



Thank you for taking the time to answer the feature questions below.

Please, tell us about Open Dialogue?

Sure. Open Dialogue is both a philosophical/theoretical approach to people experiencing a mental health crisis and their families/networks, and a system of care, developed in Western Lapland in Finland over the last 25-30 years. In the 1980s psychiatric services in Western Lapland were in a poor state, in fact they had one of the worst incidences of 'schizophrenia'. Now they have the best documented outcomes in the Western World. For example, around 75% of those experiencing psychosis have returned to work or study within 2 years and only around 20% are still taking antipsychotic medication at 2 year follow-up.

Remarkably, Open Dialogue is not an alternative to standard psychiatric services; it is the psychiatric service in Western Lapland. This has afforded a unique opportunity to develop a comprehensive approach with well-integrated inpatient and outpatient services. Working with families and social networks, as much as possible in their own homes, Open Dialogue teams help those involved in a crisis situation to be together and to engage in dialogue. It has been their experience that if the family/team can bear the extreme emotion in a crisis situation, and tolerate the uncertainty, in time shared meaning usually emerges and healing is possible.

There are a number of principles in the approach, including the provision of immediate help, involving as many significant others as possible in the network meetings, keeping the same team working with the family throughout the 'treatment' process, and only using medication if really necessary. Collectively these principles, used as part of a dialogical approach, have made a dramatic difference to the effectiveness of their work.

And about your journey of bringing it to the UK?

I think my journey to Open Dialogue started over 20 years ago, but I can see that your next question is about my background, so I'll skip most of those 20 years, to my first visit to Lapland, a couple of years ago. I'd read a good deal about the approach over the previous years and, as well as being struck by the impressive outcomes they were reporting, I was also intrigued by the dialogical nature of their work, their openness to hearing the voices of



all those involved in a crisis situation, including the person(s) at the centre of concern, however unusual their manner of communication. They were also clearly stating that there is meaning in psychosis, that it is rooted in lived experience, experience which the family as a whole (in most cases) have lived through together.

On that first visit I was fortunate to spend an extended period of time with the Open Dialogue teams, travelling with them to meet families in their own homes and in outpatient services. I was struck by the quality of their presence in meetings, in the ordinariness of their style (ordinariness being one of my favourite words), and the good feeling amongst those working in the teams. Clearly here were people enjoying their work together. Having said this, one of the psychologists said to me one day “You know Nick, it’s not heaven here”, and of course the work can be tough, and their service is under pressure like any other. Nevertheless there was a spirit and quality to the work that I have rarely seen in other settings. I have since been back a couple more times, and each time I feel more at home. In a way most of my fairly long-standing interests come together in the Open Dialogue approach, i.e. working in a dialogical/philosophical way, with people experiencing psychosis, with less reliance on medication, and more emphasis on community.



In addition to this I have been undertaking the 2 year training in Open Dialogue and Dialogical Practices in the US, run by Mary Olson, Jaakko Seikkula and others. I have also started to run day-long seminars around the UK on the approach, and have been delighted, but perhaps not surprised, by the enthusiastic reception to the approach. There seems to be an increasing frustration in many people working in psychiatric services, and in a good number of those using services and their carers, a feeling that the current system isn’t working, or at least, could be significantly improved, and the outcomes from Open Dialogue research only confirms this viewpoint.

And about yourself? What is your background? What education route did you follow?

I took a fairly traditional route, studying psychology at University, but found much of the content of 'Abnormal' Psychology classes rather uninspiring, dopamine theories of 'schizophrenia' and the like. Fortunately a friend introduced me to the works of R.D. Laing, and on reading books such as 'The Divided Self' and 'Sanity, Madness and the Family'; the

