

# Breakthrough moments: *Open dialogue* *“The Eradication of Schizophrenia in Western Lapland”*

David Woods

## Aulanko, 2013

My co-artistic director of Ridiculusmus, Jonathan Haynes, and I had already been working on the play that would become *The Eradication of Schizophrenia in Western Lapland* (Woods, 2014) for twelve months before we had heard of open dialogue. We called the play *The Family Drama* and, drawing as it did on our personal backgrounds, it was littered with situations of family crisis resulting from mental illness. Our pasts contained events with problematic outcomes and we wondered whether the mental health system today would do any better. We sought out contemporary research projects and met with Charlotte Burck and her team at the Tavistock Centre, London. Their study, *Ways of Coping*, looked at the experiences of teenage carers of mentally ill parents, a role I had been in. It was during that encouraging exchange of ideas that Charlotte urged us to “look at what’s happening in Finland”.

We familiarised ourselves with the published literature on open dialogue and watched Daniel Mackler’s film (2011) and, after we made contact with Jaakko Seikkula, he encouraged us to attend a dialogic conference at Aulanko in Finland so that we could spend some time with him and his colleagues. Bartering the fees for a performance of our work in progress, and with the support of a Wellcome Foundation grant, we set off on an ambitious field trip. On the way, we visited Keropudas hospital in Tornio where open dialogue had evolved, in the hope of broadening our knowledge of these methods in practice.

We readily agreed to Jaakko’s request for an improvised stage version of a treatment meeting at the conference. We thought it would be good for the development of the characters’ stories as well as gaining first hand experience of the approach. What took place that morning at Aulanko had a profound, transformative influence on the play and our practice in general. For me, it remains a life-defining moment that I still don’t fully understand.



## Some background

Ridiculusmus is a London-based theatre company of almost a quarter of a century vintage, driven by the artistic partnership between myself and Jonathan Haynes. *The Eradication of Schizophrenia in Western Lapland* is our most recent and possibly our most ambitious work. It attempts to convey the experience of visual and auditory hallucinations by simultaneously performing two plays about a family in crisis to two separate but adjoining auditoria. The audience in one space is able to hear, and occasionally see, what is happening in the other. The audiences then swap sides to see what they previously heard and to hear what they previously saw. It is an ambitious and sometimes frustrating construct but one that we felt gave some physical and experiential experience of psychosis to a non-psychotic audience.

Our method of working has evolved over time. We meet in an empty room somewhere, improvise for a set period of time, recording everything, and then edit that improvised material into a play. This affords space for material to develop but is also a structured situation where we feel safe to create, fail and create again. This initial phase highlights areas of interest we then research. This research, in turn, informs a new phase of improvisation, which leads to more new discoveries about the material. Our discovery that open dialogue is also a way of working that explores issues of concern within structured gatherings from the point of view of the people involved was uncanny.

Similarities were also evident in the mode of being that is required by the therapist and the improvising actor. Sensitivity, listening, openness and playfulness are all aspects of open dialogue and of our own creative process. As improvising actors, we must respond ‘in the moment’ – tricking ourselves into believing an action is occurring for the first time. Therapists need to leave preconceived notions outside the treatment meeting. Yet, at the same time as working from moment to moment, we are also thinking dramaturgically about our contribution to the narrative, reflecting from within our roles to push the story along, enacting a sequence of actions that we have discussed in advance or that spontaneously arise. This mirrors the use of reflecting processes that Tom Anderson contributed to open dialogue. Finally, tolerating uncertainty, a cornerstone of the approach, is something we embrace as essential to the fragile industry we inhabit.

Clearly, we shared an affinity in our working methods, but whether these discoveries might inform, or be included in our evolving play, remained to be seen. For reasons of confidentiality, actual exchanges from treatment meetings were scantily available. There were transcripts of extracts from treatment meetings in the literature (Seikkula, 2002), but I found these bafflingly simple and short.

