ORIGINAL PAPER

The Expertise Question Revisited: Horizontal and Vertical Expertise

Aarno Laitila

Abstract   This article deals with the developments taking place in the field of family therapy from the expertise perspective, and as an expert practice. This development is looked at as a dialectical movement between two types of expertise, namely vertical and horizontal expertise. This spatial metaphor is put forward as a complementary alternative to the prevailing modern/postmodern debate. A brief account of the development of the study of science and of expertise is provided. The author suggests that the richness of current family therapeutic thinking owes something to both these different modes of expertise, the division not being as exclusive as some postmodernist authors suggest.

Keywords   Family therapy · Expertise · Vertical expertise · Horizontal expertise

> Every natural-scientific concept, however high the degree of its abstraction from the empirical fact, always contains a clot, a sediment of the concrete, real and scientifically known reality, albeit in a very weak solution, i.e., to every ultimate concept, even to the most abstract, corresponds some aspect of reality which the concept represents in an abstract, isolated form.
> …even the most immediate, empirical, raw, singular natural scientific fact already contains a first abstraction. (Vygostky 1997, pp. 248–249)

Introduction

During the course of the evolution of family therapy there have been two major phases of differentiation. These have been: (1) differentiation from linear thinking and practices, culminating in the domination of developed strategic approaches and systemic therapy (Erickson 1988; Polkinghorne 2004; Real 1990; Wahlström 1997); and (2) differentiation from practices that emphasized use of power and the expert position of first order

A. Laitila (✉)
Department of Psychology, University of Jyväskylä, P.O.Box 35, 40014 Jyväskylä, Finland
e-mail: aarno.a.laitila@jyu.fi

cybernetics, this being a starting point to the ongoing development of conversational and collaborative practices (Anderson 1997; Dallos and Draper 2000; Gergen and McNamee 1992; Goolishian and Anderson 1990). This refers both to differentiation from other forms of psychotherapy and to internal differentiation, leading to a practice characterized by separate complementary and sometimes competing schools of thought and action (Dallos and Draper 2000; Goldenberg and Goldenberg 2003; Haley and Hoffman 1967). There also have been dichotomies between the aesthetics and pragmatics of family therapy (Keeney and Sprenkle 1982) as well as between interventionist therapists and restrained therapists (Minuchin et al. 1996), both of which deal with the therapist's role in therapy. Traces of these developments also characterize training practices (Liddle et al. 1988).

The discursive and narrative turn in the social sciences has shifted the focus to comparisons between modern and post-modern thinking (Anderson 1997; Dallos and Draper 2000; Gergen and McNamee 1992; Seikkula et al. 2003; Smith 1997; Wahlström 1997). The shift from modern to post-modern thinking and practice has largely dominated theoretical debates in the field of family therapy. I suggest that in each phase of differentiation, or paradigmatic turn, the emphasis has been largely on the questions regarding how family therapy and family therapists should include the client and the client's voice in the process of therapy and what is the role of the therapist's own expertise relative to therapeutic interventions and techniques.

It is against this background that I wish to consider the possibilities provided by an alternative view holding that there are different dimensions of expertise in use while doing family therapy (Aaltonen et al. 2000; Alanen et al. 1998; Eräsaari 2003; Laitila 2004; Seikkula et al. 2003). My focus here is on the co-evolution of science and the human and social sciences as well as family therapy. How might this co-evolution enrich family therapy, and especially ideas about expertise in family therapy and family therapists as experts? What kind of practices do these different kinds of expertise enable? To this end I first provide definitions for the different kinds of expertise, followed by a brief account of science studies, describing the two kinds of expertise in a more detailed way, especially from the perspective of family therapy. I then discuss the implications for both theory and the practice of family therapy and the relationship of the expertise view to the modern/post-modern debate.

Definitions for Two Dimensions of Expertise

Specifically, and counter to the dominant mode of thinking, the development of family therapy can be seen as the intertwined development of two kinds of expertise, namely (1) "vertical" (i.e., the cumulative individual storage, in the person of the therapist, of knowledge and personal skills), and (2) "horizontal" skills (i.e., interactive work drawing on the resources of all the participants in the therapy situation rather than relying exclusively on the skills of an expert therapist) (Laitila 2004).

This expertise emphasis seems to be an equally valid way of regarding the development of family therapy (and that of the individual family therapist) as is that reflected in the modern/post-modern debate. Further, it is linked to the debate regarding the impact of interventions (Goolishian and Anderson 1992; Kogan and Gale 1997) on the aesthetics and pragmatics of family therapy (Keeney and Sprenkle 1982), on the role of the trainer and trainee in training situation (Whitaker in Neill and Kniskern 1982), and on evidence-based practice vs. the importance of relational qualities (Gelso 2005). Parallel to my position is the questioning of the exclusive character of the shift to social constructionist family

therapy by Dallos and Urry (1999), Lowe's (2004, 2005) integrative work with constructive therapies in the context of family therapy, and Rober's (1999; 2002) studies of clinical decision making and constructive hypothesizing.

