

You can be heard in many ways

Interview met professor Jaakko Seikkula

Vorig jaar mei organiseerde het Lorentzhuis in het Werktheater in Amsterdam een masterclass *Dialogical approach* door Jaakko Seikkula. Professor Jaakko Seikkula is hoogleraar psychotherapie aan de Jyväskylä Universiteit in Finland. Hij ontwikkelde voor cliënten in crisis of psychose de 'open dialoog benadering'.

door Ineke Bannink en Mirjam Diatlowicki

Met een team van professionals bezoekt Jaakko Seikkula families in hun eigen huis als er een crisis is. In een open dialoog met de patiënt, collega's en familie wordt een beleid gekozen. Meerstemmigheid is het uitgangspunt. Deze benadering is inmiddels *evidence based* en erg effectief gebleken.

In het dunbevolkte gebied in Finland waar Seikkula en zijn team werken, wordt de diagnose schizofrenie veel minder gesteld, zijn opnames drastisch verminderd en is het medicijngebruik sterk afgenomen. Ook in crisissituaties. In verschillende Europese landen wordt de 'open dialoog benadering' nu in de psychiatrie toegepast.

We waren dan ook blij dat Seikkula bereid was om na de Masterclass een gesprek met ons te hebben. Hoe komen Nederlanders en een Fin met elkaar in gesprek? Dat doen ze door een gemeenschappelijke taal te creëren. We hebben erg ons best gedaan elkaar te

verstaan en uiteindelijk is ons dat gelukt in een dialogisch steenkolenengels.

Could you tell where there are differences or what could help the contextual thought or approach?

I know a bit of the theory of Nagy, I have been listening to him at some congresses and I am interested in his ideas of generations of families of origin, and how they relate to each other with their loyalties.

I was trained in systemic family therapy. I was very concerned with the Milan systemic idea in the eighties, when I got my training. Which means that I was looking at what happens in a family, wondering what the function is of the problems in the family system.

But the longer I work in dialogical practice, the less I think of what is behind this, and what it means and what it is related to. And the more I think: what happens when

this symptom of this behaviour appears? I am less and less interested in the systemic context, for instance. In this respect I am less interested in what could be the specific loyalties and specific relationship with this behaviour, what has happened in former generations of the family.

I am very interested in those subjects if it becomes a subject of our dialogues, here and now. My first questions to the patient could be: 'How do you explain this phenomenon yourself?' And then we have a dialogue about it. So that is my idea of dialogical practice on the whole. It means that you may have all kinds of background ideas about how you think of the problems you meet, and probably have this primary focus on how we generate dialogue around this.

So if you invite a family, the focus is on the here and now, not on the history of the parents. But if they are willing to talk about it I become very curious. I definitely need ▶

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to follow it up. I don't say that this is not interesting. I'm interested in the here and now because it is here and now for them. And then we start to talk about it.

It can happen for instance when I deal with a couple with marital problems. There are some occasions on which I ask this question: 'I wonder if this is related in some way to your background' or 'how is this related to what you saw in your own family?' So perhaps in those cases my background also counts in the systemic practice.

But then it's your inner voice that makes you choose... action. It's not a framework for you. No, my inner voice is not a framework in this conversation. It can be, of course, when I'm in trouble in a conversation with families. So perhaps I can look for those kinds of openings in order to have some new themes for discussion, and to have a new point of view of looking at what is happening here at this moment.

Peter Rober uses the inner dialogue and you use the inner voices. How do they relate to each other?

Actually, we work quite a lot with Peter nowadays. I think that they are related in many ways. I don't see a difference. In my mind we speak about a dialogue between the voices that we hear, concerning our own lives.

So if we are working with a client or a client-system and our inner voices are involved, is it necessary to be touched by your inner voice really to work from the heart? Do you need a resonance in your own voices?

No. If so, it would be a limited type of client that I could work with. I can have very general interests in many aspects. I can

have some political interest of some aspects that start to resonate in my mind. I could have some ideas on a rational level and at the same time I can have some ideas on an emotional level. So it differs.

It's interesting, because it is important to be aware of our important emotions, so that we can work with these patients in the same way as we can work with those who don't have such an emotional charge as we do. For me, it's a part of the therapist's skill to find many types of voices.

How do you work when you work with somebody who sexually abuses his daughter?

Actually, I am doing that at the moment. I'm involved in a process dealing with marital violence. There is a program for the men, but we are creating more and more couple talks. I'm involved with some couples in whose marriage violence has happened. In a clinical sense that is very interesting to me. Of course I deal quite a lot with those kinds of thoughts and my own emotions; for instance: how could he have been so stupid as to do this? I hope that these kinds of inner reactions will become a part of my aim. To be open to resonance and to be emphatic. We so easily become closed off from some subjects.

