

Reflections on the Sydney Open Dialogue Training

by Gini Witt

I want to start by thanking the ISPS for giving me the Peer Scholarship to the Sydney four day training in February. This is the first seminar I have attended with my 'whole self' - both my peer self and my professional self. I have had an ongoing struggle with Bipolar Disorder, having been diagnosed at 20. I am a psychologist but have only ever worked intermittently due to sole parenthood and all the ups and downs.

As this is a short article I will not be presenting the basic principles of Open Dialogue. Introductory information in article, interview and documentary format is listed in the references.

However, although the following can be easily found, I want to start with the statistics that have the world taking notice: **84% of people diagnosed with 'schizophrenia' were back at work or study within two years** - and this was replicated in a second study. And equally astounding: the diagnosis of 'schizophrenia' in Western Lapland has plummeted from 33 per 100,000 (1985) to 2 per 100,000 (2005)!

Our course had two trainers, Kari Valtanen from Finland, a child and adolescent psychiatrist who works with the original team in Tornio, and Jaana Castella from Denmark who 'retired' from a position as head nurse of an inpatient psychiatric unit to train full time. Jaana and Kaari set the tone for the seminar with photographs of both Tornio and their own home environment and family – thus demonstrating the Open Dialogue way of relating both as a professional and a person.

The course was mainly experiential. The first exercise given was to listen to our partner for five minutes, not saying anything but listening to your body and any thoughts that pop into your mind. We were also told that we were listening not to understand our partner but to give them the experience of being heard. As a listener I found my face doing the speaking and indeed, I became more aware of sensations in my body and thoughts related to what I was hearing. As a speaker I enjoyed not being interrupted in any way.

One of the hallmarks of Open Dialogue is a type of reflection where the professionals talk to each other in front of the family/network about what they have heard, what struck them and what ideas and feelings have been stimulated in them...validating and wondering. We were introduced to reflective listening thus: a four member group switched roles between client, therapist and reflective team. In one case, the 'client' felt that after ten minutes he had resolved his problem, but something a member of the reflective team 'just had a thought about' caused him to cry. He told us that although he was still happy with his solution, he now understood the cause of his dilemma. After that the reflective team again offered their thoughts and he was able to go deeper still.

Many course participants worked in child and adolescent services and I heard several wondering how Open Dialogue differs from the family therapy they practice now. I think the biggest differences are in the humility of the practitioners combined with the validation of and shared decision-making by

the person of concern and their family. The attitude that **“everyone is an expert on their own experience”** (written on the board on the first day) helps with this. Kaari said that he is aware of the power imbalance due to him being a psychiatrist. He offsets this by being tentative starting reflections with “I’m wondering...” or “I’m not sure if I heard right, but...”.

For me the most memorable thing said was (something like) **“people are more open to change when they are in crisis**. If you put a psychotic person in hospital and wait two weeks before working with the family, the window of opportunity for change is likely to have closed. This comment assumes that it is the family that needs to change not just the person at the centre of concern. Moreover, the psychosis provides an opportunity for the whole family to change.

“Listen to what people say, not what they mean” was written on the board. As a counsellor I was taught to consider the underlying meaning in what a client says. With Open Dialogue you listen to the words and if you don’t know what they mean, you ask.

Open Dialogue considers that the **unintelligible utterances of a psychotic person are symbolic**. We were told that one of the reasons Open Dialogue therapists are very reluctant to give antipsychotics is that they reduce (or cease) symbolic language. One of the many advantages of having the network present is that they may recognise the events that are being symbolically portrayed.

The following quote gives one way of working with a psychotic person. It is taken

from an article that we were referred to in the course.*

“.. severe symptoms may be understood as embodying inexpressible..dilemmas. They are often rooted in.. traumatic experiences that resist ordinary language For instance, hallucinations may be signs of such otherwise inexpressible experiences. ... in meetings that take place during crises, the most difficult, and consequently the most important, issues are often indicated by a single, key word a person says... This type of one-word utterance that may sound strange, may be repeated and turned over, slightly altered by the therapist until a more mutual wording evolves. The aim is to arrive at shared understandings that give voice to the person’s experience, ... thus fostering new possibilities for everyone. This often means focusing on the small details of the person’s description of what happened, or what actually happens in the room while the person is telling their story.”

As Open Dialogue involves creating a shared understanding, it is considered that this can only be transferred by those who created it. Hence the only notes taken following a meeting are the date, who was present and what was decided. When information needs to be shared with other agencies, a representative is invited to attend a network meeting. Having read reports written about interviews with myself that were so skewed they were untrue, I find this really important.

Kaari kept coming back to the image of a tray. After the network has responded to the reflection, the therapists lay out the options for how to proceed ‘on the tray’ for discussion. I was amused by the Open Dialogue approach to the mental health

system's requirement for a diagnosis: the therapists lay out several 'appropriate' diagnoses on the proverbial tray, describing the possible repercussions of each, then the person at the centre of concern and their network choose one of them.

Speaking as a person who has been traumatised by the psychiatric system, so many aspects of Open Dialogue are like a balm to my soul. These include the validation of individual feelings and ideas, and the opportunity to participate in discussion that keeps going until a solution arises organically. This course has inspired me to work towards establishing Open Dialogue training in the NSW Northern Rivers.

References

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