The Complex Politics of Family Psychotherapy: 
Implications for Training

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Locating family therapy as a profession amidst the multitude of psychotherapies is, to say the least enterprising. The diversity of approaches and nomenclatures used by family therapists in different locations renders its position ambiguous. While technical and clinical diversities are welcome, the profession, and the associations representing it, have to be careful of how these diversities are being perceived politically by the community of professions as well as public perception. Systemic family psychotherapy is being offered as an appropriate all-encompassing and embracing nomenclature and involves the teaching of a multitude of psychotherapeutic approaches, including family therapy. The term ‘Systemic’ denotes a meta positioned identity and considers the system of the various psychotherapies, linear or systemic, and the relationships between them. ‘Systemic’ also welcomes the integration of psychiatry as a unique approach to solve human psychological and social problems alongside the others. Some implications for training are discussed.

Introduction

Defining the work we do as psychotherapists is imbued with nuances which are difficult to describe and delimit. The edges that often jutapose onto other professions like counselling, psychology and psychiatry, make our boundaries blurred and diffused. Perceived as disagreements and differences, the idiosyncrasies of the various models, approaches and epistemologies competing within the psychotherapy profession itself don’t seem to help it establish itself among the other mental health professions. The striving towards making psychotherapy a secondary profession\(^1\) didn’t help define its boundary and remit either. The constant flux of psychotherapy’s edge may be its actual developmental strength and the result of its cybernetic and reflexive nature. Research on public perception of psychotherapy and psychotherapists

\(^1\) Many universities and institutes across Europe limit entry to family therapy qualifying courses to already established professionals in other areas like psychiatrists, psychologists, nurses, doctors, etc. In some countries, the specialization of psychotherapy is restricted to only medical doctors and psychiatrists.
however has consistently manifested the general public’s lack of familiarity (Richardson & Handal, 1995) with such developments. The narrative of the politics of psychotherapy is about the “power and control” (Totton, 2000) imbued in the relationships between the different denominations and nomenclatures in psychotherapy, the different professions, and the different professional and public status all these hold.

Micro Politics of Family Therapy – Personal Politics

The rudimental micro-politics of family therapy is that every practitioner works, consciously or not, from a position of what human nature is and should be like (Totton, 2000). These micro-political epistemologies construct the way practitioners work and their choice of intervention as well as categorise them into essentially political positions we call approaches or models. These positions are evidenced by the inseparable clinical narratives and personal life style narratives about the self, others and the world: people are intrinsically loving and creative; people are intrinsically aggressive and envious; people are intrinsically ambivalent. Sex is at the root of everything; God is at the root of everything; relationship is at the root of everything; we are all much the same; we are all completely different; some of us are the same, some of us are different; its all in the mind; its how you are treated as a child. Each of these slogans represents one or more schools of psychotherapy in general. They are also essentially political positions.

Developmentally, these positions evolve contextually along the life cycle and in family therapy, often depart from an unclear position to an eventually increasingly clearer one as one progresses professionally and personally. My experience can be an example. The topic of this paper, in fact, roots back to the early 90’s when I was been trained as a family therapist at the Institute of Psychiatry in London. I found myself harassed by a rough ocean of different narratives (medical, psychiatric, psychoanalytic and psychological) and wondered what I will become.

Upon graduation as an M.Sc. in Family Therapy I noted that other colleges were dispensing MA in Family therapy and wondered about the difference. Is family therapy an art or a science? Or both? Or more? I also dialogically reflected on where about, I belong professionally. Where do I stand with the qualification? How am I perceived by psychologists, psychiatrists and psychotherapists? How am I located in this undefined pool of professions?

Surrounded by this professional cacophony parsimoniously and suitably called

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2 Not to mention employers who had not psychotherapy nomenclature to put me in and tried squeezing me in under assistant psychologist.
multi-disciplinary, I simultaneously noted the strong appreciation towards the efficacy of the ‘novelty’ called family therapy. I felt proud that the specialization of my training was much sought after by the many different professionals. Yet, simultaneously I felt different. At a micro level I felt unidentified and undefined. I didn’t know what sort of family therapist I was. I studied various schools and methods, like structural and strategic, but could not decide which detailed denomination suites me best.

Eventually, as I matured personally and professionally, I started understanding that systemic complexity does not benefit from clinical purity, which in itself is politically modern. Instead efficacy and efficiency demands a vast tool box containing a wide range of tools adaptive to different client needs.

