respect to growing up», play an even more important role and should be examined. The agendas students have in terms of becoming a family therapist may be connected to how they believe family life should be lived as well as to their own experiences of family life.

I wish to add that, in addition to the family of origin, family therapists are influenced by contemporary family life and private and personal values and cultural influence through time.

The Social Constructionist Perspective
The social constructionist perspective claims that social reality is constructed interactionally, and that there is no social reality outside language. Language is thought to represent the limit of how we know reality. Language comes into existence through interaction between people. For example, Gergen claims:

«Meaningful language is the product of social interdependence. It requires the coordinated actions of at least two persons, and until there is mutual agreement on the meaningful character of words, they fail to constitute language.» (Gergen 1997, 8).

From this point of view, all the therapist’s experiences and narratives form a meaningful frame for understanding her or his clinical practice. Personal and private experiences are no exception from this view of reality and should comprise a compulsory part of how we speak, supervise, theorise and understand family therapy. From a social constructionist angle, it is likely to «...consider the whole person of the therapist, with all that the therapist brings to the therapy-
tic relationship, including the therapist’s human vulnerabilities, as assets through which the clinician practices his or her craft,» (Aponte et al. 2009, 383). The trainee’s family history and present family life will be included in this understanding of clinical practice.

**Contemporary Life and Discourses**

Working with contemporary life includes working with the therapist’s personal and private life. Working with the therapist’s cultural, political values and the foundation of personal and private values affords some opportunities to enter discourses that have formed, and form, the therapist’s practices.

In some family therapy traditions (e.g. Bowen Family Systems Therapy), the link between one’s own family and clinical training and clinical work seems obvious. Family therapists who combine parts of psychoanalytic thinking with the family perspective seem to take students’ and clients’ own family experiences as an important part of both training and practice (Framo 1976, Lieberman 1987).

When students are working with culture of origin genograms and cultural difference, PPD closely links therapeutic work to one’s own family experience, by virtue of reflecting upon such links. However, the culture of origin is larger than one’s family. It refers to the major group(s) an individual belongs to, (Hardy & Laszloffy 1995) such as family, social, work, community, faith affiliations and traces the impact of migration, national identity, transitions and so on.

**Personal Knowledge**

As a part of the development in family therapy education and training, many forms of knowledge have diminished in priority or have been totally lost inside our educational system. One kind of knowledge that, in many ways has less priority now, or has never established its own domain, is personal knowledge. Michael Polanyi (1958) claims that all knowledge relies on personal judgments, and that all knowing relies on the personal commitments. All knowing is personal, according to Polanyi.

Personal knowledge is intimately linked to skills and this type of knowledge is often hidden, even to the practitioner. Polanyi uses the example of the swimmer who does not know what keeps him afloat. Polanyi emphasises this knowledge and that he is seeking «... an epistemology of personal knowledge» (Polanyi 1958, 255). Jeff Faris investigated ways of understanding the processes that link theory to personal knowledge; in this respect, he refers to Donald Schön when he argues that:
«The relationship between the personal epistemology embodied in therapists’ practice and the discourses of espoused theory about therapy seems central to this process,» (Faris 2002, p. 92).

Patricia Benner (1984) claims that experience that leads to a change of practice by an experienced clinician is seldom useful in any direct manner for others. This is, among other things, connected to the point of view that the complexities of the experience make it inaccessible or impossible to transmit to others by means of theories and explanations. Benner explains it thus:

«However, many paradigm cases are too complex to be transmitted through case examples or simulations, because it is the particular interaction with the individual learner’s prior knowledge that creates the ‘experience’ – that is, the particular refinement or turning around of preconceptions and prior understanding,» (Benner 1984; p. 9).

This aspect of clinical practice reminds us of the limitations regarding what might be learned from theory and what can only be learned by practise.

**Challenging Encounters**

In an investigation of developmental lessons for seasoned marital and family therapists, Howard Protinsky and Lynn Coward point out that:

«Little has been published regarding the development of therapists during their professional careers.... The main developmental theme that emerged was the integration of their personal and professional selves.» (Protinsky & Coward 2001, 375).

