

# Family Therapy in Norway: Past and Present

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**Abstract** This article will describe the development of family therapy in Norway. First, this article will review the main theoretical influences on Norwegian family therapy, followed by a discussion about its international influence in the field. The second section of this article will address psychiatric health care, family counselling, and how systemic thinking and systemic practice have spread to other areas in the fields of health, social work, and pedagogy. Particularly, a special emphasis will be placed on child protection work in Norway. Then, the family therapy union and Norwegian and Scandinavian congresses will be presented. This article will then describe family therapy education and research in Norway. Finally, future developments in the field will be discussed.

**Keywords** Family therapy education · Family therapy research · Family therapy journal · Systemic café · North Calotte · Norway

## Introduction

When the author's (P. J.) Mother-in-law and fiancé planned to get married in 1950, they decided to attend a "marriage course" which was arranged for couples with plans to marry. This was organized by Gordon Johnsen, a Norwegian psychiatrist, who in mid 1950 established his own psychiatric hospital outside Oslo. In this hospital he introduced family therapy as a clinical alternative to individual therapy. His work came to be a main inspiration for the development of family therapy in Norway. Although the first family counselling offices opened in the mid-1950s, and the first family unit in a psychiatric hospital opened in 1968, the family therapy movement in Norway didn't exist before the 1970s.

Even today, family therapies are mainly available only in family counselling offices and in psychiatric health care. However, in drug and alcohol abuse treatment, family therapy and the systemic perspective is more widespread (Jensen 2009). In the last 20 years,

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systemic practice has become incorporated into many professionals' ways of working. For some, family therapy is only supplementary to daily practice, but systemic thinking has inspired their work.

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### **The Influence of Family Therapy Traditions in Norway**

The psychoanalytic perspective in Norway has heavily influenced the field of psychotherapy. The University of Oslo was the first university to produce a textbook on psychoanalysis recognized by Freud himself. Therefore, family therapy theory and family therapy practice have had a psychoanalytic orientation in Norway (Schjødt and Egeland 1989). It is, however, a common view that the family therapy field in Norway has been influenced by waves of thought from abroad. Early ideas from the United States and more recently from Italy and Australia have had a main influence on the field in Norway. These ideas still hold influence in the thoughts of people who live under very different conditions than where the ideas were developed and formulated. This has been difficult to remember, as the people are subjected to a massive cultural influence from the United States in almost every area in Norwegian society. Even the language is changing, with more English words being used in everyday speech. Norway's government, however, is much different than the United States'. In Norway, it is mainly the government that directly or indirectly employs and pays therapists. Ways of working that are developed by and for the private practising therapist in an American city are not necessarily the best ways of working in the Norwegian countryside.

The main influence in the early 1970s came from Jay Haley and Strategic Family Therapy. This influence was combined with Gregory Bateson's ideas as well as Paul Watzlawick and colleagues' books, "Pragmatics of Human Communication" and "Change." The other main figure that influenced the Norwegian field in the early 1970s was Salvador Minuchin and his Structural perspective. These two perspectives had a major influence until the Milan perspective was introduced in the late 1970s, represented in Norway by Philippe Caillé. He studied and worked in Milan and came back to form a research group in Oslo. By the 1980s, The Milan perspective came to be the major perspective (Hårtveit and Jensen 2004). Then, in the early 1990s, Michael White visited Norway. He immediately gathered support for his ideas, and his version of narrative therapy has had an important influence these last 20 years. Today, many family therapists and other health and social workers are inspired by narrative ideas (Lundby 2009).

### **Norwegian Influences on the Field**

While these influences from outside the country inspired the family therapy movement and systemic thinking in Norway, Norwegians themselves have influenced and added to the

field internationally. The two most influential scholars and clinicians are Tom Andersen and Philippe Caillé.

In the early 1980s at the University of Tromsø in northern Norway, Tom Andersen and some colleagues formed a group that developed family therapy. They moved away from systems theory and found an alternative in social constructionism and language philosophy. They developed the reflecting team as a new way of working. Tom Andersen would say: “I will not say anything about anyone that cannot hear it,” and then ‘ruined’ all meetings behind closed doors. The reflecting team was a new intervention, and opened up broader conversations within the therapy room. They changed the one-way-mirror into a two-way-mirror and focused on listening over interpretation of their “real” message. Andersen developed his ideas from the model of the “reflecting team” to talk about “reflecting processes” as a framework for clinical practice.

