Epistemic reflections on open dialogue and its relational values

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Abstract

Open dialogue offers a new, performant perspective for the treatment of psychic problems. After introducing OD, we will address its epistemic contribution, in contrast with the current approach in mental health, by considering how it had studied the complexity of real clinical situations including an appropriate naturalistic design. Then we will describe the ethical value system open dialogue funds as a guide for a new view of the practitioner's relational attitude. We consider OD fulfils the scientific premises and ethical demands for a paradigmatic change in mental health. It goes beyond the paradigm of causality and control and provides a more comprehensive treatment of the self-organisation and complexity of the social living human in open dialogical contexts.

Keywords: complexity, relational attitude, open dialogue, way of being, value system

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OD was developed in Tornio, Finland at the end of the XXth century by a multidisciplinary team interested in improving treatments for the most severe mental health problems. OD encompasses a range of practices and a philosophical care that has gained international attention because of its huge claims about recovery rates from what is normally considered intractable mental health problems (Seikkula et al. 2003, Seikkula et al. 2006, Seikkula et al. 2011). The approach is purported to have reduced the incidence of people with psychological crisis episodes, developing chronic symptoms and associated disabilities. It is spreading now across many different countries[2] inspiring mental health systems and public initiatives.

OD involves a consistent humanistic network approach to psychological healthcare. It focuses on resources and addresses the needs of family and social supports:

- limiting the use of psychotropic medication which can block individual psychological resources,
- avoiding immediate hospitalisation which could result in the exclusion from the community resources,
- preferring to a diagnosis symptomatic based approach, the understanding and creation of meaning of the embodied traumatic and emotional experiences that still do not have words,

[2] Sixteen countries were present at the 2nd meeting of the international Open Dialogue research collaboration, the 26th and 27th 2018 at London.

- offering alternatives to psycho-educative programs for families or the designated client,
- reducing hospitalisation, the cost-effectiveness of treatment and the suffering.

It is a sensitive question that with these dissent conditions from the official PORT recommendations (Lehman, A. et al. 2003) and directives of psychiatric associations, several comparative studies (Seikkula, J. & Arnkil 2015) specify open dialogue having better outcomes than traditional options in psychiatry.

OD therapeutically process intertwined with naturalistic research

What kind of research is needed for the clinician to practice psychotherapy when he is interested in improving mental health, social functioning and quality of life of his/her patients in realistic situations? Empirically supported research based on group averages and evidence-based practices appear to be a reductionist solution with very approximate guidelines for real complex human situations. Should we wait without any guaranty for optimal solutions coming from this methodology and should we follow an approximatively heuristic[3] shortcut to achieve satisfactory clinic practice?

One-dimensional designs miss the complexity of real practices. It is possible to draw a list of tools and methods or to gather psychotherapeutic orientations into three or four approaches, individual variability may be reduced by categorizing psychological suffering and psychological health can be measured using simple indicators thereby adopting the reductionist approach. But all these high-quality studies, meta-analytic reviews, assessment

and statistical methods seems limited when confronted with all these human factors resistant to operationalization. How to measure factors as: the very individual unique features of each history of life and every crisis, the way the experience is lived, the therapeutic context and the way this process is experienced by the client, the nature of change, the uniqueness and distinct otherness of the persons in our underlying common humanity, the complexity of the network system. How to measure the amount/quality of the dialogue in a conversation or the interactional flow between therapist and client?

Prevalence of the reductionist frame (trying to isolate variables of complex inter-looped processes) appears as related with our difficulty in conceiving complexity where multiple sets of factors are organised in multiple levels, where coexist self-regulation and imbalance, contingency and determinism, order and disorder. But this omnipresence looks relate with a political decision favouring a unique type of research for the human and social sciences.

Edgar Morin (1997) highlights that the imposed scientific trend is a paradigm of disjunction. It was born before more relevant theories to understand complexity (cybernetics, self-organisation, systemic, chaos theories). The classical paradigm is issued from elementary works in physic sufficient to understand macro events of the world. It was built in pillar ideas of order, separability and an "objective reality" in disjunction with the observer. This paradigm is our social heritage of deterministic ideas, where linear causality exists as a chain of isolated causes and effects outside of phenomena and independent of the observer. However, this paradigm cannot adequately explain some physical phenomena, life properties and the emergence of order from chaos in self-organised systems. Morin asks for theories that might account for our natural complex social human situations, theories and practices being able to connect, contextualize, globalize and at the same time to recognize the singular,

the individual and the concrete. It is obvious that this reform of thought is not intended to make us cancel our separating capacities of the classical analytical casuistic logic but intended to add a thinking that connects, a dialogic combination between its use and its transgression.

Evidently, for Morin is an epistemological challenge transcends reductionism ideas issues from classical research with process-based dynamic system methods considering the inherent complexity inherent to social human practices.

Consequently, using a naturalistic design and extensive research OD represent a huge epistemic contribution by considering rigorously the reciprocal interplay between research and the complexity of real clinical situations. Indeed, this evolutionary integrative approach had developed in more than 30 years of:

- Systematic trial-error learning from mistakes, looking at what happens in the real world in successful and not successful outcomes;
- An interactive bottom-up/top-down systematic articulation of practice with conceptual elaboration. "Practice first" but in coordination with a large body of effective models and humanistic, psychological theories (psychoanalyse, familiar therapy, systemic therapy, social constructivism, narrative therapy, collaborative theory, the need adapted treatment, Tom Anderson influence, Mikhail Bakhtin inspiring work, etc.);
- Working with a naturalistic design and not a laboratory design, creating new methodologies in the study of the specific context of relates and real networks
- Using "Mixed methods" - both qualitative and quantitative data in the same project;
- Implementing design according to the specific context and specific method. Research and reorganisation of mental health services going hand in hand with the idiosyncratic reality of complex human situations. Dialogical practices emerging as a central key treatment.

