Hope for Recovery, Recovery of Hope
Part 1: Recovery Fundamentals

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Joanne Greenberg's

Miss Who Charms

Appearances

a novel

Joanne Greenberg

Joanne Greenberg

author of I Never Promised You a Rose Garden

The Highly Acclaimed Novel of a Family Whose Love and Courage Enable Them to Survive in the Silent World of the Deaf

In This Sign

"A miracle of empathy." —The New York Times

NATIONAL BESTSELLER

JOANNE GREENBERG

WITH A NEW AFTERWORD BY THE AUTHOR

i never promised you a rose garden

AGE OF CONSENT

A NOVEL

JOANNE GREENBERG

Joanne Greenberg

RITES OF PASSAGE

An Owl Book
HOLT, RINEHART AND WINSTON
New York

JOANNE GREENBERG

THE FAR SIDE OF VICTORY

A novel by the author of I Never Promised You a Rose Garden

JOANNE GREENBERG

Sessizliğin Dili

"Bu işarette İçinde"

ARION

JOANNE GREENBERG

WITH THE SNOW QUEEN

OF SUCH SMALL DIFFERENCES

JOANNE GREENBERG

HIGH CRIMES AND MISDEMEANORS

Joanne Greenberg

THE TIMELESS MASTERPIECE OF A GREAT LOVE BY THE AUTHOR OF

I NEVER PROMISED YOU A ROSE GARDEN

Joanne Greenberg

THE KING'S PERSONS

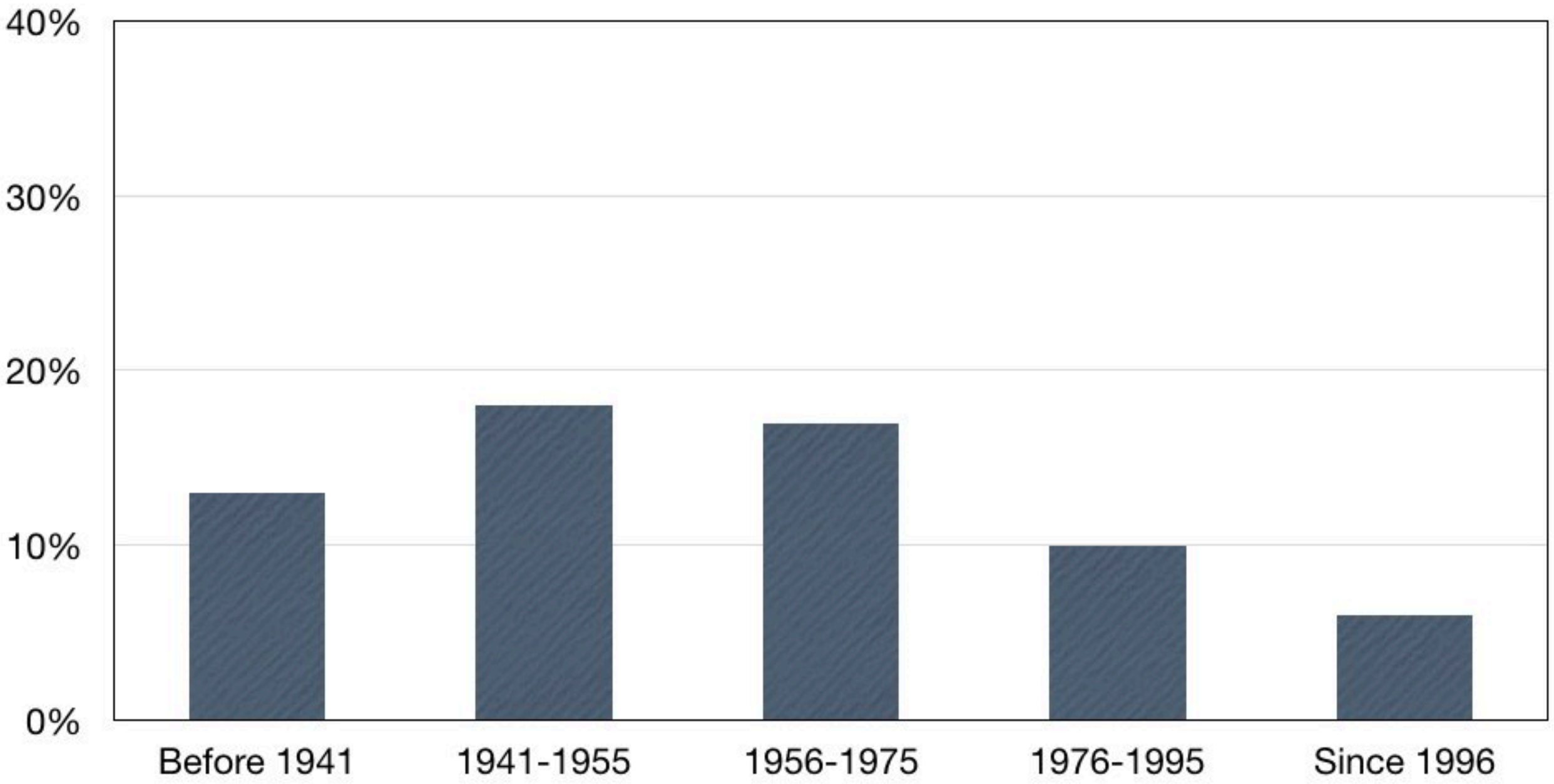
Surrounded by ignorance and bigotry... they struggled to find love in each other's eyes.

Landmark Studies on Recovery from Schizophrenia

- Historically:
  - 20-30% recover fully in industrialized nations
  - 37-66% recover in developing countries

- WHO/NIMH cross-cultural schizophrenia studies:
  - Over half diagnosed in developing countries recover within 5 years; 60% recover within 15 years
  - Recovery rates in developing countries are twice as high as in the industrialized world

Recovery Rates in Schizophrenia



Source: E. Jaaskelainen, "A Systematic Review and Meta-Analysis of Recovery in Schizophrenia." *Schizophrenia Bulletin* 39 (2013):1296-1306.

