Mindfulness and open dialogue: *A common foundation and a common practice*

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After ten years of learning and, more recently, teaching mindfulness, I have found it has become a way of life. As part of this, I can say with conviction that it has profoundly affected my whole approach to clinical work. I had already been a psychiatrist for several years before I started learning about mindfulness but, a couple of years after establishing a regular daily practice, I began to notice a significant shift in my therapeutic relationships. I couldn't prove it, however, as it was not a change I had expected and therefore not one that I set out to measure – but, a couple of years ago, I did the next best thing, which was to survey a cross-section of my colleagues; psychiatrists, nurses, psychologists and other mental health professionals, and assess their scores on a validated mindfulness-scale. I then compared these scores to the therapeutic relationships they had with their patients and we found a very strong correlation between the two (Razzaque *et al*., 2013). The more mindful a clinician was, the better their therapeutic relationships seemed to be. The data were very powerful.

Since then, I have sought ways to improve patient care by improving the mindfulness of clinicians. Many related therapies exist, of course, from mindfulness-based cognitive behavioural therapy, to acceptance and commitment therapy, but there didn't seem to be anything going on, on a systemic level, where the whole service was orientated along the lines of a mindful approach; one that affected the way all staff worked.

And then I discovered open dialogue. Watching the clinicians at work, and even hearing them talk in workshops, gave me a strong sense that there was something deeply mindful in their approach. And, in my growing experience of the model since then, I have found this to be explicitly the case. Open dialogue and mindfulness even share the same language. Indeed, I believe it can be said that they share a common foundation and are based on a common practice.

Mindfulness, at its core, is about a non-judgemental awareness of the present moment. This means being with – rather than buying into, or acting on – our thoughts, which then leads us to be more present with our emotions and this, in turn, leads us to be more aware of and present with our bodies. Working in the open-dialogue approach, actually requires the clinician to make an active effort do all of these things. They are, in fact, at the heart of the practice and this is why, I believe, both mindfulness and open dialogue are described as ways of being, rather than just ways of working.

The present moment

Most of the time, most of us spend our time recalling the past or planning the future. Our mind tends to wander, taking our attention away from that which is before us. This is, in many respects, the human condition. In mindfulness, however, we are encouraged to be with what is. Rather than interpreting, analysing, judging or comparing, the emphasis is on simply experiencing. This takes practice, but it is a skill that can be of great value to clinicians, and is at the heart of the approach (Olson *et al*., 2014). Instead of attempting to filter the clients' or carers' words through the prism of formulation, classification or solution seeking, in open dialogue we are encouraged to just be present with whatever is arising before us. *"Therapists are no longer interventionists with some pre-planned map for the stories that clients are telling. Instead their main focus is on how to respond to clients' utterances"* (Seikkula, 2011, p. 9).

Being in the present is also a way of connecting at a pre-verbal level. Both approaches are geared towards accessing others on multiple levels of being, all of which are seen as important, and the focus is therefore not just on the utterances that are exchanged. It is thus described as;

> *… moving from explicit knowledge to the implicit knowing that happens in the present moment as embodied experience and mainly without words – that is becoming aware of what is occurring in us before we give words to it. We live in the present moment lasting only a few seconds. This refers to the micro aspects of a dialogue in the response and responsiveness of the therapist to the person before anything is put into words or described in language; that is, in being open to the other.* (Seikkula, 2011, p. 8)

Awareness of our thoughts

Being in the present moment also means finding new ways to relate to our thinking mind, for it is the vicissitudes of thought that whisk us away from that that is. Mindfulness, therefore, teaches ways of observing the thinking mind, while, at the same time, acknowledging our thoughts are not the entirety of who we are. It is not about detaching ourselves from them, but more a case of getting to know the thinking realm better by cultivating an awareness of this inner world.

Such an internal awareness is also encouraged in open dialogue, and it is referred to as the polyphonic self. *"A description of the polyphonic self is generated… The mind is a continuous initiating and responding of voices speaking to each other. Voices are the speaking personality. The speaking consciousness"* (Seikkula, 2011, p. 9).

