

What lies behind it's success?

- *“For the word (and, consequently, for a human being) there is nothing more terrible than a lack of response”*

• Bakhtin (1975)

Psychotic behavior is response

- A strategy to manage difficult experiences
- Hallucinations are metaphors for real events
- Experiences that do not yet have words

Hypothesis

Longstanding psychotic behaviour is perhaps more an outcome of poor treatment, in two respects:

- treatment starts all too late
- non adequate understanding of the problem leads to a wrong response

Grandma's story



95%

trained as Family Therapists

Is it family therapy or what?

3.15

What is Dialogue?

- “To live means to participate in dialogue: to ask questions, to heed, to respond, to agree and so forth. In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, with his whole body and deeds”
(Bakhtin, 1984)

DIALOGISM

“The crisis becomes an opportunity to generate new stories, in which the experiences emerging in the form of symptoms are clothed in words”

- Everyone has a voice, including the psychotic experiences
- New words and joint language for the experiences.
- Impact of premature decisions/ medication on dialogue at the point of crisis

What is Dialogical Practice?

In therapeutic terms

- Active listening to the word rather than the meaning
- Asking questions that clarify the telling
- Creating possibilities for the unspoken to find words

What it is not

- Listening to prepare your 'intervention'
- An opportunity to show your expertise
- Listening to make an assessment