Vermont State Hospital Studies

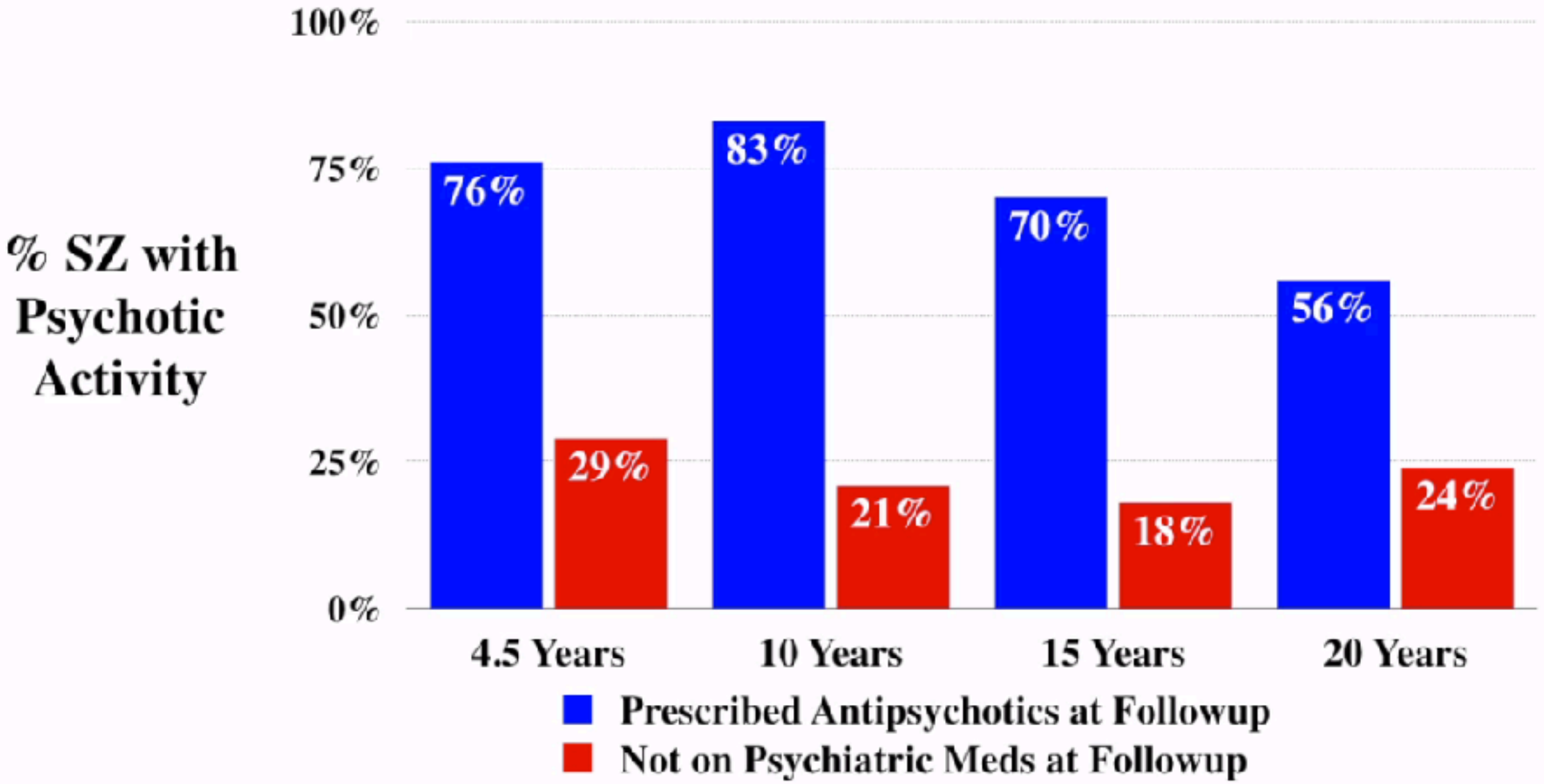
- 261 severely disabled, "back ward" residents discharged from Vermont State Hospital *with support* were studied 20-30 years later
- Over two thirds were fully (29%) or mostly (another 39%) recovered

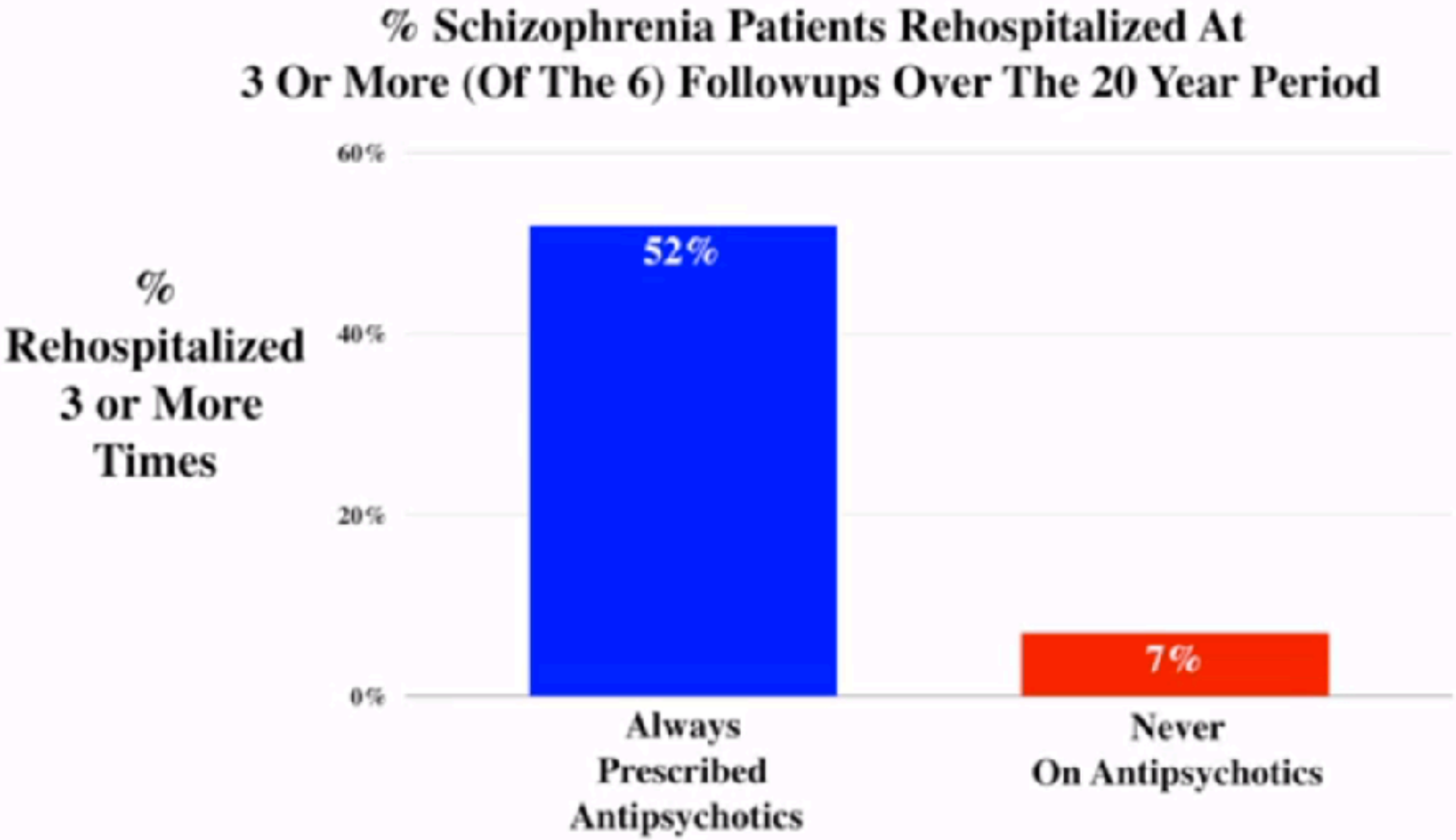
20-year Naturalistic Outcome Study

- 40% who stopped taking meds recovered
- 5% who took antipsychotic medication continuously recovered