Three Waves of Science Studies

The progress of science and the evolution of scientific facts have been the subject of study for less than 100 years (Collins and Evans 2002; Fleck 1935). It has been noted how expertise and the study of the humanities and of science, in general, have proceeded from study of the most dazzling achievements of the day to study of the various everyday practices in which scientific knowledge is applied (Latour and Woolgar 1986). These mark the most dramatic changes in the study of science and of expertise. Collins and Evans (2002) suggest that during the first wave of science studies (in the 1950s) there was no "expertise question." The emphasis was placed on efforts to explain and reinforce the success of the sciences.

During the second wave (from the end of the 1960s), which Collins and Evans (2002) term "social constructivism," researchers sought to conceptualize science as ordinary or everyday social activity, an effort that has been visible in the sociology of scientific knowledge. This second wave also suggests that scientific knowledge is like other forms of knowledge, a view that contradicts the definitions of expertise and expert knowledge put forward by, for example, Giddens (Beck et al. 1994): Expertise as a noun refers to expert knowledge or skills, and expert as an adjective refers to someone thoroughly skilled or knowledgeable through training and experience. As a noun expert refers to a person with special skills or training in any art or science.

At the beginning of the present millennium Collins and Evans (2002) identified a third wave about to take shape. This they term the study of expertise and experience, predicting that this will develop into "knowledge science." This development is partly due to the recognition of knowledges of different kinds and with differential access to them.

The formulations of Collins and Evans (2002) encourage us to consider the co-evolution of expertise practices in general, including those in the realm of family therapy. Was there no room for client experience, but only for therapist expertise in family therapy sessions before the post-Milan era? From the perspective of family therapy it is also worth noting that Berger and Luckmann published their classic text on the social construction of reality in 1967 (Berger and Luckmann 1967). The applications of social construction theory arrived not earlier than in the middle of the 80 s. This encourages us to raise the question regarding when and how the developments predicted by Collins and Evans will take place in the field of family therapy.

Vertical Expertise

The traditional way of looking at expertise has been to see it as a developing set of personally acquired skills and competencies as well as a cumulatively growing store of knowledge. The definitions of expert and expertise emphasize a phase-specific development from novice to expert; that is a gradual development through training and experience, culminating in the acquisition of special skills and knowledge that the layperson does not possess (New English dictionary and thesaurus 1994; Beck et al. 1994).

It seems that these different definitions continue to be based on the tenets of individual cognitive psychology, which represents the acquisitional view of expertise (Hakkarainen et al. 2002) (i.e., vertical expertise). This acquisitional process is a phase-specific and long lasting one with certain stages along the way (Tynjälä et al. 1997). The listing of the stages with certain normative connotations has encouraged Engeström to call this view Cartesian (1992).

Without going into the developmental stages from novice to expert, it is still worth recognizing different dimensions both of knowledge and understanding as well as of competencies and skills. Shotter (1986), for example, has used the idea of three kinds of knowledge: knowing what, knowing how, and knowing from (within the relationship). This means that in order to act in a meaningful way we have to have knowledge of the substance, knowledge of the useful ways to act, and knowledge that emerges from the relationship. The first two kinds of knowledge can be expressed in written or codified form in textbooks and therapy manuals (Gibbons et al. 1994). The third kind has a more local and contextual character.

Indeed, all of our knowledge is not available in an articulated form. This third kind of knowledge, of deeply personal and experiential character, has been called tacit knowledge, as introduced by Polanyi (1998). Such knowledge typically is embedded in action and practice. Tacit knowledge can be reached upon reflection through spirals of knowledge creation (Nonaka and Takeuchi 1995), or through specific training formats (Laitila 2007).

The emphasis on the skills of an individual expert and on individual expertise has been the dominant mode of family therapy training. Training aims can be expressed as specific lists of core competencies and skills (AAMFT 2004; Flemons et al. 1996), in which trainees should exhibit mastery by the end of their training programs. The emphasis also can be on more basic dimensions of skills such as (1) making accurate observations in clinical situations (i.e., perceptual skills), (2) drawing theoretical conclusions about what is going on (i.e., conceptual skills), and (3) making decisions about being active or more restrained or how to intervene (i.e., executive skills (Cleghorn and Levin 1973; Laitila 2007). Some of these skills are bound to certain family therapy approaches and some are generic.