**Internal Politics – The Nuclear Family**

Family therapy originated as branch of psychiatry in different continents simultaneously during the 60s and 70s. Many of it’s founders where psychiatrists and psychoanalysts. It emerged with the distinctive characteristic of locating problems (or solutions) in relationships rather than in individuals. Working with families became a modality of resolving ‘apparently’ individual problems. It later assimilated ideas from General Systems Theory (Von Bertalanffy, 1968) and cybernetics (Wiener, 1948) and distinguished itself in the 80s by the clinical application of ecological (Bateson, 1972) and systemic notions like circularity (Selvini Palazzoli, et. al., 1980). Eventually it also adopted the social constructionist paradigm (Berger and Luckman, 1966) and morphed again into a more complex psychotherapeutic approach during the 90’s when it embraced other post-modern paradigms parting even further from it’s modern epistemologies.

The relentless and inevitable complexification of the profession gave the constantly shifting scenario of family therapy an almost new identity and position within the mental health and life sciences sectors. Such position remains volatile and marred by the different nomenclatures different professionals use to describe their professional identity as family therapists. While this diversity of nomenclatures may come across as effective in highlighting professional nuances and personal differences from other family therapists, it is definitely not helping family therapy as a profession improve its political ground among the psychotherapies and the other similar professions, as well as within science in general. Such professions like psychology, counselling, and psychotherapy, all battle to rattle political supremacy and power with the aim of accessing funds for research and training as well as for

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3 Some different denominations of family therapists I have seen include Family Therapist, Systemic Family Therapist, Family Psychotherapist, Family Psychologist, Family Psychiatrist, Family Counsellor, and more.
professional status\textsuperscript{4} and popularity.

While one can appreciate the benefits for professionals in embracing different, sometimes opposing, epistemological stances, it is maybe time to reconsider a relevant nomenclature to assign to our profession to replace the existent cacophony. This will propel the profession of family therapy towards a unified and distinguished standing within the other professions and creates coherence among the general public. The wider implications involve professional regulation and registration, employment of professionals, and indemnity insurance, and the training of family therapists.

\textbf{Contextual Politics – The Extended Family}

For long now, family therapy has enjoyed an appendix position \textit{within} the medical profession\textsuperscript{5}, a profession that is fundamentally, conceptually and epistemologically distinct. Family therapy progressively developed a narrative, which is unique and conceptually inconsistent with the medical model, and therefore psychiatry, thus creating a tension which is hard to sustain for much longer. Khun (2000) has predicted this as one of the \textit{essential} tensions that will eventually fruit in family therapy’s independence. Family therapy’s origin from within psychiatry is a witness of psychiatry’s discontent with itself and its insufficiency.

Family therapy managed to distinguish the psychosocial and relational nature of the mind from the brain. The paradigm effective in conceptualising medical problems is therefore one which is unsuitable for understanding relational dynamics. And while psychology continues its journey towards conceptual integration with the medical model, family therapy – especially the post-modern trend – struggles to free itself from the chains of psychiatry and medicine to flourish towards an independent science of relationships and the mind.

Family therapy is therefore a new essentially post-modern narrative addressing relational complexities and patterns, rather than simply linear diagnosis-treatment. The struggle of family therapy is not simply an internal struggle for it to locate itself clearly within the nuclear family of psychotherapies, or merely a struggle to establish itself within the extended family of similar professions\textsuperscript{6}, but also a struggle to establish itself distinguishably and with equal standing within the cacophony of the neighbouring community of professions like medicine.

\textsuperscript{4} It is worth noticing that in countries like Malta, were is no specific law regulating psychotherapy, the profession of psychotherapy is not even considered within the government services as an independent profession on the payroll. This means that one cannot develop further one’s profession and move up the pay scale along with further specialization. Psychotherapy regulation in Malta is a recent development and has emerged from within the Council for the Professions Complimentary to Medicine, a body embracing more than 30 other professions including dental technologists, and beauty therapists. Psychology, on the other hand, is regulated by a separate law, as is now counselling, marking political ’supremacy’ over psychotherapy which is merely considered as an appendix of the medical profession.
It is important to note that psychiatry continues its imposed tenure despite its inherent contradictions (Cosgrove, 2014). Mental illness, unlike a physical illness, remains a very abstract concept and so is the classification of mental disorders. For long feminists have been critiquing psychiatric taxonomy, in particular the DSM for its over diagnostic, lack of cultural, class, age, gender and socio-political contextual considerations of phenomenology (Ali, 2004; Andreasen, 2007; Becker, 2004; Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995) and for its questionable validity of diagnostic categories (Krik & Kutchins, 1992). This criticism failed to spill over into the public and be taken up by the media. There are many reasons for this which are not the subject matter of this paper.