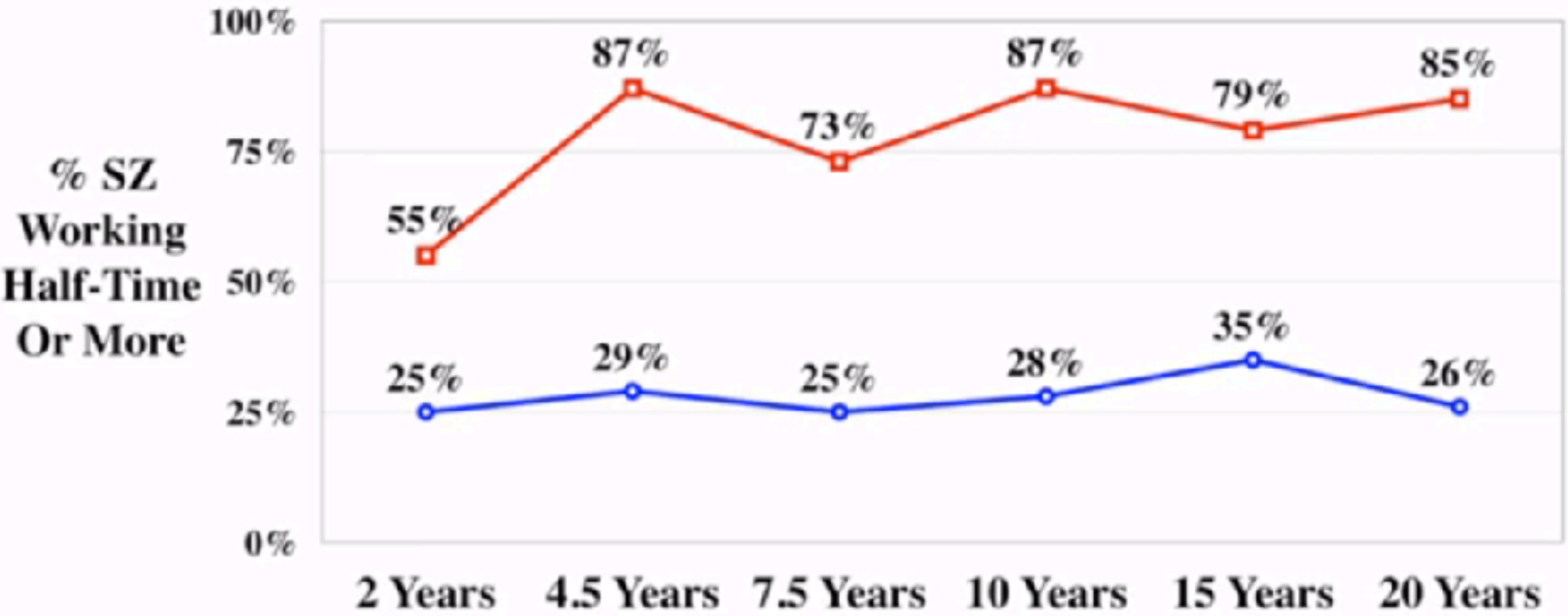
N = 70, followed from first hospitalization
25 on meds continuously (taking meds at each follow up)
15 stopped meds within 2 years, never resumed

Longitudinal Comparisons Of Psychosis In Medicated And Unmedicated Schizophrenia Patients (SZ)




% Schizophrenia Patients Rehospitalized At
3 Or More (Of The 6) Followups Over The 20 Year Period
% Rehospitalized 3 or More Times
60%
40%
20%
0%
52%
7%
Always Prescribed Antipsychotics
Never On Antipsychotics

20 Year Longitudinal Assessment Of Work Functioning In Schizophrenia Patients: Medicated And Unmedicated Patients



7-year RCT of Medication Reduction

- People randomly assigned to reduce meds had more than twice the rate of functional recovery (46%) compared to those on maintenance dosage (20%)
- Differences not apparent for several years
- Medications delayed but did not prevent relapse

Netherlands, N = 103, people with good initial response to medication (symptoms remitted), volunteered for randomized controlled trials

Recovery, symptomatic and functional remission after 7 years

	DR (n=52)	MT (n=51)	Total sample (n=103)
Recovery	21 (40.4%)	9 (17.6%)	30 (29.1)
Symptom remission	36 (69.2%)	34 (66.7%)	70 (68.0)
Functional remission	24 (46.2%)	10 (19.6%)	34 (33.0)

Evidence Supporting Long Term Use of Antipsychotic Meds

As of 2016, there was no research base supporting universal long term use of antipsychotics.

"We believe the pervasive acceptance of this treatment modality has hindered rigorous scientific inquiry . . ."

Weighing the Evidence for Harm From Long-Term Treatment With Antipsychotic Medications: A Systematic Review.

Sohler, N, Adams, BG, Barnes, DM, Cohen, GH, Prins, SJ, Schwartz, S. (2016). American Journal of Orthopsychiatry.

Is Court-Ordered Medical Treatment Effective?

Alternative Treatment Orders (ATOs) have not been found to improve outcomes

Psychosocial Approaches Can Be Highly Effective

- Cognitive therapy for psychosis: improvement similar to that found for medications ("moderate" Effect Size = O.4-0.8 SD improvement on symptom checklists)
- CBT-p has been recommended for people with schizophrenia by our National Institute of Mental Health since 2003 and the U.K. National Health Service since 2004
- Family therapy, provided very early in psychotic crisis, can prevent or resolve 80% of schizophrenia usually without medication (Seikkula, 2011)

What helps?

- Knowing that people can and do get better
  "Someone believed in me"
- Decision to recover - ownership - responsibility
  "My own persistence"
- Response, relationship
- Empathy - plus help with coping
- Focus on functioning rather than getting rid of symptoms
- Acceptance
- Time and patience
- Concrete support
- Seeing problems or symptoms as *meaningful*

"When we stop telling others what's wrong and what they need, we might just create the space they need to speak for themselves . . . We don't need to be smart or clever or all knowing - we just need to be willing to listen."

Dave Umbongo
Toronto activist

"I've met people who were afraid to recover. I've met people for whom the conditions weren't quite right, but I've never met anyone who wasn't capable, who couldn't recover."