Throughout the evolution of family therapy there has been an emphasis on basic dimensions of skills that should be less tied to schools of thinking (Cleghorn and Levin 1973; Tomm and Wright 1979). These perceptual, conceptual, and executive skills also seem to appear in later research on family therapy training and conceptual developments, as well as in cognitive therapy (Bennett-Levy 2006; Nelson and Johnson 1999; Perlesz et al. 1990; Stolk and Perlesz 1990).

Horizontal Expertise

In contrast to (or in addition to?) the vertical dimension, the multidimensional view of expertise emphasizes the participatory view, or the view of situated cognition, which has an interactive emphasis (Engeström 1992), or horizontal expertise. Hakkarainen and his associates (2002) also suggest a mediating possibility, namely the knowledge creation view of expertise. Here the context, or the unit of knowledge production, is less important than the process and outcome. Thus the interactive expertise and knowledge-creation views, which challenge the individual cognitive view, have been termed "open context expertise" (Eräsaari 2003), p. 49.

Applications of postmodern family therapy with an emphasis on collaboration and the transparency of ideas and interventions can be seen as a kind of prototype of "open context expertise." This is visible in, for example, tolerance of uncertainty, the crossing of co-operation limiting or prohibiting professional and organizational boundaries, and accepting the obscure and open-ended character of problem-definition (Aaltonen et al. 2000; Seikkula and Arnkil 2006).

The societal changes that have taken place are also visible as changes in expert practices; the possibility for people to influence the decision-making processes that concern them has been seen as an essential feature of the present-day community of citizens (e.g., in EU (http://ec.europa.eu/transparency/access_documents/docs/229_en.pdf). Thus, decision-making cannot be grounded only on unidirectional expert knowledge, which, as a scientific product, often involves generalizing; but local knowledge (and negotiating and discussing it) is also significant as it draws on the experience of those who are the objects of the decisions. However, the global developments during the current decade have challenged this kind of process as national security needs make a strong counter-force to a need for openness.

To summarize, accountability, transparency, and equality do not erase the fact that qualitatively different kinds of knowledge exist. This is true both in the natural sciences as well as in the social and human sciences. It follows that this is equally the case in the contexts where these sciences are applied. These different kinds of knowledge enable different positioning for the participants in therapeutic systems.

Expertise Perspective as an Alternative

In a situation dominated by the debate on modern/post-modern practice (Smith 1997) with respect to the field of family therapy, it is then worth asking who the advocates for modern practice might be. Modern practice has been described as based on universal scientific facts and their application, the non-responsiveness of clinicians, and the use of power in clinical matters. Amundson and Stewart term this the "therapy of certainty" (in Smith 1997, p. 24). In the family therapy literature, however, few support such practice. This could mean that nobody recognizes himself or herself in such descriptions of modern expertise, or alternatively, these descriptions are mostly about pitfalls of any challenging therapy relationship. Non-responsiveness might be a failure to communicate rather than an articulated principle of a therapeutic approach. On the other hand, in the psychotherapy literature the client's role and the idea of interaction are considered to be of central importance, and the value of the client's own insights, interpretations, and moments of "unique outcome" is a part of psychotherapy folklore. For example, in psychoanalysis the role of the analyst is not described as that of a specialist with privileged knowledge but as that of a listener to the individual's stories and private explanatory constructions (Werbart 2005).

Relative to the ownership of privileged knowledge or cognitive authority concerning psychotherapies (Nowotny et al. 2001) it thus can be asked in what forms has this authority existed in the context of psychotherapy, and has it possibly changed over the years during which psychotherapies have been in existence? If the cognitive authority becomes an issue during a therapy session, the therapeutic alliance is already at risk.

In an effort to go beyond these dichotomies we can return to the alternative view of these different types of expertises described here (Aaltonen et al. 2000; Alanen et al. 1998; Laitila 2004; Seikkula et al. 2003). This means that, at least temporarily, we should give up the idea identifying vertical expertise with modern and horizontal expertise with

postmodern. This view provides the possibility of looking at the pros and cons of both kinds of expertise without the dichotomy posed in the modern/postmodern debate.

Both dimensions of expertise are dynamically intertwined and present in clinical reasoning and practices; thus the family therapy session can be seen as a crossroads for these two kinds of expertise. Seen from this perspective it is the degree of emphasis that seems to feed the debate concerning the relative merits of interventionist and restrained therapy practices (Minuchin, et al. 1996), the therapy of certainty vs. the therapy of curiosity (Smith 1997), and therapy as collaboration between people with different perspectives and experience (Anderson 1997). The very action of knowledge creation at the crossroads of vertical and horizontal expertise (e.g., therapeutic insight, achieving a reflective stance, generating and transformation of new meanings) is necessary to therapeutic change. And it may be asked if it is possible to do psychotherapy of any kind without using both kinds of expertise, that is, both reflecting and responding.