Wider Contextual Politics – The Community

The politics of power and control underneath the current struggle are much wider and involve the legacy of other relationships. Cosgrove and Wheeler (2014) provide a snapshot of the existing marriage between psychiatry and the pharmaceutical industry. A relationship, which has been highly criticised by many (Caplan, 1995; Fee, 2000; Hare-Mustin & Marecek, 1992, 1997; Marecek, 1993; Prilleltensky, 1989, 1997; Tiefer, 2001; Ussher, 1991), and whose efficacy is now being put into question. Such a relationship is bound by a strong financial collaboration and results in the current mental disorder taxonomies, essentially deprived of biological markers. The implications for family therapy’s standing and positioning include domains such as jurisprudence, insurance claims, mental health research and treatment, salary scales, as well as economics and political access. Psychiatry and medicine, in general, act as psychotherapy’s strongest gatekeepers from gaining the merited independent status.

Another issue concerning psychiatry’s gatekeeping of psychotherapy is medicine’s direct relationship with politics. The political class is imbued with medical doctors whose reasoning is visibly based on the medical, cause-effect, linear paradigm. The obvious implications of this include research funding, often favouring quantitative trials over qualitative experiential research, as well as in the economy based policies, rather than family based ones, deprived of essential human features to mention just a few. Psychotherapy therefore, and family therapy in particular, positions itself as an insignificant minority (which it is not) with unequal and very limited access to power positions.
involving national and international decision making processes.

Systemic family therapy in particular has much to contribute to politics itself. Because of its inherent concern with relationships, systems, reflexivity and patterns, family therapy lends itself beautifully to all aspects of politics from international relations to local culture-based policy design and implementation.

**Implications to Training**

The trend towards postmodernism is very welcome in family therapy as it witnesses the enrichment of the field. Rather than “the rejection of the modernist assumption of objective reality” (Flaskas, 2002), Systemic Family Therapy, ably and flexibly, embraces both the modern and the post-modern assumptions (Speed, 1991). It is important for family therapists who, like their neighbours in the community, essentially deal with human pain and suffering, to acknowledge both modernist objective assumptions and post-modernist subjective reality’s contributions to the known. What’s of special interest to family therapy is the alternative position of taking into account the relationship between the two positions with particular emphasis on the relationship between the knower and the known.

As trainers therefore, we have to be constantly aware of the implications involved in the political multi-level relationships between trainer and trainee, trainer and institution, trainer and knowledge, and internal dialogical relationships like trainer and person, trainer and husband, trainer and wife, and so on. Trainers, embedded as they are in multiple relationships, have to ensure attention to the ubiquitously systemic and dialogical influence of the many positions they occupy in life. This complex, subjective and idiosyncratic narrative makes it very difficult for trainers to transmit a unified, coherent, and consistent family therapy.

For the benefit of the profession, that is for the benefit of the common good, it is important that in teaching family therapy, training institutions agree on the title and nomenclature to bestow on trainees. Trainers shall transmit clearly family therapy’s political position in a unified, coherent and consistent way in order to help create a coherent and consistent public perception and help it locate itself politically within the community of neighbouring professions.

The implications for training here involve self-reflexivity and therefore the dialogical nature of the position of the trainer vis-à-vis trainees in their formation, and eventually the position of the therapist in relation to clients. What I am proposing is therefore not the absolute rejection of modern
ideas, but that such ideas be integrated under the ‘Systemic’ umbrella along with other narratives, each sharing an equal political standing within the community of professions. In essence this proposal is about positioning the ‘systemic’ paradigm as a meta paradigm embracing a diversity of existent, complimentary and conflicting models, thus valuing them equally the same. In this way, the systemic paradigm will fulfil its eco-systemic nature which in essence holds a post-modern position.

**Conclusion**

Having been born out of the discontent of the medical profession, Systemic Family Psychotherapy journeys along its life-cycle to become a complex independent paradigm. It’s journey towards independence is marked by a developmental shift from loyalty to its family of origin to loyalty to its family of procreation. While struggling for independence its parents may obviously feel betrayed and block its development towards full maturity.

Family therapy’s maturity is based on its reaching a systemic postmodern meta-position defined by its ability to embrace different linear and circular even paradoxical, epistemologies. This positions Systemic Family Psychotherapy politically on equal standing along with neighbouring professions in the community of professions.

Professional nomenclature needs reconsidering and training institutes, as well as registering bodies, need to agree on a title that reflects the journey and development family therapy underwent from its inception. Most importantly, the profession will benefit from a coherent and consistent nomenclature which reflects such a journey and which will provide the world around it a clear political standing.

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