Reading these extracts didn’t bode well for contributing magical moments to an exciting new play. The dialogical process seemed so subtle as to be invisible and revolved around the ‘undramatic’. Successful outcomes are moments where tension is dissolved. Theatre generally aspires to the opposite of this; tension is ratcheted to a high level and maintained for as long as bearable. Explorative

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contemporary drama might even be said to aspire to stage unbearable “in yer face” action with objectionable situations and characters.

Family drama has tended to opt for crudeness in the mechanics of its revelations – big things are communicated in big moments at big gatherings with great intensity. Such choices are the stuff of cliché – there seemed to be no traumas left that we would be able to unveil that would generate surprise. So, whilst the prospect of finding something stunning in the open-dialogue literature seemed unlikely, resorting to the conventions of family drama was equally unpromising.

## Meanwhile in Aulanko

After the opening speeches at Aulanko, we set up the conference hall into our double auditorium arrangement. We presented a 15-minute extract from the play and were met with ponderous silence from the audience of more than 300 therapists! We then removed the wall and created a circle of chairs for the staged treatment meeting that would follow. I changed into Dad, (not a costume change, a subtle head shift from one thought pattern to another; a touch of physical transformation in the spine or face maybe – a jigsaw of people from real life and elements of myself, glued together with imagination). Patrizia was in character as Dad’s wife, Jade, and Jon and Richard, as the two sons – Richard and Rupert. We took our places in the circle. What a circle it was: Peter Rober, Belgian academic, clinical psychologist, family therapist and trainer, Markku Sutela, chief psychologist at Keropudas Hospital and Jaakko Seikkula, professor of psychotherapy at the University of Jyväskylä – not that this was in any way intimidating!

The meeting skips along. I remember Jaakko thanking us, the family, for coming along to the meeting. Richard has some problem with books; Mum has gone. Jaakko asks, “What do you think Mum would say about the books? Shall we have a chair to represent Mum? Where should we place the chair? Next to Dad? Next to Richard? Away from Jade?”

We seem to have talked about nothing, but after a few simple exchanges, Dad/I am bursting with emotion. It swells in me like grief, but is also a relief. I am asked something, and I can’t speak, the words come out as a torrent of pain. Jaakko and Markku start to cry. We all mourn the absence of the fictional mother. And it ends. We’ll meet tomorrow. This is what would be said in a treatment meeting but everyone agrees we should actually do this tomorrow. It’s the last day of the conference, and schedules can be juggled.

By the end of the second meeting the following day, the fictional problem has now been clearly aired. How can this family resolve what needs to be acknowledged or mourned, that they have lost their mother? They have unearthed this trauma and the play has found its big revelation, but doesn’t know it yet. Still in a state of embarrassment about what has been happening to me, I go along with the idea that I was performing all of that. Inside, as someone who has cried less than five times in my whole adult life, I find it all confusing.

Jon and I return from Finland, glowing. We haven’t really comprehended the change that has occurred, but we are back in the



All photographs of *The Eradication of Schizophrenia in Western Lapland* are by Richard Davenport.

same room at Shoreditch Town Hall, with this still-incomplete work in progress. We are agreed that it cannot be simply be a demonstration of the open-dialogue approach. Such ‘info theatre’ is not to our taste. For us, it encourages a lazy consumerism on the part of the audience that won’t lead to genuine learning. There has to be an active step towards engaged thinking to comprehend and be able to put into practice what we are drawing attention to. To demonstrate open dialogue in this context would be the theatrical equivalent of rote learning. The play needs the tension of proximity to this work but must not be a demonstration of it.

We insert some lines around this idea into the script:

**Doctor:** *A colleague of mine – we did a training course together on a way of working that has practically eradicated schizophrenia in...*

**Richard:** *Western Lapland?*

**Doctor:** *You know it?*

**Richard:** *Very well, it’s the name of the play what we’re in.*

**Doctor:** *Play? Right. Well then you’ll have heard they think psychotic meaning-making is meaning-making – they don’t want to medicate meaning-making....anyway my friend, he got struck off.*

**Richard:** *Why?*





**Doctor:** Well, he tried it and the medical director claimed he was harming his patients by not prescribing the anti-psychotics that the pharmaceutical companies wanted him to.