Eleanor Longden, PhD

psychologist, researcher, voice-hearer

recovered from schizophrenia

"They called me mad, and I called them mad [but] they outvoted me".

Nathaniel Lee, "the Mad Poet"
British playwright, c. 1690

Normalizing

- Is reassuring
- Lowers anxiety, self-rejection, and sense of isolation

Marius Romme, MD, Patsy Hage, Sandra Escher, PhD:

- Discovered that 2-10% of people hear voices
- Started Dutch self-help groups for voice-hearers (Resonance)
- Inspired the international movement, Hearing Voices Network

Voice-hearing exercise

Ron Coleman, workingtorecovery.co.uk

Groups of 3:

- Voice hearer
- Voice
- Job interviewer


KEEP
CALM
AND
CALL THE
CASE MANAGER

Normalizing information

- 5-10% of Western population are voice-hearers
  about as common as left handedness

- **Negative** voices correlate with a history of trauma

- More common in pre-history & non-Western cultures

- Most people hallucinate under conditions of total stimulus deprivation

- 1/3 to 1/2 of combat vets with PTSD experience hallucinations, suspicion, high threat sensitivity

Many people hear voices when no-one is there.

Some of them are called "mad" and are shut up in rooms where they stare at the walls all day.

Others are called "writers" and they do pretty much the same thing.

Ray Bradbury

Situations in which 'hallucinations' or unusual beliefs are not uncommon

- bereavement

- isolation - seclusion - solitary confinement
  1/3 of people in seclusion are psychotic or acutely suicidal

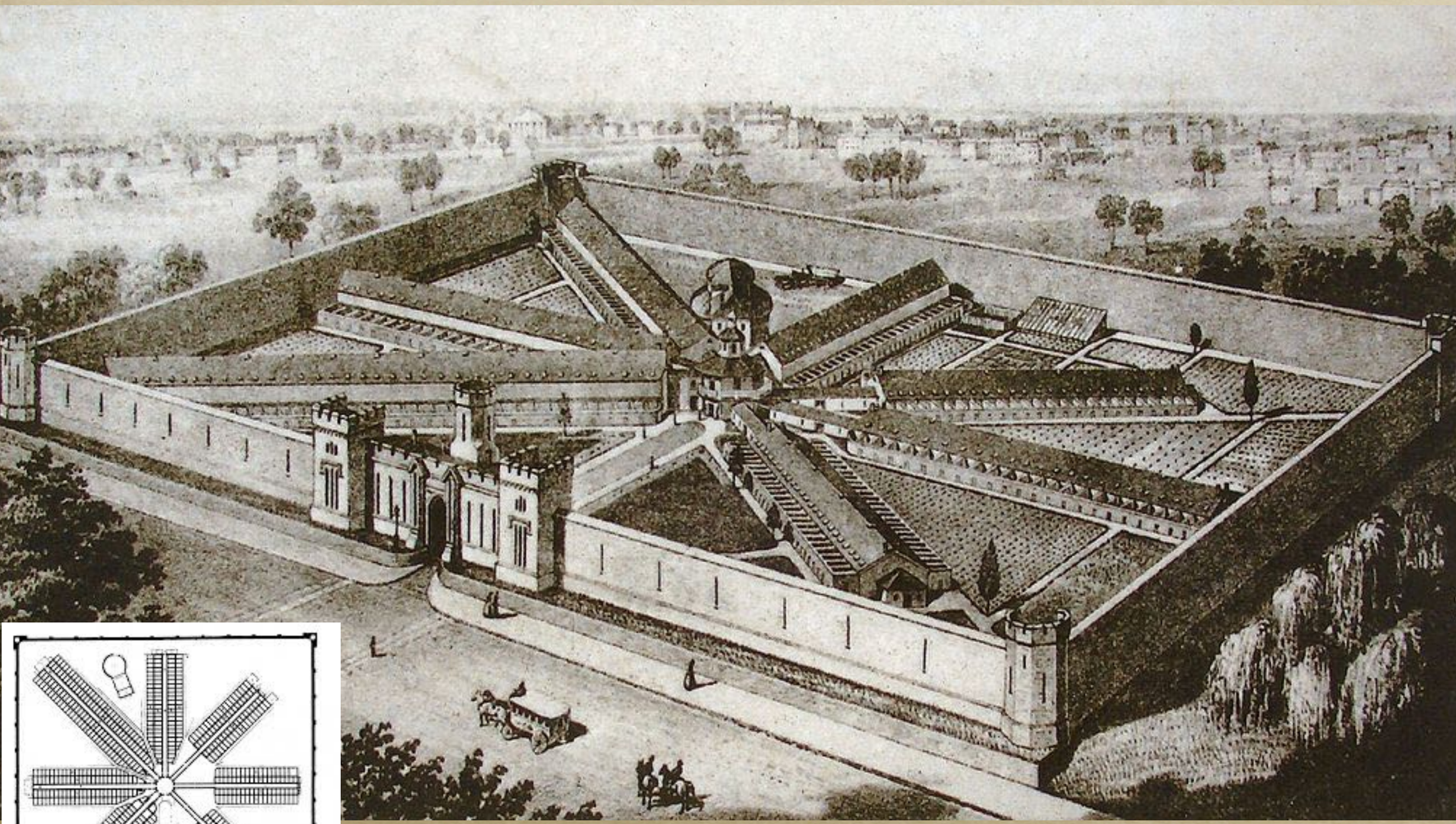
- sleep deprivation

- panic

- trauma flashbacks

- SSIH phenomenon

Eastern State Penitentiary, 1829



Normalizing

- About 1/4 of us have clinically paranoid ideas once in a while
- Unprovable or unscientific ideas are common
- 'Symptoms' often make sense if you know enough of the context
- People in every culture spend free time in imaginary worlds: online, storytelling, reading, fantasy, rituals, games, virtual reality . . .