This polyphonic self, with its multitude of voices and consequent whirlwinds of thought, is not dissimilar to what the Buddhists refer to as 'monkey mind', and it is an awareness of it – rather than suppression – that is encouraged in both approaches.

Our ability to understand, accept and be present with this inner process is, in turn, reflected in the way we act in the therapeutic space, demonstrating the same attentiveness and compassion toward others. This, again, is core to both approaches. *"The team cultivates a conversational culture that respects each voice and strives to hear all voices… Listening intently and compassionately as each speaker takes a turn and making space for every utterance, including those made in psychotic speech"* (Seikkula, 2005, p. 11).

Embracing uncertainty

Tolerating uncertainty is one of the core principles of open dialogue (Seikkula *et al*., 2003), and it is perhaps one of the main features that differentiates it from most other approaches to mental health care, where specific protocols and solutions for most eventualities tend to be built in. Learning to work in the approach is, therefore, for most clinicians, as much a process of unlearning automatic responses and templates for reaction, as it is about learning something new. This has strong parallels with the mindful concept of 'beginner's mind', which enables 'clear seeing', free from the clutter of pre-conceptions, judgements or assumptions. This means allowing one's self to float in the present moment, just as an empty vessel might, and then being open to where that takes you, rather than prejudging and powering off in a particular pre-programmed direction from the outset.

In open dialogue, this space is seen as a therapeutic space. But, it is recognised by the teachers that this is not an easy place for those of us who consider ourselves to be 'professionals' to inhabit. *"This therapeutic position forms a basic shift for many professionals, because we are so accustomed to thinking that we should interpret the problem and come up with an intervention that counteracts the symptoms"* (Olson *et al*., 2014, p. 27).

Openness to our emotions

Bringing awareness to our thoughts, rather than getting caught up in them, will lead us to come into closer contact with the emotional terrain that underlies them. This is a key aspect of mindfulness practice and, again, open-dialogue practitioners are encouraged to do the same. *"Team members are acutely aware of their own emotions resonating with experiences of emotion in the room"* (Seikkula, 2005, p. 7). Indeed, a key skill of the practitioner is an awareness of their own feelings and a tolerance of intense emotions. They must be, *"transparent about being moved by the feelings of network members,* [thus] *the team members' challenge is to tolerate the intense emotional states induced in the meeting"* (Seikkula, 2005, p. 2).

Locating our emotions in the body

At its most fundamental level, mindfulness is about bringing attention to the body. The body is seen as the reservoir of emotions, and it is by connecting to our emotional terrain at this level that we can connect most deeply to our inner world. Bringing our attention to our body is seen as the key work of mindfulness practice, and this centrality of bodily awareness is a further shared theme. It is key to the understanding of how traumatic memories are stored, for example. *"The most difficult and traumatic memories are stored in nonverbal memory… Experiences that had been stored in the body's memory, as symptoms are 'vaporized' into words"* (Seikkula, 2005, p. 8). Indeed, it is believed that the body is where all our emotions reside until and unless they are verbalised into some sort of narrative. *"All our experiences leave a sign in our body, but only a minimal part of these ever become formulated into spoken narratives. In formulating these into words they become voices of our lives"* (Seikkula, 2011, p. 10).

The connection between client and therapists is, therefore, not just a verbal one, it is recognised as an embodied sharing too. *"Therapists and clients live in a joint embodied experience that happens before the client's experiences are formulated in words. In dialogue an intersubjective consciousness emerges"* (Seikkula, 2011, p. 8).

Being present with our thoughts, our emotions, and the feelings in our bodies that underlie these experiences, is thus at the root of both approaches and, by their very nature, these practices are more profound than any formal intervention that one 'does to' others. They need to be experienced and practiced personally before being used as a means of engaging with others in the therapeutic setting. The mindful open-dialogue approach is a way of being and living that one learns gradually over time, in what should be seen as a lifelong process of personal development. This is why the UK training we are currently organising – as part of an NHS multi-centre trial - has mindfulness teaching as a core component. As Jaakko Seikkula put it in the title of a paper he wrote in 2011, *Becoming dialogical: Psychotherapy, or a way of life?*

References

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