Dallos and Urry (1999) headed their article in a challenging way with the title "Abandoning our Parents and Grandparents: Does Social Construction Mean the End of Systemic Therapy?" Part of their reasoning is that the developmental history of family therapy has provided the field with many useful therapeutic tools that can be used even though the theoretical understanding has changed radically. Fischer (1985/2005) and Finn (2007) have in a somewhat similar way developed the usage of individual psychological assessment for the purposes of interactive, horizontal expertise: the tools of expert-driven and expertise-informed practices thus have been taken into the client- and person-centered practices in a way where the clinician takes advantage of both vertical and horizontal expertise. The examples of both Dallos and Urry in the field of family therapy and Fischer and Finn in the field of clinical psychology have shown that it is not only the technique of therapy or tool of assessment that determines the power relations in the clinical context. The orientation of the practitioner seems to equally important or even more important in this respect.

Expertise in Family Therapy

Theoretical shifts such as an emphasis on social construction and articulation of the feminist critique of a systems approach made visible the power issues inherent in family therapy (and maybe also in other modes of psychotherapy)(Anderson 1997; Anderson and Goolishian 1992; Goolishian and Anderson 1990, 1992; Hoffman 1985). Abandoning the old horizontal processes was emphasized, with individual know-how and skills to be set aside as these were negatively connoted with many of the meanings attached to power and the misuse of power (Dallos and Urry 1999; Laitila 2004). Thus, expertise as a concept contains certain negative connotations to do with hierarchy and the use of power, and a one-way flow of influence (i.e., cognitive authority) (Nowotny et al. 2001). This development spans the period characterized by the dominance of social constructionist theory and narrative thinking, or the era of post-Milan practices (Laitila 2004). The emphasis has shifted from therapeutic techniques and interview approaches (e.g. Penn 1982; Tomm 1988) to the process of interaction itself (e.g. Anderson 1997; Seikkula 2002). The pendulum has swung from one extreme to the other, and the present climate of opinion can be seen as critical or even hostile to therapeutic techniques and to the therapist and therapeutic team-driven practice of family therapy, and especially to the Milan concept of expertise.

The clinical practice of family therapy has evolved so that the emphasis now is often on the equality of all the participants, as knowledge is currently seen as something that can be

negotiated rather than as something imposed from above by experts (Anderson 1997; Gergen and McNamee 1992). There is also an emphasis on the transparency of therapeutic interventions, and perhaps also on the client as a well-informed individual instead of an interactive system (Vetere and Dowling 2005). The side-effect of this evolution seems to be the abandonment of the idea of the therapist as expert (i.e., vertical expertise) (Laitila 2004; Nowotny et al. 2001), or at least discomfort with it. Kogan and Gale (1997), in their micro-analysis of a narrative therapy session, did not mention the concept of "expertise," although what they provided was a very detailed analysis of the expert practices of a narrative therapist.

All of the above-mentioned issues seem to diminish the role of experts as the possessors of privileged knowledge. This shift does not involve family therapy alone, but also includes science studies, education, philosophy, and expert practices in general (Collins and Evans 2002; Eräsaari 2003; Nowotny et al. 2001). In this shift trust, for example, is placed in persons instead of in abstract systems (Giddens 1990). It is not status, position, or hierarchy that sets the limits, but trust as something developing and more negotiable than given (Piippo 2008).

This tendency toward recognizing the equal status of consultants and their clients, which has been particularly marked in the case of therapy, however, has neither cancelled the need for experts or expertise nor meant that expertise is no longer present in the psychotherapy situation. The asymmetry of the therapeutic setting, because of the different positions of therapist and client(s), is unavoidable (Kogan and Gale 1997; Laitila 2004). However, if this is not recognized and acknowledged, the result may be that expertise, which should be obvious and open, will become hidden and embedded in practices that only seem to be open.

A long-standing debate in the field of family therapy has concerned the relative merits of action taken from the interventionist expert position as compared with client-centred collaborative work (Goolishian and Anderson 1992, Minuchin et al. 1996). Sometimes this tension is implicit, as in the texts concerning post-modern work; and at other times it is explicitly articulated, as in an article by Goolishian and Anderson (1992). In Scandinavia Lundsbye (2009) is even ready to regard these (more rhetorical than practical) differences between systemic approaches (systemic structural and systemic constructionist, as he terms them) as a matter of life and death for family therapy. He sees threatening pressures coming from the development of individually oriented therapies as well as from the realm of pharmacology.