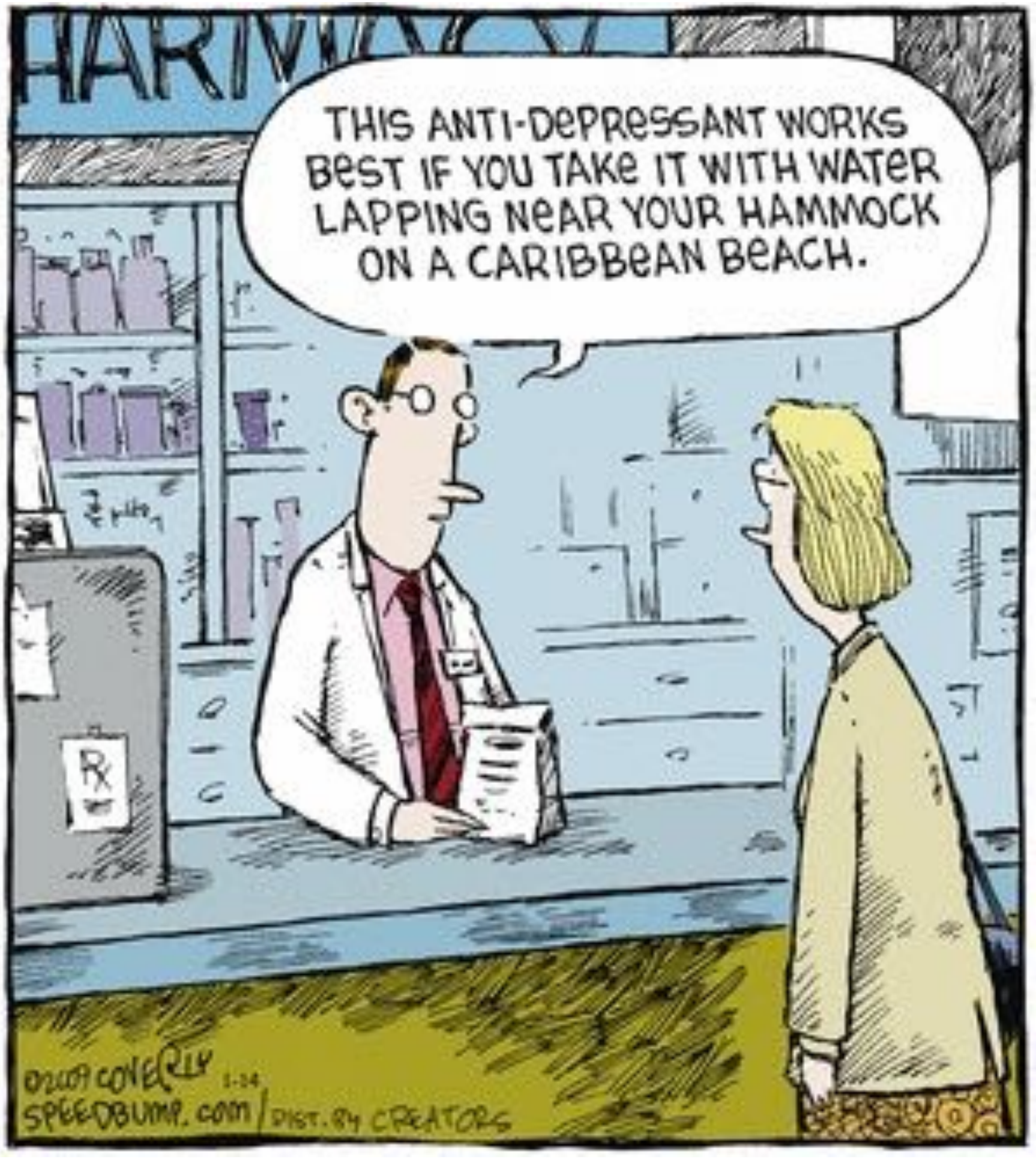
Munch's portrait of Nietzsche

How might this work?

- Greater flexibility of thought
- Openness to new ideas
- Willingness to go against the grain
- Mental risk-taking, less use of mental filter or self-censorship

How do you normalize unusual experiences or ideas?

- Share things you have in common with the person
- Stay aware of your own feelings and reactions
- Share normalizing information
- Look for the possible *meaning* of the experience
- Be mindful of ways you may "not want to hear" what the person is saying


HARMONY
THIS ANTI-DEPRESSANT WORKS BEST IF YOU TAKE IT WITH WATER LAPPING NEAR YOUR HAMMOCK ON A CARIBBEAN BEACH.
Rx
DAVID COVERLY 1-24
SPEEDBUMP.COM / DIST. BY CREATORS

How do people recovered from psychosis describe their experiences?

- a spiritual emergency
- an attempt to recover from failure
- survival mechanisms
- a healing process
- an identity crisis that organizes a new "self" from a negative identity *Dan Fisher*
- prophetic voice with potential to heal cultural divides *Paris*

How do people recovered from psychosis describe their experiences?

- social support lacking in the outside world
- a veiled way to communicate secrets
- a way to call out abuse or injustice
- a way to express "unspeakable" experiences

(my . . . father . . .)

- label given by society to invalidate critics

Ignaz Semmelweis, MD


SEMMELWEIS

Recovering Through Self-Help and Peer Support

Uniquely empowering:

- Feelings of belonging and connection
- People who have 'been there' provide unique hope
- Other voice hearers can offer acceptance that professionals may be unable to provide
- Elements of activism and liberation can energize sense of self and agency

Methods Pioneered in Hearing Voices Network

VOICE PROFILING (Ron Coleman; Maastricht Voice Interview)

Who are the voices?

- How many are there?
- Do they have an identity, age, gender, or name?
- What are their personalities like?
- What do the voices say?
- What is their relationship with you like?
- How do they relate to one another?
- When did they come into your life?
- What was happening with you when the voices started?
- How do they treat you now?

Methods Pioneered in Hearing Voices Network

VOICE DIALOGUE:

inviting voices into the conversation

- Permission
- Respect
- Appreciation

Voice Dialogue

Show gentle interest

- Voices are part of the person
- Purpose of the voice (protecting, motivating . . .)
- Voices help the best way they know how
- They have worked hard at this, often for many years
- Welcoming a voice creates trust

Voice Dialogue

When voices evolve, the voice-hearer's life can also change.

If a person's voices/parts can experience trust and acceptance, the person may experience healing.

Voices can be a personal red flag, signaling a problem that needs attention.

Demonstration

Theories that have not held up:

Dopamine hypothesis (like adrenalin hypothesis of anxiety)

Chemical imbalance theory

Ronald W. Pies, MD, Editor in Chief Emeritus of the *Psychiatric Times;* Professor of Psychiatry at Tufts and SUNY medical schools:

"In truth, the 'chemical imbalance' notion was always a kind of urban legend . . . [that]should be consigned to the dust-bin of ill-informed and malicious caricatures."

Psychosis is neurotoxic

"Mouse model" of schizophrenia

Theories that have not held up:

Genetic causation:

> "We estimated the heritability of schizophrenia to be 79%."
>
> R. Hilker, et al., *Biological Psychiatry,* 2017

- 80-year search for genetic links
- Study designs:
  - Adoption studies
  - Twin studies
  - GWAS, GCTA

Adoption Studies

Many studies have concluded schizophrenia is "80%" or 41% or 60% "heritable".