### The Meetings at the North Calotte

The North Calotte lies North of the polar circle in Norway, Finland, Sweden, and Russia. Anderson and Jensen (2007) described the first meeting:

“The first seminar, in 1983 was in a small fishing village, Gryllefjord, out at the Arctic Ocean. Lynn Hoffman and Peggy Penn came and enchanted the participants. The next year, Luigi Boscolo and Gianfranco Cecchin came to another local community. Such the meetings have continued every year in June, at a new place every year. Many have been invited; ‘interesting people’ from the ‘big world’. Two of them were Harry Goolishian and Harlene Anderson that later returned many times” (p. 151).

This sparked an immediate affinity between Goolishian and Anderson, as they described: “We were on similar paths, sometimes paralleling and sometimes meeting. The views and interests that served as the beginning common bond have evolved and over time have inspired and linked therapists around the world who form a generative learning community,” (Anderson and Jensen 2007, p. 33).

Whereas the Tromsø-group and Tom Andersen were occupied by language and what was spoken aloud, the French/Norwegian psychiatrist Philippe Caillé, who worked in a family counselling office in Oslo, focused on what lies between words and outside spoken language. Caillé has emphasized how the digital language favours what is linear and one dimensional, and with its focus on content often can be a dead-end road in clinical practice. In addition to the focus on body language, tone of voice and other analogue signals, Caillé was occupied with the structure that the therapist introduces in the therapy room as a frame for couples- and family therapy. A good and reliable structure offers freedom and some possibilities for participation in therapy without asking questions about method (Caillé and Rey 2003).

While Tom Andersen has contributed to the elaboration of family therapists’ understanding of how people live in their language, Philippe Caillé has shown how people can participate in the experience that is outside the spoken language. Together they have participated in helping to understand the therapeutic process.

### Family Therapy in the Public Field

Services in the public field in Norway are paid for by the State and financed through taxes. There is also a private sector that offers many of the same services. However, the private sector is rather small in Norway because all people are covered by public health insurance.

## Psychiatric Health Care

In the 1960's, chief physician Gordon Johnsen at Modum Bads Nervesanatorium, a psychiatric hospital for adults, started to treat whole families during the summer holidays. This was the first attempt to use the hospital as a frame for family therapy with families living as patients in the hospital. In 1968, the Norwegian health authorities made a regulation that made it possible to admit whole families to psychiatric hospitals where all members received sick leave and were regular patients in the hospital (Hårtveit and Jensen 2004). Modum was the first hospital to create a family unit of small houses, in which families could live for a few weeks and receive family therapy. The main argument for this approach was geographical: distances in Norway are considerable and this was the only real way of offering family therapy to people from all over the country.

It was especially in child and adolescent psychiatry that these family units were built in the years to come. In order to make a unit like this work, a new kind of family therapy was necessary. Therapy was not only something that happened in the therapy room, but all facilities could be used for therapeutic purposes. Today units like this exist in many counties in Norway. Most of them receive families for observation and therapy occurs for about 4 weeks at a time. In psychiatric outpatient clinics, both in adult psychiatry but particularly in child and adolescent psychiatry, family therapy continued to develop throughout the 1980s and 1990s to become part of the portfolio of possible treatments to offer. Today, psychiatric outpatient clinics are the district psychiatric centres all over Norway.

## Alcohol and Drug Abuse Treatment

Traditionally, alcohol and drug abuse are viewed as individual problems and clients and patients are treated individually in clinics, institutions, and in outpatient treatments. However, the family perspective is part of treatments in several programs. Many institutions bring the family and families with children into the treatment program. When adolescents suffer from drug abuse, in some institutions and programs, the family will take part in the treatment. For example, Rogaland A-senter, in Stavanger on the west coast, is a specialized health care institution treating addiction and substance abuse related problems. Rogaland A-senter is a national centre of competence with specialization in substance-abuse issues in families with children. The outpatient clinic offers treatment for individuals with substance abuse problems and their families, focusing on the children in particular. It provides individual therapy, as well as couple, family, and group therapy.