18.6.14

Family No 1

Frequent role plays

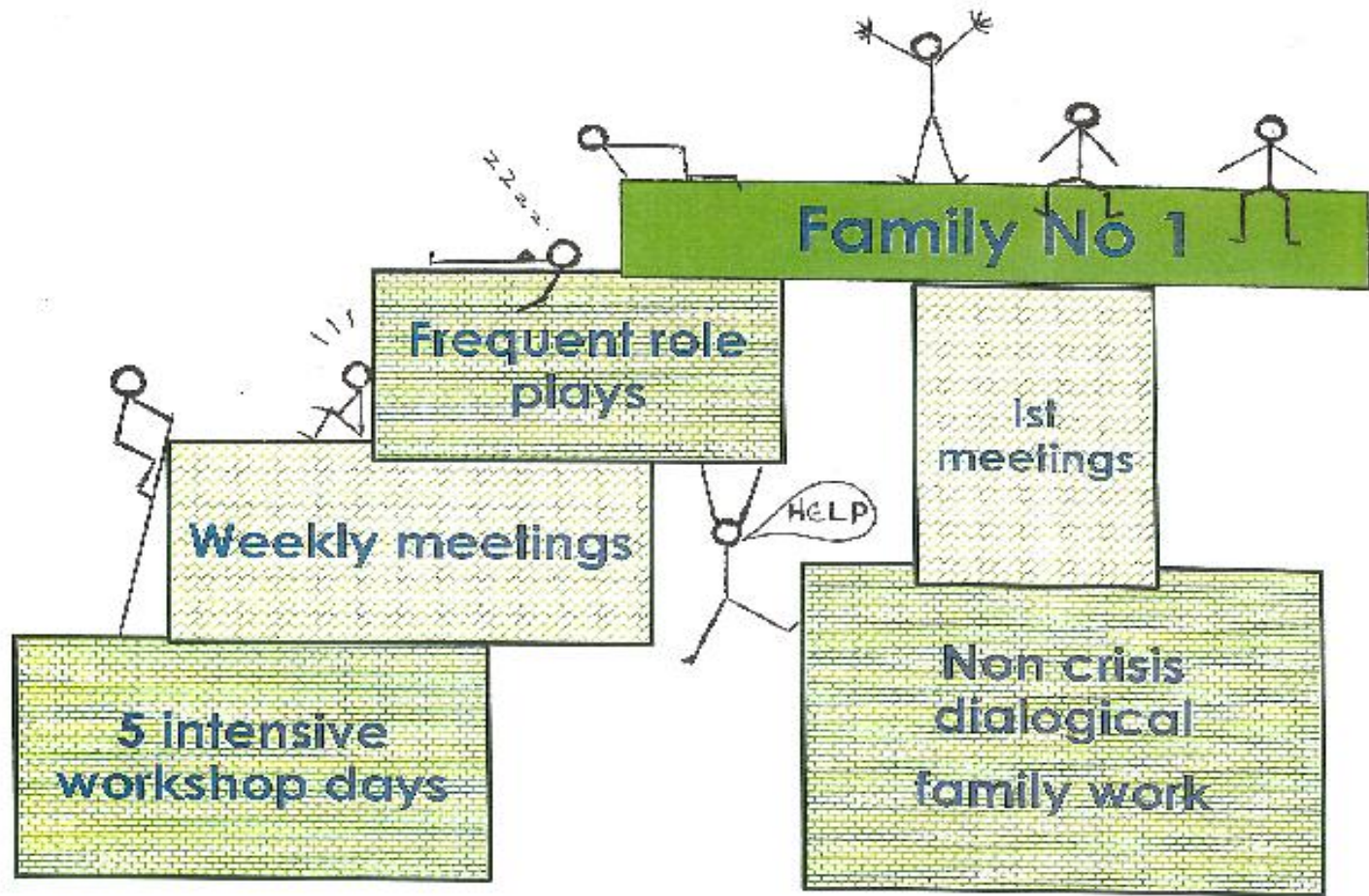
1st meetings
with families

Weekly meetings

5 intensive workshop
days

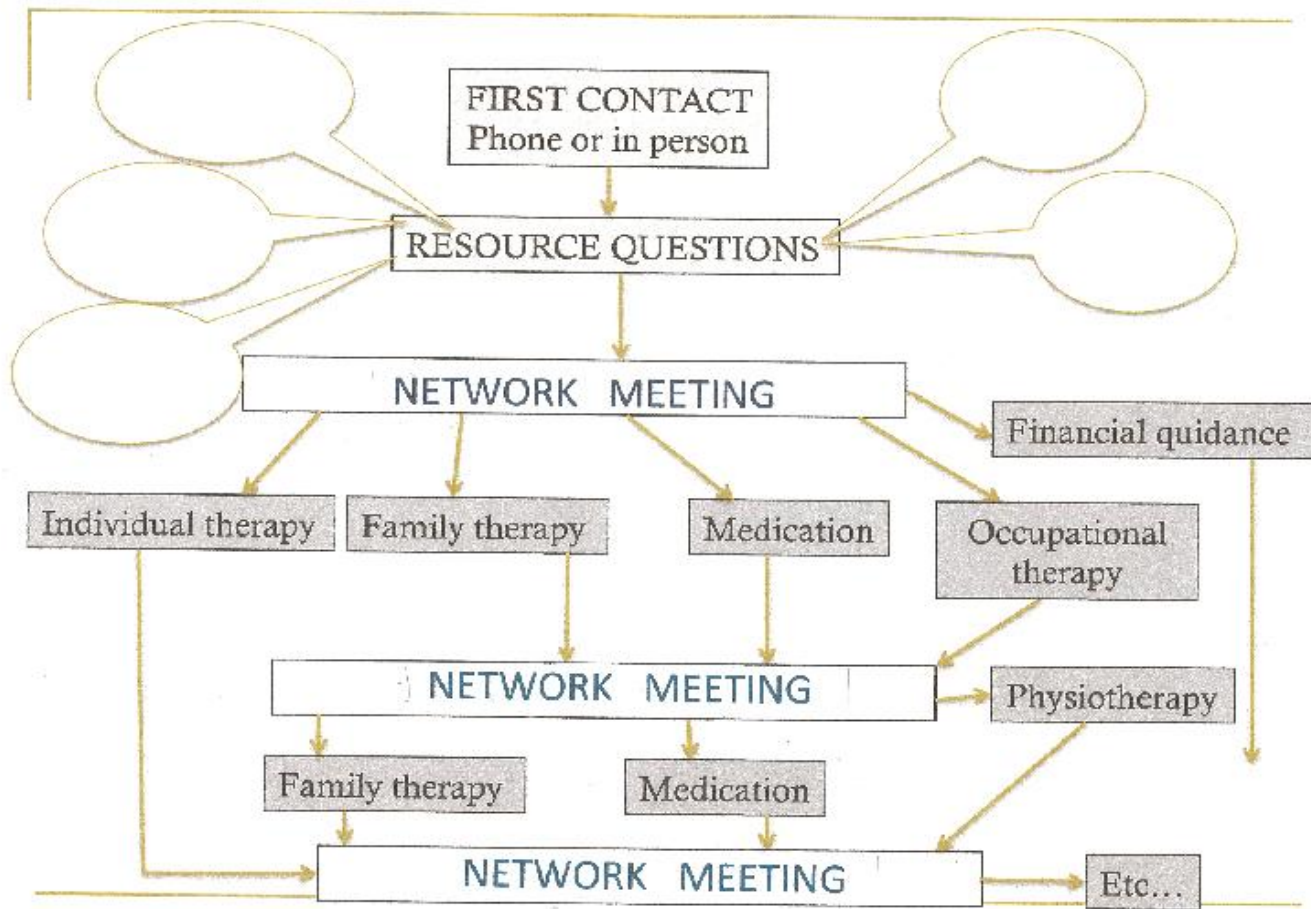
Beginning Nov 2012

Non-crisis dialogical
family work



Intro to the family

An update



The Reflection

- Bouncing ideas around. Sharing concerns
- In groups of 6 – 3 of you talk about your thoughts and ideas about what you have heard so far, your hopes and your concerns.
- The other 3 listen and acknowledge what you hear, either by a nod of the head, repeating the words that you hear, or a movement of the body. Ask questions only for clarification. Then turn to each other and reflect briefly on what you have heard. If you want to make a comment, introduce a new idea, own it as your own idea. Be tentative, I'm wondering, I'm curious

The First Conversation

(with the client or family member)

Who knows of the situation and has been concerned?

Who would be of help and is also able to participate in the first meeting

Who would be the best person to invite them – yourself or us?

Are there concerns about safety / lack of sleep ?

Have other services been contacted already?

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REFERENCES

- **Aaltonen, J., Seikkula, J. & Lehtinen, K. (2011) The comprehensive Open-Dialogue approach in Western Lapland: 1. The incidence of non-affective psychosis and prodromal states. *Psychosis: psychological, social and integrative approaches*, 3 (3) pp 179-191.**
- **Bakhtin, M. (1993) *Toward a Philosophy of the Act*, trans. Vadim Liapunov. Austin: University of Texas Press.**
- **Whitaker R (2010) *Anatomy of an Epidemic* Broadway**

Seikkula, J., Aaltonen J., Alakare, B., Haarakangas, K., Keränen, J., Lehtinen, K. (2006a) Five-year experience of first-episode non affective psychosis in open dialogue approach: Treatment principles, follow-up outcomes, and two case analyses. *Psychotherapy Research*, 16, 214-228

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