Methodological problems in the adoption studies:

* Strong presupposition of genetic causation
* Blinding procedures were inadequate
* Study designs were changed post hoc
* Statistics were misused
* Fluctuating definitions of "schizophrenia" included "latent", bipolar disorder, personality disorder
* More distant relatives had *higher* rates of Sc

Adoption Studies

* Studies do not rule out environmental confound
* All the adoption studies included children not removed from Sc bio parents until age 3-5 years
* All adoption study data was collected from areas under the domain of eugenics laws
* Children of Sc bio parents selectively placed in more stressful environments
* 1/4 of adoptive parents of Sc adoptees in Kety study had psychiatric admissions - none of the parents of unaffected adoptees did
* Diagnostic interviews were falsified

Tienari et al., 2004

303 adopted between 1960-1979	145 had Sz bio moms	158 had average bio moms	Odds ratios
Sz or delusional disorder	4.3%	1%	4.3 x
sc or pa personality disorders	3.6%	0.66%	5.5 x

Tienari et al., 2004

	Sz bio moms	average bio moms
ok adoptive families	95% : 5%	95% : 5%
disturbed adoptive families	63% : 37%	95% : 5%

Tienari conclusion:

Family environment and biological parent with schizophrenia spectrum disorder were found to contribute equally to risk for serious psychological diagnosis

Twin Studies

Twin studies dating back to 1928 show that identical twins are about 5x as likely to be "concordant" for Sc as fraternal twins

Hilker et al., 2017
N = 448 twin pairs b. 1948-2000 with one/both Sc:

Identical twin concordance: 12 : 81 (14.8%)

Fraternal twin concordance: 12 : 367 (3.3%)

Genain quadruplets

“Nora, Iris, Myra, and Hester Genain”

Figure 10.2 Genain quadruplets.

Twin Studies

Methodological problems:

- Fundamental assumption: identical and non-identical twins have "equal environments"
- Negative experience (ACEs) significantly more likely to be shared by an identical twin (N = 9,112 pairs)
- Identical twins are more likely to have identity confusion, folie a deux, or private language
- Identify more closely with one another
- Small samples, statistical fudging
- Non-blind procedures: circular diagnosis
- Inability to confirm genetic similarity
- Diagnostic vagueness

GWAS, GCTA

Looks for correlations among zillions of alleles and various conditions

Vulnerable to false positives - accidental correlations that cannot be replicated

"and now for something completely the same"
(Dan Kriegman, PhD):
the Pruning Gene

"Schizophrenia breakthrough"
The Guardian (London), 2016

" . . . the **first rigorously tested insight** into the biology behind any common psychiatric disorder."
The New York Times

"Genetic study provides **first-ever insight** into biological origin of schizophrenia"
The Broad Institute of MIT and Harvard

Pruning Gene

Gene responsible for excess neural pruning contributes to psychosis (Sekar et al., 2016)

- Pruning of **redundant or unused** neural connections in adolescence is part of normal brain maturation

- Gene modestly correlated with schizophrenia tags more brain cells for pruning than average in the prefrontal cortex (involved in social development)

- This gene may increase risk by 25% (to 1.25 times the base rate)

Pruning Gene?

Noel Hunter's alternative hypothesis:
Isolated or bullied teens may have more redundant or unused neurons relating to social life, which get tagged

Evidence for genetic causation

- 20th century experience: Germany, 1933-1970s
- ISPS International Conference, 2015, keynote speaker, Deborah Levy, PhD, was asked:

"How many people have been helped by 50 years of genetic research on schizophrenia?"

Structural brain differences?

- Brain changes seen in schizophrenia resemble changes found with PTS and other mental health problems

- Brain development in children is visibly altered by social neglect *(Bruce Perry, MD, PhD)*

- Talk therapy can change brain structure

- Early adversity may have epigenetic impact

What actually correlates with a diagnosis of "schizophrenia"?

- Feb-March birthday: 5% increase in risk (1.05 times the base rate)
- Gene that may increase neural pruning in adolescence: 25% increase in risk (1.25x BR)
- Sudden loss of close relative in childhood: 39% increase in risk (1.39x BR)
- Urban vs. rural environment: 70-265% increase in risk (1.70-2.65x BR)
- Genetic link: 3.5-5 times the baseline risk, but only in negative environments (5x BR)
- Racial discrimination or immigration to a country where your group is devalued: 6-9 times the base rate

Kirkbride et al., 2012 - impact of poverty

Living in deprived urban neighborhoods, overcrowding, and relative poverty increased risk for schizophrenia - 6x base rate

Risk was higher for African-British men living in non-African neighborhoods

N = 427 adult residents of E. London diagnosed with first episode of schizophrenia between 1996 and 2000.

What actually correlates most strongly with a diagnosis of "schizophrenia"?

- Loss of mother before age 10:
  12 times the base rate risk (12.0 times the base rate)

- Childhood abuse history increased risk 7-13 times
  N = 4,045 Dutch adults, in-home WHO interviews, 1996 & 1999
  Regular to frequent psychological or physical abuse increased risk of psychosis at 2nd interview 13x, need for hospitalization 11x
  (Janssen et al., 2004)

- 80+% of psychiatric inpatients have a history of serious abuse *(Read & Dillon, 2013)*

What actually correlates with a diagnosis of "schizophrenia"?