These two polarities represent different developmental lines inside the field, and they have clearly different profiles where family therapy is concerned and perhaps even different roots. According to Beels (2002), family therapy is rooted in psychiatry (and medical science), science, social work, communication studies, and mesmerism (hypnotherapy). In the "official history" (Beels 2002) of family therapy the line of inquiry of medical science has been dominant, since "the founders" of family therapy were psychiatrists trained by psychoanalysts, although alternative approaches are taken into account. These alternative approaches, according to Beels, bring in the role of early resource-oriented social work. Here Beels notices not just the roots of the focus on resources but an early form of systems thinking as well. Beels' perspective is of course not the only alternative history of family therapy. For example, Dallos and Draper also provide a description of the starting point for joint family sessions or family conferences as coincidental or resulting from a misunderstanding (2000).

And Some Complexities

The modern/postmodern debate has dismissed vertical expertise as something that belongs to "modern" practice, and the earlier debate regarding systemic thinking and linear thinking probably would have classified vertical expertise as something belonging to linear thinking. In theoretical considerations, expertise is an uncomfortable topic; its role is either nullified and dismissed altogether, or else it is described in a very general and philosophical way.

Expertise, as it is defined by some in the field of family therapy currently, consists of acting as a non-expert with no privileged knowledge (Flemons et al. 1996), or having "relational" or "conversational" expertise in order to create a space for a collaborative relationship and dialogue (Anderson 2005). Accordingly, the horizontal aspect is emphasized and the role of the client is highlighted. Both efforts represent an aim towards the horizontal definition, although Flemons and his associates (1996) end once more with the model of individual development from novice to an expert. However, there seem to be some new voices emerging in the field (Rober 2002, 2005a, b) that recognize the role of the therapist's inner talk, hypothesizing, decision making, and need for different modes of engagement (Lowe 2004, 2005).

In the context of family therapy research, the attempt to analyze horizontal or interactive expertise (Engeström 1992; Laitila 2004) is just beginning (Aaltonen et al. 2000; Seikkula et al. 2003). The role of the therapeutic team has changed since the heyday of the early Milan approach (team as the author of the therapy process), or since the beginning of the reflecting approach in family therapy articles (e.g., the term "reflecting team approach" has been replaced by "reflecting processes" (Andersen 1987, 1995)). Simultaneously, family therapy has been applied in varied social and mental health service contexts as the basis for the orientation of contextual and collaborative work (Alanen et al. 1998; Friedman 1995; Imber-Black 2005; Seikkula et al. 2003; Seikkula and Olson 2003). These applications foreground horizontal expertise as a tool of dialogue and clinical decision making, especially in the public services. In these applications the team is described as case-specific, multi-professional, and flexible as to its boundaries (Aaltonen et al. 2000; Seikkula and Arnkil 2006).

There is perhaps a need to do more constructive and conceptual work with respect to the two different kinds of knowledge that therapists bring to bear in the practice of family therapy, namely codified knowledge and tacit, personal knowledge (Gibbons et al. 1994; Polanyi 1998). Efforts to do so in the context of psychotherapy training have been reported (Aaltonen et al. 2000; Laitila 2007). There is also a need to develop and apply dialogical tools (Markova et al. 2007) for analysis of therapeutic discourse in order to understand the multi-actor process of family therapy.

Discussion

During the last three decades it seems that the course of development has been unidirectional, namely from vertical to horizontal, from therapist-centred practices to client-centred, or collaborative practices. From my perspective the movement has more of a dialectical quality, even if the emphasis has shifted from the therapist as expert to collaboration. But regardless of the emphasis on non-interventiveness and egalitarian dialogue, Watzlawick's idea that "One cannot not communicate, and the related idea that one

cannot not influence" (Ray 2007, p. 293) still seems to be valid when we think of human communication and therapeutic interaction. That is why the therapist has to be able to reflect also on her/his own position in the process.

Family therapy, as it has been understood in this article, is social activity in which therapeutic work can be seen as a continuous dialectic of joining/coupling and differentiating. If we take the both/and expertise perspective seriously, polarizing positions such as acting from the interventionist expert position vs. client-centered collaborative work, or modern vs. post-modern therapy, seem to dissolve.

The family therapist has to be open both to the outer dialogue in order to be able to join it and to an inner dialogue of her or his own in order to create space for conversation, differences, and differentiation. This makes it possible to shift between different types of expertise, and doing so with therapeutic intention, (i.e., acting as a reflective practitioner) (Schön 1983). Thus, by emphasizing integration, these shifts can be made consciously as well as be made to represent different approaches to therapy (i.e., therapist-driven and client-centred) (cf. Lowe 2004: different modes of engagement, and primary and secondary pictures). In part, the therapist's task as expert is to facilitate the use of horizontally-produced knowledge and to contribute even more dialogical tools for open context expertise. This is a process that cannot be defined in unidimensional terms.