A performance in Salford consolidates this new direction. Mental health service-users there tell us of the production line treatment routinely meted out to them.

### The premiere nine months later in Brighton

We open the play, still unfinished and unresolved but, into it, we have inserted some chinks of light. Richard unlocks his traumatic memories through writing about them. This writing becomes a way of coping with or, 'managing' his problems:

**Richard:** *The whole thing is kind of constructed to help me recover from these, whatever you call them that are going on. Have been going on, for some time, probably will continue to go on, these, um, problems.*

**Doctor:** So the fictional realms help you manage your problems?

**Richard:** Is that what I said?

**Doctor:** Yes.

**Richard:** I didn't say my problems. I said *these* problems.

Through this process, Richard accepts that his mother is gone and will never come back but it takes us another six months to find a way of unraveling this without lapsing into sentimentality or stating the 'obvious'.

### Six more months of thinking

During this time, we review video footage of the show and a post-show talk with Markku and Mia Kurtti, a nurse in Tornio. They believe all psychoses are responses to traumatic events and that open dialogue provides an opportunity to unlock the memory of these events and help defuse them. This conversation with Markku and Mia gives us new ideas for the structuring of the play.



In the play, we have developed this theme of unearthing traumatic memories to a point where 'Dad' becomes visibly distressed by the memory of 'Mum', and here I come back to my personal meltdown in Aulanko. I now have a place for it in the show. I can explore it in every performance. I can't say I fully understand it, yet, but this is where I have got so far: Whilst the therapist helps facilitate a therapeutic narrative and understanding for the client, we, in our minimalist articulation of therapeutic breakthrough, attempt to allow the audience to come to the work with their own narratives, perhaps with traumas that are unresolved. By underwriting the specifics of our staged family-drama, we allow the audience space to process their own experience.

At Aulanko, while my improvised character engaged with the specifics of the fictional situation, my thinking dramaturgical self identified something in need of emotional release. I was unable to pinpoint what it exactly was – the feeling that the play had finally come to fruition? Grief for my own enforced childhood maturity? The fragility of my ongoing existence in our impoverished industry? The responsibilities of fatherhood? Of leading? Or something encompassing all these things that recognised, in the safety of the empathy of a dialogical situation, that all of these things could be heard, understood and valued. The trauma is now something shared between the characters in the play rather than borne only by Richard, but it is also shared between ourselves and our collective work, and between us and our audiences. A resolution that, we hope, would be assessed by Jaakko as a 'good outcome'.

### Conclusion

Despite operating in the very different spheres of theatre and therapy, Ridiculusmus' working method and output share a remarkable similarity to open dialogue. Paying close attention to the details of dialogical exchange, clarifying meaning and allowing time for empathetic reflection while concentrating on being 'in the moment' and 'soul-full' inform both. These qualities act as enablers of genuine communication and ultimately serve in both scenarios as a building block for healthy societies. The exciting implication for practitioners in the arts and therapy is that there is an opportunity to improve both areas through creative exchange, enhancing the therapeutic quality of performance, and the performative qualities and skills of therapists.

*The Eradication of Schizophrenia in Western Lapland* premiered at SICK! Festival in Brighton in March 2014 and has since played seasons in London, Melbourne and Edinburgh and toured around the UK from Scarborough to Cornwall. It remains in the company's touring repertoire with plans for further performances throughout 2015.

### References

- Mackler, D. (2011) *Open Dialogue: An Alternative Finnish Approach to Healing Psychosis*. Accessed 3/1/2015, <https://www.youtube.com/watch?v=HDVhZHJagfQ>
- Seikkula, J. (2002) Open dialogues with good and poor outcomes for psychotic crises: Examples from families with violence. *Journal of Marital and Family Therapy*, 28: 263-274.
- Woods, D. & Haynes, J. (2014) *The Eradication of Schizophrenia in Western Lapland*. London: Oberon (The staged treatment meeting at Aulanko is available online at: <https://vimeo.com/98305028>)

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