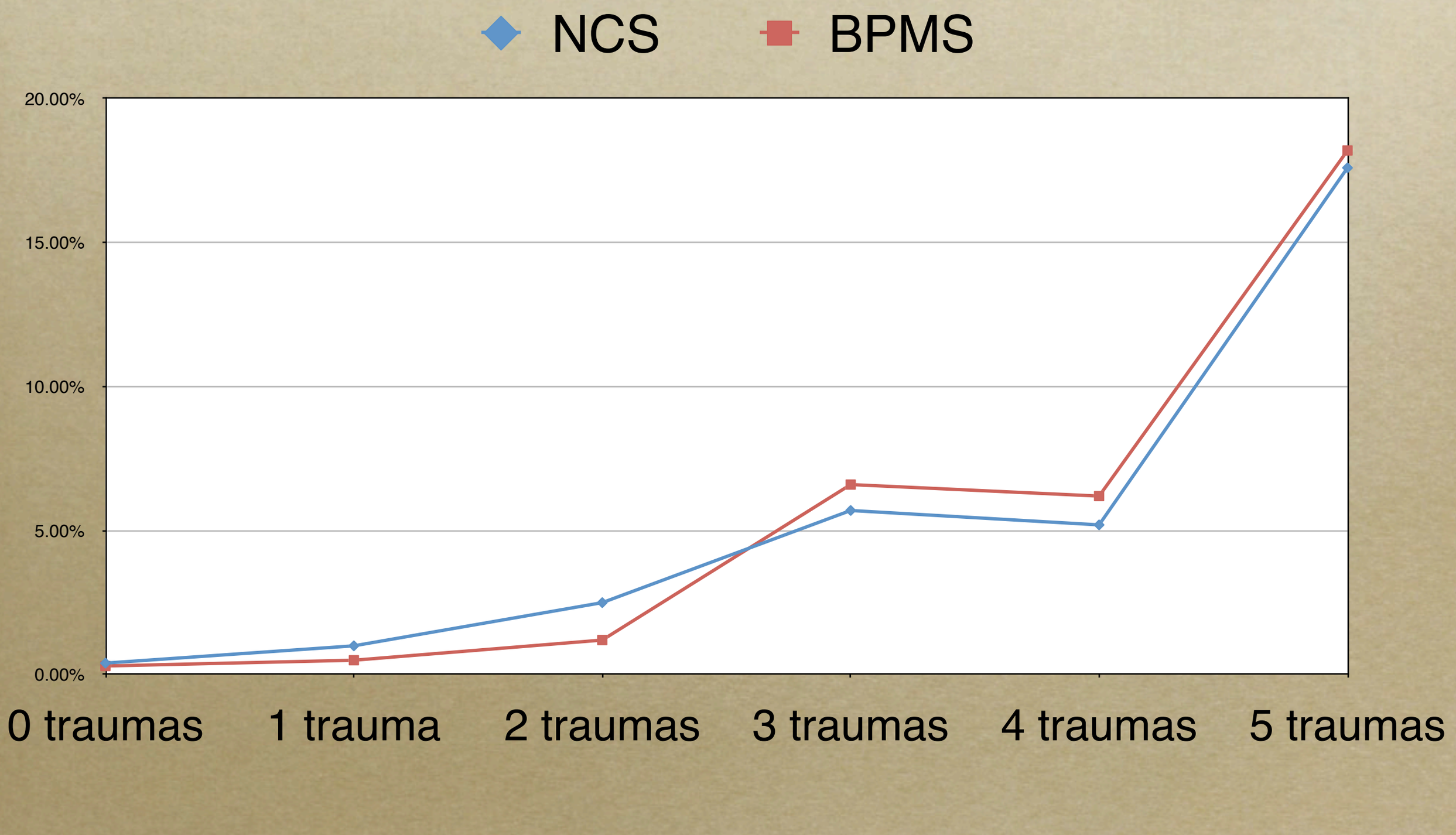
- Kaiser Permanente/CDC survey of > 17,000 HMO members: people with histories of 7 ACEs were 5x as likely to experience hallucinations as those with zero ACEs *(Whitfield et al., 2005)*

- People who experienced all 5 major categories of ACE were found to be at least 25 times as likely to be diagnosed with psychosis *(Shevlin et al., 2007)*

- 35% of 500 children removed from abusive homes were later diagnosed with schizophrenia (35 times the base rate) *(Read & Dillon, 2013)*

Shevlin et al., 2007; N > 14,000, random community samples

Percentage with schizophrenia at the time of interview



What does it mean when we find a "dose-response effect"?

The correlation between
"dose" (level of childhood adversity) and
"response" (the risk of being diagnosed with schizophrenia in adulthood)
suggests a causal relationship between experiencing trauma and experiencing schizophrenia

---

Richard Bentall, PhD et al. (2012)

" . . . experiencing multiple childhood traumas appears to give approximately the same risk of developing psychosis as smoking does for developing lung cancer".

Many routes lead to mental "illness" -
many routes also lead away:

---

friendship, dialogue, spiritual experience, sobriety,

self-help, creative expression, testing out assumptions,

helping others, exercise, writing, psychotherapy,

activism . . .

Resolving psychotic crisis: Open Dialogue

Open Dialogue family therapy for psychotic crisis

Developed in Finland over the past 30 years

For 78-85% of people who complete Dialogue, psychotic symptoms are resolved

Majority do not use medication

Jaakko Seikkula, PhD
Birgitta Alakare, MD
Jukka Aaltonen, PhD

Elements of successful family therapy

- Early, home-based, using consistent treatment teams
- Medication is delayed, used long term by 20% of participants
- Transparent: discussion occurs only with family present
- Egalitarian: 'sane' voices, professionals, parents not privileged over person in crisis
- Polyphony: listening to every voice
- No pressure to find agreement

Elements of successful family therapy

- Inclusive - teacher, friend, employer may join the family Dialogues
- Focus is on understanding - not changing or 'fixing'
- Uncertainty and contradiction are expected
- Focus is here and now
- Sharing intense emotion leads to connection, security, empathy
- The family's dilemma: trauma pushes people into monologue: self-focus, wanting to define and control situations for others, not listening, rigid and repetitive solutions

Assumptions of Open Dialogue

- Anyone might become psychotic
- Stress, difficulties, or trauma are the main contributors
- Psychosis is not an individual problem, but exists between people
- Psychosis is meaningful and needs to be understood
- Clients and families are able to solve their own problems

National Institute of Mental Health

Associates at NIMH were asked to pilot Open Dialogue by first group of clinicians trained in the U.S.