They assert that it is typical for seasoned therapists to claim that, «a good therapist must have the self-awareness and self-assessment to integrate personal life experiences into their professional work» (Protinsky and Coward 2001, 377). They also claim that, after about ten years of clinical practice, therapists appear to have integrated their personal and professional selves in such a way that benefits the therapeutic process: «synthesis of the personal and professional selves manifests itself in the boundaries between therapist and client, between educator and trainee,» (ibid p. 382). Accordingly, the best of this integrating process reaches both the clients and the therapist. To sum up the topic of self-disclosure in family therapy, I shall quote Roberts:
Therapy is a ‘dialogue between degrees of transparency ... and reflectivity.’ ... And each of the life journeys of a client and a therapist – their ‘vessel’- is illuminated in quite different ways. But the core of the therapeutic work is the human connection that comes with the reflective possibilities between lives.” (Roberts 2005, 62).

Drawing inspiration from Maurizio Andolfi in Rome, Russel Haber points out that there is a risk of personal involvement in the therapeutic relationship. Haber claims that the therapist could become undifferentiated in the system and can lose their perspective, with the result that the therapist may feel unable to intervene in a proper manner (Haber 1990, 377). Situations like this may arise when the therapist enters into family work with clients who match the therapist’s own difficult experiences or problematic life topics. It can be connected to alignment or distance with regard to sexual topics; emotional expression; dogmatism; timidity; a heightened sense of responsibility; religion; political alignments; or other troubling personal topics for the therapist (ibid, 375). He points out that, when either the therapist or the family member become overly anxious, they can start to exchange repetitive behaviors. These kinds of repetitive behaviors may prevent change. He quotes Carl Whitaker when he says: «if this therapeutic impasse persists over time, ‘an unhappy bilateral symmetrical dance’ occurs in which each of the members of the therapeutic system becomes rigidly defined in relation to one another» (ibid p. 377). This situation could lead to the therapist, the family and the identified patient becoming trapped in a pattern that excludes change.

Focusing on this area should develop the self of the therapist and afford more opportunities in clinical work that help the trainee to both engage and also separate more clearly and flexibly within the therapeutic system (ibid 383). This should probably be a more focused area in supervision, both for inexperienced and experienced therapists.

**Ways of Putting PPD Work into Practice**

Joyce Scaife and Sue Walsh indicate areas where connections between experiences from work life and private life may influence clinical practice and, in so doing, remark that:

«Supervision may provide the only context in which it is possible to stand back from relationships in order to analyze and understand the interpersonal proc-
esses taking place and to construct action plans in order to alleviate the distress arising from them,» (Scaife & Walsh, 2001, 34).

PPD is a compulsory part of family therapy education in some countries. It is far from obvious, however, that PPD work entails working with the relationship between our own family and clinical practice. Judy Hildebrand’s book, «Bridging the Gap: A Training Module in Personal and Professional Development» (1998), published in the UK, only focuses indirectly on the relation between the trainee’s clinical practice and his or her own family.

Hildebrand provides a rationale for including personal and professional development (PPD) as part of family therapy education. She describes the aims and process of the group meetings and presents twenty-seven exercises in detail that have been used in PPD-work in two different family therapy education programmes in the UK. She says that they embarked on this work to help with «...linking the past to the present, the personal to the professional» (ibid 4). Rather than focussing on this process as a critical endeavour, she emphasises it as a process of self-reflexivity (ibid p. 6). Her aim is, among other things, to include «professional dilemmas» and «personal experience» in each group meeting (ibid p. 12). They are meant to link the past and present experiences with current professionals’ dilemmas.

However, of the twenty-seven exercises, it appears that only seven focus on the therapist’s links to clinical work. Every exercise that focuses on the link to clinical work does so in a general way. This is in line with her experience, when she claims:

«Much of the time in the PPD module is spent in general discussion about issues brought up by the participants, as well as in doing exercises relevant to the feelings and subjects that they raise,» (ibid 11).