For all these reasons, Open Dialogue approach excels in this era of integrative psychotherapy endeavours.

Relational practice in Open Dialog

The key elements emerging from years of its naturalistic research can be synthesized in a way of organising services and a way of being with the persons, a way of accepting complexity, tolerance of uncertainty and operating with dialogical practices.

For the practitioner, it seems feasible to incorporate the dialogical practice into his clinical practice, programs, and work in agencies and systems of care. In spite of that, the "way of being" can not be reduced to a method or technique. It is a practical philosophy with which the practitioner can respond and be involve in mutuality as a complete person.

In our view, OD funded a new "ethical value system" whose function is to orient and determine the different equivalent acts of dialogical practices. OD highlights values of authentic open presence, unconditionally acceptation of the otherness in a dialogical shared space of language and understanding which help to make sense of responses and activate resourcefulness of clients in multi-actor interactions.

Astonishing, this simple emphasis in an open-ended inquiry could be a major contemporary shift in psychiatry, family and systemic therapy! This way of being remarkably open the door to a revolution by simple listening the user's voice. In this enterprise, it joins values of humanistic psychology, collaborative postmodernist reflexions and hermeneutic

principles[4], and definitively connect the core of the recovery movement and the user's and survival movement in psychiatry for a long time asking to be heard!

As a consequence, the expert posture is revisited and improved by hearing the client's voice. This means the experience of the client is recognised as valuable. But more unusual, this means behaves with the client in an "authentic way of being with" rather than "doing to", without any hierarchical judgement and providing him opportunities to elaborate a meaning in complex situations using its own resources. As Anderson and Goolishian (1992) underline, it had not been easy to develop in several decades attempts a conceptual framework that bypassed models defining humans as "information/communication entities" or "biological chemical governed entities" as opposed to "social meaning-generating beings".

In contrast, the traditional professional attitude in mental health practices is more a controlling directive inquiry. It focuses on how to effectively obtain information, to educate and motivate patients to follow therapeutic goals that have been defined hierarchically by the experts. It relies on history-taking, establish the diagnosis and should be the rule than the exception corroborates the obtained information by:

1. using "conditional questions" instead of hearing and checking out the agreement of the client with the expert's view,
2. interviewing the patient's partner, children, other relatives or the family doctor, social worker or teacher.

Stablish rapport between patient and doctor, effective communication, empathising and other goals and behaviours are not a purpose of this approach but a mean to make objective decisions. The interview is undertaken primarily in order to establish a diagnosis.

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[4] In the field of artificial intelligence, H. Simon pointed about the human functioning he tries to understand, we must operate within a bounded rationality and a heuristic way, accepting choices "good enough" for our purposes, waiting for optimisation.

Free speech is used to look for the first basic intention of clinical information or find hints to identify the patient problem. The rapport of mutual trust, understanding, help people and work together is employed in a strategic way to encourage patients to participate in treatment decisions made by the experts. Being specific, avoiding ambiguity and jargon, connecting the advice to the patients, using repetition, recapitulation, installing hope, encouraging self-help all these qualities seem subsumed to the management plan (Morrison, Padraig 2012, Scher 2016, South University 2004, Srivastava 2009).

In this approach the expert is someone very knowledgeable making operations of observing, analysing, classifying behaviours, using the obtained information for categorise people and solve their problems by making decisions about solutions. Invested in authority the expert has the power to give orders, enforce obedience, command the orientation and control of the concrete operations of change he has considered are the best for the person or the system. All these acts own another value system different from the OD value system!

This traditional "technical" attitude is learned and broadcasted to professionals, clients and man in the street. Is "the way to be" in the actual mental health & social practice. In general, this attitude is invested with the best paternalistic commiserate intentions for dealing benevolently with incapable adults that don't have the necessaire ability, qualification, strength to act or function. This attitude creates client's dependence on the expert and the mental health system, and have strong negative consequences in self-investment, agency and responsibility. It is a waste of resources as it reduced autonomy.

As Seikkula & Arnkil (2015) highlight, the practice in OD based on mutuality:

"…is a big challenge in a very long tradition of professionals trained to think they are in charge of plans and processes and stocked with the means for pursuing control. The dialogical practitioner no longer seeks for control over the plans but instead aims at becoming part of the

shared mutual process that proceeds from one moment to another- without the professionals being in charge of what happens and driving the process by the power of their methods and interventions" (14, 15).

Conclusion

Considering epistemic and methodological reasons Open Dialogue offers a real evolution in the field of psychotherapy. It excels as a well documented evolutionary process. This approach on complexity have successful outcomes in hard contrast with usual treatments and research (Seikkula & Arnkil 2015). For all these reasons OD must be considered as a valid alternative to the traditional treatment centred in control of clients. OD highlight a political problem as it has the qualities to introduce a radical change in the way occident represents and treats mental health problems. This psychosocial approach meets scientific criterions and asks the practitioner for a more ethical implication, knowing that actually, we have the validate means to do "better" treatments. Moreover, OD fulfils in mental health all the premises for a paradigmatic change integrating causality and control to the self-organisation complexity of the social living human in open dialogical contexts.

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