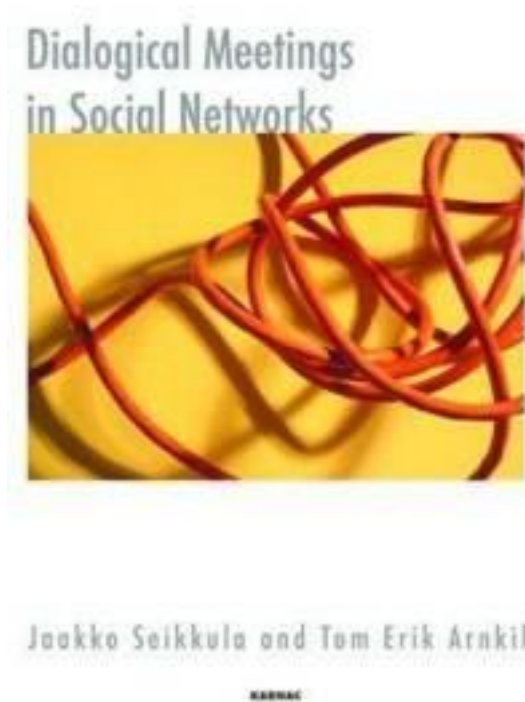


seeds were sown for much of what was to come. But it took a while for me to get there. In the meantime I had embarked on Clinical Psychology training, a training that I was unable to complete, because of a fundamental divergence in views. Essentially I was being taught that I could only speak if what I was saying was grounded in theory based on scientific research. I thought that the profession was making all sorts of claims for itself that I couldn't subscribe to, and there was a distinct lack of creativity in the work.

I had to cast off for a while, to take stock, and it was at this time that I remembered about my studies of Laing, and the work of the Philadelphia Association in London, the organisation that Laing set up in 1965 with others. The Philadelphia Association continue to run a psychotherapy training programme, which distinguishes itself from others due to its emphasis on philosophy and community, as well as psychotherapy. Essentially, the aim is to not exclude any teaching or experience that pertains to the human condition and to human suffering, whatever tradition this teaching/experience comes from. Trainees are invited to find their own way in a 'training' (more like an apprenticeship) that takes as long as it takes. For me the process took around six years, four of which were spent living in therapeutic communities. My aim was to immerse myself as much as possible in the experience of being with people in states of distress, including my own distress, for us to find our way together. For me, this was in the spirit of Laing's original project at Kingsley Hall, a community in the east end of London, taken over by Laing and others in 1965 so that psychiatrists and so-called 'schizophrenics' could live together, free from labels, and take their chances with each other. Kingsley Hall was far from perfect, but it was an important beginning.

How did you get involved in Mental Health?

There are a number of ways I could answer this question. Perhaps the simplest answer is to say that I was born! In other words, there's no escaping the question of mental health - it's something we all have to work at. Other than this, I would say that, not dissimilar to many people I've met along the way; there were complicated motives in my choosing to study Psychology, and to pursue a career in the mental health field. I had my own issues to work through, and it became clear to me that my interest in psychological theory and practice had as much to do with this, as it did to do with a more general interest in the human mind and spirit, or to wanting to pursue a career.



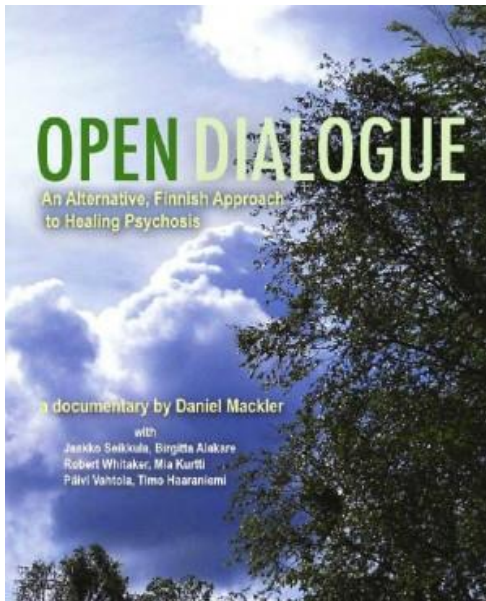
Gradually I have pursued those theories and practices that resonate most strongly with my lived experience and with the experience of those who I have come to meet. I spent some time a while back exploring the biographies of people who had developed significant theories on mental health, Laing included, and almost without exception their theories seemed to me to reflect their own personal experiences in childhood and beyond to a significant degree. Perhaps this is no surprise. Particular experience leads to particular insight. What we need to be careful of is that we use these insights as windows onto the world, as ways of seeing, rather than as the 'truth', for to speak of general truths is to my mind to do violence to the other.