At the moment I'm involved with a family, a couple with a twelve-year-old adopted son, diagnosed with ADHD. The older he gets, the more problematic they feel the situation becomes, although they describe his behaviour as having been much worse in

the past. Last winter was extreme for them, because the son has started to think that he will kill everyone. Saying: 'I will kill everyone and then I will kill myself.' And they make a connection to things happening at schools all around the world.

Of course this is a very extreme situation. This winter holiday, his father took him to Helsinki and they really enjoyed it. We met after the holiday and they described one occasion. The son wanted to go shopping on his own. When he came back, he had bought a kind of replica weapon that he liked very much. The father was furious. He had to return it to the store.

But what happened, we realized afterwards, is that we didn't talk about the father's reasons. We took it to be self-evident that the father refused to allow his son to have the weapon. Only afterwards did we start to think: why did we do that?

This would be a very wonderful situation, actually precisely at the point of starting to discuss the issue of what troubled them most. I also found myself in a situation in which those life-long prejudices exist of not accepting violence and of raising your children in such a way that they are not exposed to weapons. We lost an opportunity to talk about weapons and killing, to explore thoughts and ideas. For me, the son wasn't rehearsing trying to kill someone by buying this weapon. It had some other function that we don't know about, because we skipped that moment. I really think that it would have been a very valuable situation for all of us to learn some new aspects of how to handle difficulties.

We have heard that you are influenced by the

linguist Bakhtin. Nagy is influenced by Martin Buber.

Bakhtin and Buber are very close to each other; Bakhtin sometimes even refers to Buber. They have very similar ideas of reality. Religion was a very important theme for both of them.

In the beginning Bakhtin was a linguist, a literary researcher. At first he was a psychologist. But it didn't interest him enough. He started to read literature. In the last year of his life he described himself in an interview as a philosopher. So he had a very wide spectrum of experience of life. He was definitely occupied with the place of religion in our lives.

The phrase 'not knowing'.

I don't use that phrase. I know that phrase is used by Harlene Anderson and Harry Goolishian. Perhaps they are the closest of all to the idea of open dialogues. In that respect I am very close to the idea, but I don't use the phrase of 'not knowing'.

It is also a concept from Peter Rober.

To be open to acceptance and follow anything that happens, we need to be secure and safe to have this attitude.

I think that is important. And it is very good for us to have a team, to have team-members whom you can trust. We reveal ourselves and of course when I reveal myself I want to do that in very safe surroundings. I need to have trust in my colleagues. To make disclosures with the equipment that we have. We have many methods and interventions.

So these are tools which the therapist needs?

Perhaps they become more a kind of voices

amongst us. I know systemic therapy is one of my voices, but it's no longer a kind of cloud on which I stand.

So it is a helpful voice and it makes us wonder if it's safe enough to open up, working with young people who don't have all this baggage and all those voices from all the different approaches and experiences?

I feel very fortunate. Nowadays I'm working with young final year students in psychology. What fascinates me is that they can be very skilful in dialogical practice. It is very surprising. They have taken two classes in family therapy, and they have an orientation in a dialogical way of working. They might have taken a class in psychodynamic therapy. Then they know something about what psychotherapy is, but they don't have this load of long experience with all of the methods, and they are very skilful. That gives me reason to think that dialogic thinking is a part of a layman's sense. So in that sense it seems to be possible even for young people to manage to practise in this way.

We can imagine that when you are working in a team with both younger and experienced people, and you both feel safe enough to be open, that you are a role model for the client.

Yes, of course. In those groups of couples, some of the couples are so open to listening to the young girls speaking; they don't seem to care much about what I am saying. They are very curious. Some are more interested in what these young girls are saying than in what I am saying. It may be related, because I mostly take charge of the interview, of course, and the voice of my young colleague is not so much present. That might be one



Professor Jaakko Seikkula

reason they are so open and interested in the young ones, but still it is very interesting. You know I have been thinking of putting this attitude into a dialogical practice in relation to contextual therapy, or in relation to systemic therapy. I mean that you focus on the client and you can be the family voice. And it is very interesting for me to think: would there be some variation of the dialogical practice if you did so? It is about attitude. How would you practise a more dialogical way of working if you are trained to work in a systemic way or in a contextual way? And it could be absolutely a place for me to learn more about new aspects. I think that no change can appear without dialogue. It's always needed, whatever your approach is.

As you said before: the worst thing is not being heard.

Yes, you can be heard in many ways. ◀