

Book Review*Review by David Prescott****Open Dialogues and Anticipations:
Respecting Otherness in the Present Moment***

Jaakko Seikkula and Tom Erik Arnkil (2014)
Tampere, Finland: National Institute for Health and Welfare
<http://opendialogueapproach.co.uk>
£28.99 (GBP)

An October 20, 2015 article titled, “New Approach Advised to Treat Schizophrenia” in The New York Times stated:

More than two million people in the United States have a diagnosis of schizophrenia, and the treatment for most of them mainly involves strong doses of antipsychotic drugs that . . . can come with unbearable side effects, like severe weight gain or debilitating tremors. Now, [results of a landmark government-funded study](#) call that approach into question. The findings, from by far the most rigorous trial to date conducted in the United States, concluded that schizophrenia patients who received a program intended to keep dosages of antipsychotic medication as low as possible and emphasize one-on-one talk therapy and family support made greater strides in recovery over the first two years of treatment than patients who got the usual drug-focused care. (Carey, 2015)



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The author of this story went on to observe that this form of treatment is well worth the additional costs incurred. These findings may seem groundbreaking after years of successful product placement by influential pharmaceutical companies with deep pockets, which has left many of us believing that medication is the standard of care for treating psychotic disorders. As the saying goes, however, pills are not the same thing as skills, and with this article, it seems that the backlash against “Big Pharma” is increasingly mainstream. Criticisms of medications and the companies that produce them have been growing in scope and volume for several years (e.g., Duncan, Sparks, Murphy & Miller, 2007).



It's encouraging to see high-quality research finally addressing this most vital problem. However, there are many therapists who would respond that the recent findings are no surprise. After all, ensuring a solid working alliance is, itself, an excellent form of evidence-based practice, and as the lead author of this volume has found in at least one randomized clinical trial, using practice-based evidence can be effective (Seikkula, Aaltonen, Kalla, et al., 2013).

Indeed, Jaakko Seikkula and his team in Tornio (Western Lapland), Finland, established this type of approach (i.e. talk therapy, family involvement, minimal medication wherever possible and primarily only at the start of treatment) many years ago, and has published many impressive scientific papers on it. Known as Open Dialogues, it is essentially a collection of principles and a philosophy of care that involves encouraging completely open dialogue among members of the treatment team, the individual, and his or her family and social network.

What relevance does this have for ATSA members? First, establishing an open dialogue as described in this volume (and elsewhere, cf. Miller & Rollnick, 2012; Prescott & Miller, 2015) is not nearly as easy as it may seem. Just consider the subtitle: "Respecting otherness in the present moment." This can challenge the sensibilities and impulse control of most professionals in our field, who work hard to accept the person who has abused even as they (we) don't accept the abuse itself. What Seikkula and his colleagues are talking about, however, goes further than simply being patient with those who have harmed others; they are talking about ensuring that everyone at the table is heard, understood, and respected, no matter how unwell they may seem in the moment. Just as important, they emphasize the effect of meaningfully demonstrating their respect, over and above the actual respect. Consider this example from a recent supervision session:

Supervisor: *Your client's feedback is that you need to support him more as an independent and autonomous person. How can you affirm his drive to be independent while not colluding with the harmful ways he has gone about establishing his independence? (i.e. abuse).*

Clinician: *Well, I think a lot of that is implied in the structure and activities of our program. We do a lot of activities that emphasize independence, and praise them when they do these activities well.*

This is clearly not an actual demonstration of support and affirmation of client autonomy. Seikkula and Arnkil's book is replete with examples of open dialogues in action.

Seikkula and Arnkil take several cases as examples of how problems such as psychosis begin, including states of worry among client, family, and team members (social workers, hospital staff, and the like). Although the cases are drawn from what may seem a vacation destination for some (Lapland is famous for its cross-country skiing and other forms of outdoor recreation), each case presented shares many similarities with sad stories everywhere: people not enjoying life and the others around them, not living up to their full potential, frightening and causing harm to their families and others, etc. One is reminded of a recent interview with Sue Klebold, the mother of Dylan Klebold, who along with Eric Harris infamously shot and killed numerous schoolmates in Columbine, Colorado in the 1990's as part of the so-called "trench coat mafia." [She said:](#)

I wish that I had had the ability to delve deeper and ask the kinds of questions that would've encouraged him to open up more to me. I had parented my kids, in many ways, the way I had been parented, which means you listen to your kids' problems and you try to fix them. ... I think

what I needed to do with Dylan more was to just shut up and listen, to try to get him to say to me what he was feeling and thinking about something, rather than automatically jumping to a way to make him not feel that way or to fix the way he felt.

And so it can be with the professionals providing treatment to people who have sexually abused. Respecting otherness in the present moment is likely the most important preparatory step to helping someone change.

What does this book have to offer ATSA members? It doesn't just give the usual advice about slowing down and listening deeply, it offers suggestions on how to do it. Examples include understanding and listening to worry, exploring imaginary future successes and how they came to be (and most importantly the who, how, and why of how others came to help them). It offers useful tips and traps for practice, which may or may not be helpful in specific cases of people who have abused, but it is serious food for thought.

The book is worth reading if only for its style, spirit, and reminder that there are other successful forms of psychotherapy than the ones we read about from day to day (e.g., CBT). While a useful question is "Does this work with people who sexually abuse," an even more useful series of questions can be, "does this work with people who have extreme problems, and if so, how can I apply it in a truly therapeutic way with this person in accordance with the principles of effective criminal-justice treatment?"

The down side to this volume (and virtually all of Seikkula's writings) is that his first language is Finnish and often includes language that is unfamiliar to people in our field, even as it can be current elsewhere in psychotherapy (e.g., the concept of intersubjectivity). In reading "what works" in other countries, though, one is reminded that nothing worth doing ever comes easily, and that some reintroduction to what is working in psychotherapy elsewhere is probably a good investment of time.

Seikkula's work has captured the full attention of people across disciplines in the psychotherapy research literature. While it may be easy to dismiss as coming from far away, respecting "otherness" is not all that it's about, it may also be a matter of public safety.

Open Dialogues and Anticipations: Respecting Otherness in the Present Moment

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