## Family Counselling Offices

The family counselling offices in Norway developed from two perspectives. In 1957, Albert Assev, a Norwegian clergyman who had studied family counselling in the USA, opened the first office under the auspices of The Norwegian Church. The motivation for this commitment was an understanding of the great importance of family life for the individual and for society. At about the same time, members of the labour movement had begun to understand the need for a new approach to the treatment of different socio-medical problems—not least for women—in the context of the patient's family situation. With an initiative from the then present Minister for Public Health, Karl Evang, the first public Family Counselling Office was established some years later (Hårtveit and Jensen 2004).

In spite of their different roots and proprietors, these two types of offices have developed into a consistent service. It has mainly been couples with partnership difficulties that have used these family therapy offices. After many years of work and political influence, especially from the Secretary-General of The Norwegian Church Family Counselling Offices, Einar Øritsland, the Norwegian Parliament passed a separate law in 1998 for Family Counselling Offices. This law stated that every county be required to offer their inhabitants such a service. Today there are fifty-two Family Counselling Offices in Norway (Hårtveit and Jensen 2004).

### Family Therapy and Child Protection Work

During the last 10–15 years, systems theory and the family perspective have influenced the field of child protection. Many child protection workers have completed family therapy education. Recently, some of these professionals have developed family oriented services in their community. In some counties, they have offered courses and classes in systems thinking and family therapy.

Over the last 20 years, child protection services in Norway have implemented programs like multi systemic therapy (MST), parent management training oregon (PMTO), functional family therapy (FFT), as well as other evidence-based programs. These programs are aimed to help families take care of their children and adolescents who struggle with behavioral and social issues. Many of the professionals in these programs have had education in family therapy (Jensen 2005).

### The Norwegian Family Therapy Association

The Norwegian Family Therapy Association (Norsk Forening for Familieterapi) was established in 1983 after an initiative from Kirsti Haaland, a psychologist and pioneer in the field. The Association is open for all who are interested in family therapy and systemic thinking, and today has grown to more than 1,000 members. Every year the Association holds a conference that has been a well-attended event for the members. The Norwegian Family Therapy Association publishes the journal, *Metaforum*, which reports on conferences, publishes reports, and informs the members about what is happening in the field both in Norway and abroad. Additionally, the Norwegian Family Therapy Association also plays a role in the first family therapy Journal in Europe, *Fokus på familien* (Focus on the Family). In 1973, Modum Bad Nervesanatorium (the psychiatric hospital) and The Norwegian Church's Family Offices introduced the first journal in family therapy, called *Focus on the Family* (Fokus på Familien). Today, the journal has more than 2,500 subscribers and is run by the Scandinavian University Press, in cooperation with the two founders, The Norwegian Family Therapy Association and The Organization for the Government's Family Offices. Among the editors are representatives from the Swedish, Finish, and Danish Family Therapy Associations. The journal publishes quarterly and invites both referee and non-referee articles. Fokus på Familien celebrates its 40-year anniversary in 2012 with a 2 day celebration in Oslo.

### Conferences and Events

Today, when family therapists gather for a seminar or congress, an unique and diverse experience is had, with professionals from many fields attending: social workers,

physicians, child protection workers, nurses, psychologists, linguists, theologians, and pedagogues. Together, each informs another, stimulating the group with her or his special competence. In this sense, family therapists in Norway have spearheaded the move to rise above limited guild interests. Most of these professionals have met in a family therapy education program or at one of the many conferences arranged all over the country. For example, the Tromsø-group holds a June seminar every year that has been a major influence in the field. The seminar hosts professional speakers and participants from a wide range of the family therapy field from many countries. On the Southern Coast, in Risør, professionals from the local family counselling office have for many years arranged a conference in Mid-summer that attracts family therapists from all over the country and the rest of Scandinavia. In addition to arranging its own conference and general assembly every year, the association also participates in and supports the Scandinavian congresses, the systemic cafés, and “The Before Christmas Event.”