Therapists who emphasize the horizontal dimension of expertise are working to introduce new applications in different collaborative connections and networks, in contexts that are more or less new to family therapy. This already has occurred in many areas of collaborative practice, for example, schools, and public sector services such as child protection and domestic violence. It has been made possible by crossing institutional and professional boundaries.

As an example of developed vertical expertise I note the work of Cooper and Vetere (2005). In their model of working with domestic violence, knowledge of the subject, namely violence, directs the guiding principles of the treatment model. Thus, a context is provided for therapeutic practice in which different dimensions of expertise are actively and consciously in use.

The real challenge is to keep family therapy alive as a developing form of thinking and acting, and not to merge it with the general practice of social work, or with community mental health practices. For example, in the field of child protection this can be done by keeping the emphasis on the tension-laden relationship between therapy and evaluation. Family therapy as a unique clinical practice, theory, and way of thinking can further develop only if the connection with both vertical and horizontal lines of action are not broken, and the division between the two is not exclusive.

The development of family therapy has been and remains deeply rooted in many disciplines. Despite the independence and autonomy of the profession of marital and family therapy, the continuing development of science is only possible through keeping interaction with these other disciplines alive. The dual role of family therapy and of family therapist, namely that of being an expert and acting as a non-expert has until now been fruitful for the development of the profession. And it can continue to be so, providing these different dimensions of expertise, vertical and horizontal, continue to be seen as such. Family therapy without the expertise perspective with all its complexities is more monovocal than with it.

References

Aaltonen, J., Koffert, T., Ahonen, J., & Lehtinen, V. (2000). *Need-specific treatment of schizophrenia is teamwork. A report on the treatment principles yielded by the project on the integrated treatment of acute psychosis* (in Finnish, English abstract) National Research and Development Centre for Welfare and Health (Stakes) Reports 257. Helsinki.

AAMFT. (2004). http://www.aamft.org/resources/MFT_Core_Competencies/MFT%20Core%20Compentencies%20(December%202004).doc: Marriage and family therapy core competencies©. December, 2004.

Alanen, Y. O., Lehtinen, V., Aaltonen, J., Lehtinen, K., & Räkköläinen, V. (1998). The Finnish integrated model for early treatment of schizophrenia and related psychoses. In B. Martindale, A. Bateman, M. Crowe, & F. Margison (Eds.), *Psychosis: Psychological approaches and their effectiveness* (pp. 235–265). London: Gaskell.

Andersen, T. (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process, 26*, 415–428.

Andersen, T. (1995). Reflecting processes; acts of informing and forming: You can borrow my eyes, but you must not take them away from me. In S. Friedman (Ed.), *The reflecting team in action: Collaborative practice in family therapy* (pp. 11–37). New York: Guilford Press.

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

Anderson, H. (2005). Myths about "not-knowing". *Family Process, 44*, 497–504.

Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as a social construction* (pp. 25–39). London: Sage.

Beck, U., Giddens, A., & Lash, S. (1994). *Reflexive modernisation, Politics, tradition and aesthetics in the modern social order.* Cambridge: Polity Press.

Beels, C. C. (2002). Notes for a cultural history of family therapy. *Family Process, 41*, 67–82.

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy, 34*, 1–22.

Berger, P. L., & Luckmann, T. (1967). *The social construction of reality: a treatise in sociology of knowledge.* Garden City: Doubleday.

Cleghorn, J. M., & Levin, S. (1973). Training family therapists by setting learning objectives. *American Journal of Ortopsychiatry, 43*, 439–446.

Collins, H. M., & Evans, R. (2002). The third wave of science studies: Studies of expertise and experience. *Social Studies of Science, 32*, 235–296.

Cooper, J., & Vetere, A. (2005). *Domestic violence and family safety–A systemic approach to working with violence in families.* London: Whurr Publishers.

Dallos, R., & Draper, R. (2000). *An introduction to family therapy, Systemic theory and practice.* Buckingham: Open Universities Press.

Dallos, R., & Urry, A. (1999). Abandoning our parents and grandparents: Does social construction mean the end of systemic therapy. *Journal of Family Therapy, 21*, 161–186.

Engeström, Y. (1992). *Interactive expertise: Studies in distributed working intelligence.* University of Helsinki, Department of Education. Helsinki: Yliopistopaino.

