

Open dialogue – a family perspective



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I would like this article to be a model for open dialogue and for us all to be open to what is possible. Could we create together a dialogue for extending the network of those who wish to see the principles of the approach embedded into services, working alongside all those affected by extreme states of mind or psychosis? I have known about open dialogue for a long time. I had heard through the International Society for Social and Psychological Approaches to Psychosis (ISPS) that, in Finland, there was a different way of working that had excellent results and included families from the start. So naturally, when I went to their international conference in Madrid in 2005, I chose to attend a workshop about open dialogue. For me, it wasn't so much a revelation as a "Well this is all so blindingly obvious, why isn't it already happening all over the world!" reaction. My bewilderment was more "Why did I appear to be the only one in the room that thought this was the best and most obvious way of doing things. Why were the responses so negative?" Perhaps you've already guessed that I was probably the only family member there. The only one naive enough to believe this could be adopted by or adapted to other countries and cultures.

However, I returned home with the presentations from Madrid and proceeded to spread the word wherever I could. I generally met with the same kind of scepticism that this could not possibly work in the UK. Then, I came across someone as determined as myself – Val Jackson! Although this is probably being unfair to the stalwarts at the International Society for Psychological and Social Approaches to Psychosis – UK, who have consistently promoted open dialogue at their conferences over the years – it was there I met Val and now it does feel like the tide is slowly turning. So, now we have a whole issue of *Context* devoted to it and a pilot training-programme developing here.

So why has there been so much resistance to it until now? I do believe there is a natural reticence towards working with families in mental health services. There

could be a number of reasons for this. If this article is going to be what I stated at the beginning, then perhaps people will be able to come back to me with their own reasons or theories about why this may be so. My theory is that workers in the mental health system are generally quite wary of family members, particularly mothers, and especially mothers who ask awkward questions and appear to be 'emotional' and 'difficult' and want to know why things can't be more inclusive and responsive. I also believe many family members who have been 'stuck' in the system a long time have become bitter and disillusioned and find it difficult to promote something their families have not been fortunate enough to have had access to. Therefore, many family members are less likely to want to become involved unless they are with a service that works inclusively from the start.

However, for me, an understanding of what is possible has helped me continue with my own struggles over the long dark years. It has given me hope that there are other ways of working that respect and understand families rather than appearing to judge them. Knowing that open dialogue and other ways of 'being with' extreme distress can produce more positive outcomes than 'the usual treatment', has encouraged me to continue to campaign for real changes in the mental health system. I do think it's worth talking to family members about alternative ways of working, even though it may not currently be available in their area. People using mental health services and their families can be the best advocates for change, so I hope those that are involved in local service-improvements are made aware of training programmes and teams that are adopting a dialogical approach. So, I would like to see this issue of *Context* made more widely available within mental health trusts and through links to other organisations such as Rethink, Making Space and the National Survivor User Network. If that isn't possible, then perhaps some of us can write articles to go in other newsletters and websites.

When I first became involved in more recent initiatives for developing the approach, my motive was to be able to influence what is happening and to spread the word wherever I could. This was mainly so that other families won't have to go through the trauma, devastation and family breakdown that have happened to us, because complex issues have been ignored and people haven't felt heard or genuinely responded to. It now seems possible we may be involved as demonstration families in the pilot training-programme in Birmingham, run by Russell Razzaque, Mark Hopfenbeck and Val Jackson. This has given me a completely new and different focus and renewed hope that some stability and normality may be able to enter our lives.

For me, it is crucial family members are involved in every stage of developing the therapy so that views of those that really matter can be included from the start. I was heartened to read the recent article "Key elements of fidelity to dialogic practice in open dialogue: Fidelity criteria" (Olsen et al., 2014), which I found clear and well illustrated with case studies. However, I was rather disappointed that the final paragraph "requesting feedback from you the reader" (in the same way I am asking you to respond to my article) assumed the reader to be a therapist or researcher. Sadly, I don't believe we will see a radical shift in the culture in services if those that are leading don't ensure those at the sharp end of services have as much say as those currently in the forefront of change. So from now on, I would like to see family members involved in all levels of spreading the word. We have much to offer and can be instrumental in making real change happen – if we are allowed to work alongside you.

Reference

Olsen, M., Seikkula, J. & Ziedonis, D. (2014) *Key Elements of Fidelity to Dialogic Practice in Open Dialogue: Fidelity Criteria*. The University of Massachusetts Medical School. Worcester, MA.

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