What has been some of your biggest accomplishments or personal highlights of your journey?

I think/hope that the biggest accomplishments are yet to come. Up to now, it's hard to say, as I think all of my experience has contributed in some way to who I am now, and comparing experience doesn't make much sense to me. The six years I spent on the Philadelphia Association psychotherapy training, including the 4 years living in therapeutic communities, was certainly an intense period in my life, as well as a rich learning experience. More generally I would say that my biggest accomplishment has been to stay true to what I believe in (which evolves over time of course). Forging one's own path, whether that be through individual or collaborative ventures, can be (very) hard work – I certainly haven't chosen the easy option, and most of the time I can take pleasure in the effort I have put into this.

What has been some of the hardest parts of your journey and how did you overcome this?

You certainly pick challenging questions! As I've already mentioned, the period of my psychotherapy training and my experiences living in therapeutic communities were particularly challenging, both because of the demands of the work, but also because of my growing pains! I must have had a sense that I would get through, and I think it was this that helped me at the toughest times. I think I am a hopeful creature on the whole. Remembering to breathe, and to be mindful of my breathing, is always important.



Do you have any 'coping strategies' that you use in life or on a daily basis?

It doesn't quite feel like a coping strategy, but I have a fairly long-standing meditation practice, which has no doubt made a big difference to the way I perceive my 'self' and the world around me. Other than this I generally look to find meaning in life, which seems to me to have a lot to do with what we mean to each other.

What does the future hold for Open Dialogue UK?

In the immediate future we are running three weekend seminars in London, starting on March 15th-16th. We are very fortunate to have Jaakko

Seikkula, Markku Sutela and Mia Kurtti visiting from Finland. Jaakko is probably the person most closely associated with Open Dialogue around the world, because he was one of the founders of the approach, but also because he has published a good deal of research which demonstrates its effectiveness. Markku Sutela has also been around since the early days of Open Dialogue. He is the Chief Psychologist in the service in Lapland, having worked there for around 30 years. Finally Mia Kurtti is a Family Therapist, who has already visited the UK to run a couple of seminars with me, and her natural style and good sense was very well received.

I have been encouraged by the number of teams who have booked onto these weekend seminars from the NHS, as the long-term aim is for this approach to become more established in statutory services. There has also been a good deal of interest from service users and carers, as I think they see something in the approach that makes a lot of sense to them. The approach also seems to appeal to psychotherapists, counsellors, and of course family therapists, and so there will be a good mix of people at the seminars. Places are still available and can be booked via our website: <http://opendialogueapproach.co.uk/>. There are very significant reductions for people in receipt of benefits and full-time students, so we hope that everyone who wants to come will be able to. We hope that these seminars will generate a lot of good dialogue, and be a further stepping stone towards the introduction of Open Dialogue in the UK.

Beyond this there are bigger plans in the works, full details of which will be available on our website once they are clearer.



And what does the future hold for you, personally?

It looks like it holds a lot of work! I will continue to do what I can to introduce the Open Dialogue approach to the UK, as well as promoting other progressive approaches to 'psychosis' and mental distress, such as the Soteria model and the work of the Hearing Voices Network. In addition to this I will continue to develop my work as a psychotherapist. Perhaps there will even be time for things that aren't related to 'mental health' (he says hopefully).

Favourite Quote?

Mmmh, I have picked up a few quotes along the way. Not sure that I have a favourite one, but given his recent passing, I will chose the following quote from Nelson Mandela, which has meant a good deal to me. I am not a religious man, so the word 'God' does not resonate – I substitute the word 'love' instead:

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others."

Web links

Open Dialogue website: <http://opendialogueapproach.co.uk>

Social Media Links

Open Dialogue UK Facebook page: [@opendialogueuk](https://www.facebook.com/opendialogueuk)
(<https://www.facebook.com/opendialogueuk>)

Promotional Video for Weekend Seminars on YouTube:

<http://www.youtube.com/watch?v=JhiQMg6i5I0>

Jaakko Seikkula on YouTube: <http://www.youtube.com/watch?v=1RN6gy3HVpc>