Eräsaari, R. (2003). Open-context expertise. In A. Bammé, G. Getzinger, & B. Weiss (Eds.), *Yearbook of the Institute for Advanced Studies on Science, Technology, and Society* (pp. 31–56). München: Profil Verlag GmgH.

Erickson, G. D. (1988). Against the grain: Decentering family therapy. *American Journal of Marital and Family Therapy, 14*, 225–236.

Finn, S. E. (2007). *In our client's shoes. Theory and techniques of therapeutic assessment.* Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Fischer, C. T. (1985/1994). *Individualizing psychological assessment.* Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Fleck, L. (1935). *Genesis and development of a scientific fact* (T. J. Trenn & R. K. Merton, Trans., Ed.) Chicago: The University of Chicago Press, 1979.

Flemons, D. G., Green, S. K., & Rambo, A. H. (1996). Evaluating therapists' practice in a postmodern world: A discussion and a scheme. *Family Process, 35*, 43–56.

Friedman, S. (Ed.). (1995). *The reflecting team in action. Collaborative practice in family therapy.* New York: Guilford Press.

Gelso, C. J. (2005). Introduction to special issue. *Psychotherapy: Theory, Research, Practice, Training, 42*, 419–420.

Gergen, K. J., & McNamee, S. (Eds.). (1992). *Therapy as social construction.* London: Sage.

Gibbons, M., Limoges, C., Nowotny, H., Schwartzman, S., Scott, P., & Trow, M. (1994). *The new production of knowledge.The dynamics of science and research in contemporary societies*. London: Sage.

Giddens, A. (1990). *The consequences of modernity*. Cambridge: Polity Press, 1995.

Goldenberg, I., & Goldenberg, H. (2003). *Family therapy: An overview* (6th ed.). Pacific Grove: Brooks/Cole.

Goolishian, H. A., & Anderson, H. (1990). Understanding the therapeutic process: from individuals and families to systems in language. In F. W. Kaslow (Ed.), *Voices in family psychology* (pp. 91–113). Newbury Park: Sage.

Goolishian, H. A., & Anderson, H. (1992). Strategy and intervention versus nonintervention: A matter of theory. *Journal of Marital and Family therapy, 18*, 5–15.

Hakkarainen, K., Palonen, T., & Paavola, S. (2002). Three perspectives on studying expertise (In Finnish, with English abstract). *Psykologia, 37*, 448–464.

Haley, J., & Hoffman, L. (1967). *Techniques of family therapy*. New York: Basic Books, Inc.

Hoffman, L. (1985). Beyond power and control: Toward a "Second order" family systems therapy. *Family Systems Medicine, 3*, 381–396.

Imber-Black, E. (2005). Training for a new generation. *Family Process, 44*, 245–247.

Keeney, B. P., & Sprenkle, D. H. (1982). Ecosystemic epistemology: Critical implications for the aesthetics and pragmatics of family therapy. *Family Process, 21*, 1–19.

Kogan, S. M., & Gale, J. E. (1997). Decentering therapy: Textual analysis of a narrative therapy session. *Family Process, 36*, 101–126.

Laitila, A. (2004). *Dimensions of expertise in family therapeutic process. Jyväskylä Studies in Education, Psychology and Social Research, 247*. Jyväskylä: University of Jyväskylä Printing House.

Laitila, A. (2007). Trainer's training in family therapy: The possibilities of focussed reflective dialogues. *Human Systems: The Journal of Systemic Consultation & Management, 18*, 82–95.

Latour, B., & Woolgar, S. (1986). *Laboratory life: the construction of scientific facts*. Princeton, NJ: Princeton University Press.

Liddle, H. A., Breunlin, D. C., & Schwarz, R. C. (Eds.). (1988). *Handbook of family therapy training and supervision*. New York: Guilford Press.

Lowe, R. (2004). *Family therapy–a constructive framework*. London: Sage.

Lowe, R. (2005). Structured methods and striking moments: Using question sequences in "living ways". *Family Process, 44*, 65–75.

Lundsbye, M. (2009). Skillnader mellan systemiska inriktningar–större I retoriken än i praktiken? *Fokus på familien, 37*, 126–135.

Markova, I., Linell, P., Grossen, M., & Salazar Orvig, A. (2007). *Dialogue in focus groups–Exploring socially shared knowledge*. London: Equinox.

Minuchin, S., Lee, W.-Y., & Simon, G. S. (1996). *Mastering family therapy. Journeys of growth and transformation*. John Wiley & Sons, Inc: New York.

Neill, J. R., & Kniskern, D. P. (Eds.). (1982). *From psyche to system. The evolving therapy of Carl Whitaker*. New York: Guilford Press.

Nelson, T. S., & Johnson, L. N. (1999). The basic skills evaluation device. *Journal of Marital and Family Therapy, 25*, 15–30.

