

Tom Andersen

”The passion to continually be on the move to seek new understanding is a characteristic of the field of family therapy and systemic thinking over the last forty years. Many professionals have moved around, more or less freely, in and out of this field. Some have made footprints that will last a long time. One of these is Tom Andersen. . . he has moved around the world participating with other professionals in their efforts to develop their work and seek wider horizons.”

Harlene Anderson and Per Jensen

Words and space cannot do justice to the significance and depth of the influence that Tom Andersen had, and will continue to have, on the field of “family therapy”—clinically, theoretically, socially, and politically. Tom Andersen started his career at the University of Tromsø, the northernmost university in the world, in 1976 and spent his professional life there as a professor of Social Psychiatry in the Medical School. In remote Tromsø, above the polar circle with the midnight sun in the summer and near complete darkness in the winter, Tom Andersen was “right in the centre of the edge” (Anderson & Jensen, p.). A man of never-ending energy, hospitality, creativity, and pushing-the-envelope, Tom was a bridge and created bridges as well, for professionals in the northern Scandinavian areas and around the world. He both travelled far and supported others world-wide to come to Scandinavia, connecting people in Russia with those in Chile, and those in Norway with those in South Africa.

From the beginning of his career as a psychiatrist, influenced by his early days as an itinerant-like family physician, he strongly believed that psychiatric care should be given as close to the patients as possible in their ordinary local surroundings and that it was up to the specialists to help the primary care providers accomplish this.

In the late 70s he therefore launched a project together with some colleagues to try this out. In 1982 Tom organized a large seminar in Tromsø, “Psychiatry in the Local Community”. Much of the attention during the seminar was however directed away from the local communities and instead focused around the psychiatric hospital in Tromsø (a regional center) that traditionally provided care for those in the distant communities. This experience contributed to the recognition that when you meet and talk in a centre, you will easily get occupied by what is usual, what is happening in that centre. The idea emerged that future meetings concerning “local” work must be held “out there”. This was the starting-point for the three-day June Seminars which Tom arranged annually for over two decades. The Seminars were held in remote areas of Norway and were open

to all clinicians in Northern Scandinavia interested in systemic theory and practice.
(Hald, Kjellberg, Lindseth & Talberg in Anderson & Jensen, p.150)

The June Seminars became the place to go to share your work, and to be stimulated and stretched. In addition to the Scandinavians, internationals like Boscolo, Cecchin, Gergen, Goolishian, Hoffman, Penn, Shotter, Tomm, Shotter among others eagerly awaited Tom's invitations. In the words of some of Tom's colleagues who participated in the June seminars over the years,

“Although the content of the June seminars generally was useful and informative, they also cleared the ground . . . and created room for the participants to interact with the guest ‘lecturers’ and with each other and for their own reflections. . . the participants’ own experiences, thoughts, assumptions, and ideas are given priority—instead of the presenters’ ideas for what the participants might need. . . In this way the participants enter a movement in proportion to their own understanding . . . have the possibility to consider the foundation of their own understanding. (Hald, Kjellberg, Lindseth & Talberg in Anderson & Jensen, p.152-153)

“Today we might say that the June seminars have been ahead of their time. They have underlined the importance of the practitioners own experience while it still was fairly uncommon to do just that. For decades so called “evidence based knowledge” has been given primacy as the basis for action. Almost all confidence has been attributed to the kind of science that tries to establish evidence for certain assumptions in a quantitative, positivistic way. Today, however, it's ever more apparent that clinical practice cannot solely base itself on assumptions, hypothesis, explanations and theories regardless how good the evidence is. Practical work claims above all embodied knowledge that appears in action and that manifests itself as an answer to the challenge the acting subject experiences in a certain situation. In other words, practical work requires not only that the practitioner is updated in proportion to scientific knowledge, but also that she can relate to, and answer to, the different challenges she meets in everyday work. This kind of embodied knowledge must also be valued and scrutinized, just as we in the field of science demand evidence for our assumptions. The June seminars have challenged this bodily anchored basis for action and in this way contributed to the development of this kind of knowledge.” (Hald, Kjellberg, Lindseth & Talberg in Anderson & Jensen, p.153)

Tom is mostly known around the world for the “reflecting team.” The reflecting team began as a practice. In the process of trying to understand the team's and the clients' experiences, Tom and his colleagues not only contributed a highly creative practice, but a conceptual leap as well. Tom spoke with Per Jensen about the origins of the reflection team.

Are you saying now, Tom, that it's almost as though you can point to a particular day when the reflecting team as it was to be called, got its name or was born?

“It was Thursday after dinner in March 1985, I haven't made a note of the exact date. I asked Magnus Hald and Eivind Eckhoff, ‘Might you be interested in joining us [Tom and the client family] in speaking out loud?’ We hadn't talked about this before, but they said yes. So then I

went to the door of their [the family]room and knocked and asked would you be interested in listening a bit to what we've been thinking and hoped deep down that they would say no, but then they said yes.” (Jensen in Anderson & Jensen, p. 161)

To Tom's dismay, some often used the reflecting team as a technique. Over time, and influenced by Harry Goolishian, Tom began calling this shifting of talking and listening positions "reflecting process.”

Tom was equally respected for his work against oppression, whether in the slums and rural areas of Peru, in the prisons in Sweden, or the villages of South Africa.

Tom was an inclusive person, including professional participants in the design of conferences, inviting their voiced experiences, and including the consumer's voice in consumer-focused conferences.

In regards to the latter and in the words of Tom's colleague Georg Høyer,

“Inclusion was a key word in the planning process. Representatives from relevant professional associations (psychiatrists, psychologists and nurses) were invited to join the planning group along with representatives from the consumers' organizations, relatives and the health authorities (namely the directorate for health and social affairs). And all of the invited organizations responded positively, and participated in the planning group with great enthusiasm. And with different opinions about the program and on how the conference should be organized. We spent quite a lot of time discussing the “expert” concept. In the beginning there were many voices in favour of inviting top-notch professional experts in the field as keynote speakers. Others underlined the importance of focusing on the experiences of the consumers and relatives, arguing that they too are experts - probably the most important ones, when it comes to experiences related to the use of coercion.

Tom Andersen has always argued that the knowledge and expertise of patients and relatives are crucial for the understanding of mental disorders. In his work on reflecting dialogues, he always regards the persons defined as “the patients” as his co-researchers. Relatives have the same status when they are involved. It sounds simple and obvious that you should listen to the stories told by your clients, yet it is often difficult to listen on equal terms and to involve the patients as real co-researchers. Again Tom has been ahead of most other professionals when it comes to recognizing this; many years ago he sought contact with the relatives' alliance, not to advise them, but to listen and to learn.

Little by little, enthusiasm grew for letting patients, relatives and professionals tell their story.” (George Høyer in Anderson & Jensen, p. 181)

Tom Andersen celebrated his 70th birthday in 2006. And, in honor of it, colleagues from around the world share their work that was inspired by Tom Andersen. Their stories tell more about Tom than any memorial could. He leaves a legacy and a challenge that we must carry on.

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