### *Scandinavian Congresses*

The Scandinavian countries consist of Iceland, Denmark, Finland, Sweden, and Norway. Since 1987, Nordic family therapy congresses have been arranged every third year. The first congress was arranged in Linköping in Sweden. The most recent congress was also in Sweden in 2011 and the next congress will be held in Finland in 2014.

### *The Systemic Café*

The idea to open a Systemic café originated in Sweden. The first Systemic café in Norway opened in Oslo in 2005. Today, cafés like this are arranged in several cities in Norway, usually two or three times every half-year. The Systemic café functions as both a social and professional event. A Systemic café opens in the evening and is open to everyone. Usually an ordinary café is hired and people are invited to eat and drink as usual. The evenings are usually divided into three parts. First someone from the field of family therapy is invited to be interviewed for about 1 h, then there is a pause and finally, the public are invited to comment and ask questions.

### *The “Before Christmas Event” in Oslo*

Every year since 1998, the Norwegian Family Therapy Association arranges a 2 day “before Christmas conference” in an old theatre building in downtown Oslo in mid December. This has come to be a very popular event for people from all over Norway, as it combines interesting professional work, meeting old friends, and Christmas shopping.

## **Family Therapy Education and Research**

### **Education**

Psychotherapy has traditionally been an activity in which psychiatrists and psychologists have almost had a monopoly in Norway between the end of 1930s and the beginning of the 1970s. In the last 20–30 years, however, there has been an expansion of many new schools of psychotherapy and psychotherapy education programs and have included many new

professionals as psychotherapists. However, there is no official certification for these therapists in Norway.

The first family therapy education program was organized by The Norwegian Church Family Counselling Offices in 1972. It was a two-year, part-time program that was equivalent to one-year full time in the university. Since then, many educational projects in family therapy in Norway were established (Hårtveit and Jensen 2004). Today, a 2-year part-time program and two-master's programs in family therapy and systems thinking are an option at The University College of Oslo, The University College of South Trøndelag and The University of Tromsø. Diakonhjemmet University College in Oslo started an education program in 1990 and now offer two programs: a 2-year part time program and a master's program in Family Therapy and Systemic Practice. The master's program began in 2004. It is a four-year part time program incorporating clinical evaluation and prepares students for PhD-programs.

Today we have one full time professor and one visiting professor in family therapy in Norway. However, several professors within the fields of psychology, medicine, nursing and social work in different institutions teach family therapy. Through the last 10–15 years, between 15 and 20 PhDs connected with the field of family therapy have been completed, and these works have made it possible to further develop both education programs and research in the field.

## Research

The field of family therapy has carried within it the potential to develop into a traditional empirical science. However, the influence of postmodern ideas and the criticism of modern science have excluded parts of the field from becoming an empirical science (Johnsen and Torsteinsson 2012). To understand the lack of family therapy research in Norway it is also important to bear in mind that family therapy education has only been offered at lower academic levels until the last five or 6 years. Today, different institutions are carrying out several smaller research projects.

One larger project being carried out at the previously mentioned Modum Bad is “The Multi-center Family Therapy Project: Will Online Feedback Improve Therapy?” It involves national and international collaboration on a comprehensive, cutting edge clinical and research tool in psychotherapy, supervised by William Pinsof. The pilot project began in 2009 and is planned to continue for several years (Tilden et al. 2010).

## The Future of Family Therapy in Norway

In order for the field to continue to grow and develop, several events must take place. First and foremost, Norway has to focus on helping the younger generation gain access to education and training. Ph.D. programs need to be established, which will help to develop the field and increase the research aimed at the documentation and development of family therapy and systemic practice (Johnsen and Torsteinsson 2012). Secondly, since family therapists in Norway today do not have an association working for qualification, education, and certification of family therapists such as those in the U.K. and U.S., The Norwegian Family Therapy Association will have to decide upon the process of official certification. Recently, some of the members have developed ideas to establish structures for certification, and the association will decide how to proceed with this topic next year (2013). Until the Norwegian Family Therapy Association works for the interest of its members, it

will take some time before family therapists are recognized on equal terms with other psychotherapists.

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