None of the exercises in Judy Hildebrand’s book «Bridging the Gap» invite the students to directly reflect on the possible links between their own personal family history and their specific clinical practice. Even when role-plays of clinical situations comprise part of the exercise, students are only invited to indulge in general reflection regarding the consequences for clinical practice (ibid 52).

In «Becoming a Therapist», Malcolm Cross and Linda Papadopoulos have developed a manual for personal and professional development. Here, they pose
some very relevant questions, such as: «What does my family have to do with my practice as a therapist?» (5); «What does culture have to do with how I work as a therapist?» (28); «What does it mean to be male or female, and, perhaps more importantly, what are the implications of these meanings?» (48); «What is the relationship between my personal morals, values and professional ethics?» (60); and, «What can I personally bring to the practice of therapy?» (68). They do not intend to find answers to these questions as such, rather to promote debate, and have developed the manual for professionals in training as psychotherapists.

Brenda Cox et al point out that, «not since Hildebrand (1998) has there been a focus on the nature and process of PPD in the training context». They claim that the shift to second order cybernetics, among other things, has contextualized the choice to: «focus upon the therapeutic relationship» (Cox, Faris & Hardy 2004).

Harry Aponte has developed a version of PPD that he calls the Person-of-the-Therapist Training Model (POTT), asserting, «[a]ll therapy is a marriage of the technical with the personal» (Aponte 2009, 395). POTT, as a model, is not tied to any one of the schools of family therapy but it is developed with the intention of becoming an integrated part of the trainee or student’s preferred family therapy model. Under supervision, equal time is used on personal development and the application to clinical practice. It is conducted in a group and, when POTT is used, they follow a fixed structure where the relations between the clinicians’ relation to the clients’ cultural values and spiritual narratives are examined and reflected upon. Aponte brings POTT work out of the therapy room when he says:

«The underlying premise about personal change in the POTT model is that the freedom therapists gain in the use of themselves as therapists naturally translates into greater freedom to live their personal lives differently» (Aponte 2009, 398).

By including «...greater freedom to live their personal lives...» into the understanding of family therapists PPD work, Aponte widens the understanding of PPD work, not only to increase the quality of clinical work but also as something that could be seen as of value to private and personal life.
Conclusion

Most students in family therapy education in Norway have a great deal of experience and come from different fields in health and social work. The emphases in training are upon the meaning of personal knowledge and personal experience as elements in educational processes. Personal experience and knowledge are extracted from both private and professional fields.

Saying this however, it is fitting to recall Bernard Shaw when he says that twenty years of experience can be one year’s experience repeated twenty times and that wisdom does not necessarily correlate with chronological age.

The views of the necessity of working with one’s own family in family therapy training move from the idea that our own background and own family is irrelevant, through the point of view that this kind of training is optional, to a position where working with our own background and family history is viewed as compulsory. Also contemporary life, along with one’s own cultural and political, as well as religious, affiliations, are highlighted as relevant areas to examine and develop in the process of becoming a professional practitioner.

From a modernistic point of view, PPD could be viewed as unnecessary and working with one’s own family of origin as irrelevant to clinical training. These ideas are closely related to the idea of the scientific practitioner and the «neutral» therapist.

From a constructivist and a social constructionist point of view I claim that, «everything affects everything else». Systemic family therapy can be viewed as a process where the therapist’s own personal history and private experiences are included as a part of a whole. From this point of view, PPD-work can be viewed as compulsory. It seems to be an important area for development as a part of family therapy education, to bridge the gap between practice and the influence on family therapy from the therapist’s private and personal family history.

Notes

1 As a part of my doctoral work at Tavistock Clinic in 2008, I examined PPD-work in family therapy education programs in Denmark, England, Ireland, Italy, Norway, Spain, Sweden, Wales and USA.
2 E-mail correspondence from spring 2004.
3 I received an email (with permission to quote from it) in the spring of 2004. I had asked him for his opinion of a research project that intended to investigate meaningful links between a family therapist’s personal and private life and their clinical practice.
4 Permission was given to use the quote.
Bibliography


Jensen, P. (2008). The Narratives Which Connect... Doctorate of Systemic Psychotherapy awarded by the University of East London in conjunction with the Tavistock Clinic.