New English dictionary and thesaurus (1994). New Larnark: Geddes & Grosset.

Nonaka, I., & Takeuchi, H. (1995). *The knowledge-creating company: How Japanese companies create the dynamics of innovation*. New York: Oxford University Press.

Nowotny, H., Scott, P., & Gibbons, M. (2001). *Re-thinking science. Knowledge and the public in an age of uncertainty*. Cambridge: Polity Press.

Penn, P. (1982). Circular questioning. *Family Process, 21*, 267–280.

Perlesz, A. J., Stolk, Y., & Firestone, A. F. (1990). Patterns of learning in family therapy training. *Family Process, 29*, 29–44.

Piippo, J. (2008). *Trust, autonomy and safety at integrated network- and family-oriented model for co-operation. Jyväskylä Studies in Education, Psychology and Social Research, 347*. Jyväskylä: University of Jyväskylä Printing House.

Polanyi, M. (1998). *Personal knowledge: towards a post-critical philosophy*. London: Routledge.

Polkinghorne, D. E. (2004). Narrative therapy and postmodernism. In L. E. Angus & J. McLeod (Eds.), *The handbook of narrative and psychotherapy* (pp. 53–67). Thousand Oaks: Sage.

Ray, W. A. (2007). In honor of Paul Watzlawick. *Journal of Marital and Family Therapy, 33*, 293–294.

Real, T. (1990). The therapeutic use of self in constructionist/systemic therapy. *Family Process, 29*, 255–272.

Rober, P. (1999). The therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection. *Family Process, 38*, 209–228.

Rober, P. (2002). Constructive hypothesizing, dialogic understanding and the therapist's inner conversation: Some ideas about knowing and not knowing in the family therapy session. *Journal of Marital and Family Therapy, 28*, 467–478.

Rober, P. (2005a). Family therapy as a dialogue of living persons: A perspective inspired by Bakhtin, Voloshinov and Shotter. *Journal of Marital and Family Therapy, 31*, 385–397.

Rober, P. (2005b). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process, 44*, 477–495.

Schön, D. A. (1983). *The Reflective practitioner. How professionals think in action*. New York: Basic Books.

Seikkula, J. (2002). Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy, 28*, 263–274.

Seikkula, J., & Arnkil, T. E. (2006). *Dialogical meetings in social networks*. London: Karnac.

Seikkula, J., Arnkil, T. E., & Erikson, E. (2003). Postmodern society and social networks: Open and anticipation dialogues in network meetings. *Family Process, 42*, 185–203.

Seikkula, J., & Olson, M. (2003). The open dialogue approach to acute psychosis: Its poetics and micro-politics. *Family Process, 42*, 403–418.

Shotter, J. (1986). Speaking practically: Whorf, the formative function of communication, and knowing of the third kind. In R. L. Rosnow & M. Georgoudi (Eds.), *Contextualism and understanding in behavioral science. Implications for research and theory* (pp. 211–227). New York: Prager.

Smith, C. (1997). Introduction. In C. Smith & D. Nylund (Eds.), *Narrative therapies with children and adolescents* (pp. 1–52). New York: Guilford Press.

Stolk, Y., & Perlesz, A. J. (1990). Do better trainees make worse family therapists? A followup study of client families. *Family Process, 29*, 45–58.

Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, strategic, or reflexive questions? *Family Process, 27*, 1–15.

Tomm, K. M., & Wright, L. M. (1979). Training in family therapy: Perceptual, conceptual and executive skills. *Family Process, 18*, 227–250.

Tynjälä, P., Nuutinen, A., Eteläpelto, A., Kirjonen, J., & Remes, P. (1997). The acquisition of professional expertise–a challenge for educational research. *Scandinavian Journal of Educational Research, 41*, 475–494.

Vetere, A., & Dowling, E. (2005). *Narrative therapies with children and their families–A practitioner's guide to concepts and approaches*. London: Routledge.

Vygostky, L. S. (1997). The historical meaning of the crisis in psychology: A methodological investigation. In R. W. Rieber & J. Wollock (Eds.), *The Collected works of L. S. Vygostky. Volume 3, Problems of the theory and history of psychology* (pp. 233–343). New York: Plenum Press.

Wahlström, J. (1997). Developments in family therapy–from systems to discourse. In P. J. Hawkins & J. Nestoros (Eds.), *Psychotherapy. New perspectives on theory, practice, and research* (pp. 425–455). Athens: Ellinika Grammata.

Werbart, A. (2005). The patient's private construction of meaning and canons of science: Freud's case studies *noch einmal*. *The International Journal of Psychoanalysis, 86*, 1441–1461.