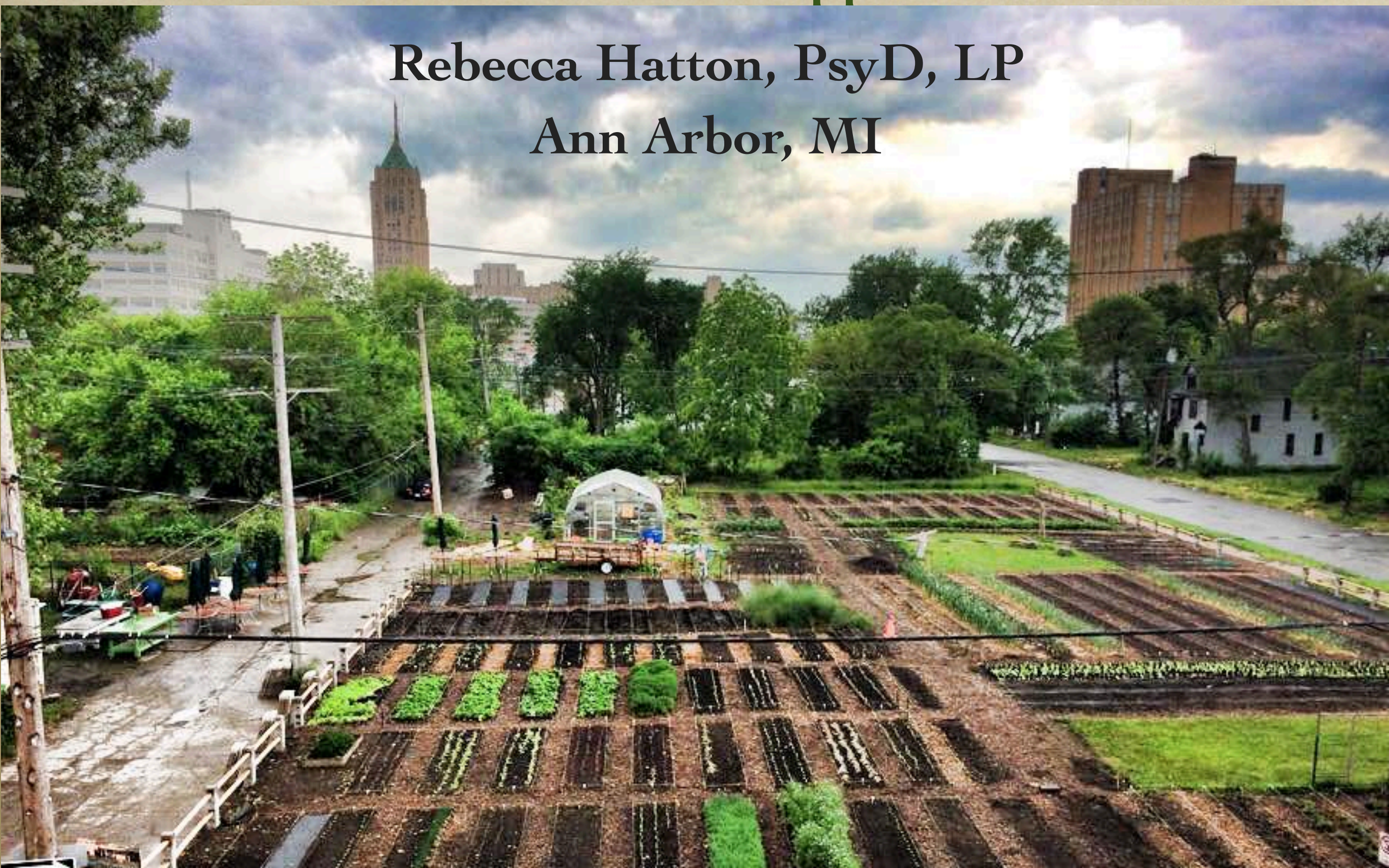
Response in 2011 was that “Dialogue is ‘too different’” to work here
However, in 2015 proposals were invited

Dialogic practitioners are reporting preliminary results in Boston and NYC

Hope for Recovery, Recovery of Hope
Part 2: Effective Approaches

Rebecca Hatton, PsyD, LP

Ann Arbor, MI



More about approaches that work

Cognitive behavioral therapy for psychosis (CBT-p)

Emotional CPR (eCPR)

The recovery movement: Hearing Voices Network (HVN)

Open Dialogue family therapy for psychosis (OD)

Where are these approaches on the spectrum?

Professionalized . . . . . Self-directed

Hierarchical . . . . . Egalitarian

'Symptom'-focused . . . . . Strength-focused

Risk averse . . . . . Risk tolerant

Early/crisis . . . . . Long term situation

Disease model . . . . . Trauma model

CBT-p Workbook: Unusual Experiences

EVIDENCE BASE for CBT-p:

- Methodology
- Outcomes
- Safety Record
- Have NIMH & NICE endorsements increased access?

CBT-p vs. CBT as usual

- Safe relationship
- Supportive
- Tentative
- Slower paced
- Normalizing emphasized
- Explores beliefs *about* voices

CBT-p workbook

Eleanor Longden

Eleanor Longden film:
Knowing You, Knowing You

- What CBT ideas did Eleanor use in her recovery?

- What other healing elements did you notice?

Crisis response: Emotional CPR

eCPR: Connection, emPowerment, Revitalization

Dan Fisher, MD, PhD, National Empowerment Center

www.power2u.org emotional-cpr.org

https://emotional-cpr.org/

Six Intentions of eCPR:

I will use my eyes, ears, and heart.

I will share my emotional response in being with you and I will stay with you.

I will be WITH you, agenda free, with no need to fix, judge, or advise you.

I am not sure what is best for you but together we will uncover your power.

Together we will access the power to heal within you.

We are creating life together in the present moment.

Emotional CPR

* Emotional presence, empathy, breathing with, focus on now, "embodied dialogue", respect for powers of self-healing, sharing your own feeling response

* How do you give empathy non-verbally?

* Trauma locks feelings in, creating isolation

* Both person in distress and listener are often glad to avoid feelings

* Not: assessing, questioning, problem-solving, story telling, advising, referral to professional help

Mental Health First Aid

https://www.youtube.com/watch?v=wSAq7RwuhGs#action=share

Hearing Voices milestones

- Resonance (1987)
- Hearing Voices Network (1988)
- “Beyond Belief” (1994)
- Intervoice (1997)
- HVN-USA (2011)
- Lived Experience Research Network (2013)

HVN Outcome evaluation

Recovery movement ideas

Voice-hearing is not pathological

It can be de-mystified

Voices happen in the context of life story

Unusual experiences may happen when life events are overwhelming

Different people have different realities diversity research

Own your own experience

Understanding voices

- Voices may "externalize" unbearable emotions
- Metaphor for real-life relationships
- "Symptoms" may communicate essential information
- Voices may divert from severe shame or self-doubt
- Voices are often important protectors Yrian gods

How would it transform your relationships if you saw all behavior as meaningful? As protection, communication, or helpful in some way?

Working with voices

- Relationship with voices can be changed
- How is a voice trying to help?
- Is a negative voice echoing the past?
- Or the opposite, keeping a bad memory away?
- Are voices working out a difficult question?

  unsolved problems
  memories of trauma
  worries about the future

HVN ideas

- What happens when you step out of the struggle?
- "My most abusive voices became my strongest supporters." - *Jacqui Dillon, Coordinator, HVN-Great Britain*
- Acceptance of differences
- Both/and
- True freedom of thought and speech

  - Gail Hornstein, PhD, Mt. Holyoke College
- Compassion for voices creates self-compassion

The voice hearing movement challenges:

- The "illness" model of psychological suffering
  - normal reaction to an abnormal situation
- Privileging one group of people to define others
- Privileging people without lived experience
- Whether researchers should study people as objects rather than collaborators

When do we stop listening?

- Gail Hornstein, PhD: Was told her collection of 900 madness narratives couldn't exist. *"We are in denial about the success of our own methods."*

- Daniel Fisher, PhD, MD, peer-psychiatrist and Founder, National Empowerment Center

- Ron Coleman, clinician, recovery educator: The profession and the mental health system need to recover as well

"Integrate yourself . . . break the silence and terrible loneliness . . . have the courage to hear and listen to each other . . . It's not your job to make me better. It's my job to save my own life. It's not your job to fix me because I'm not broken . . . Your belief in me, sincere and genuine, spoken out loud, and loving relationships . . . [result in] minor miracles . . ."

Debra Lampshire, RN
Senior Tutor, University of Auckland
Chair, ISPS-New Zealand
"Voice Hearer by Trade"

HVN group role play

Break into groups

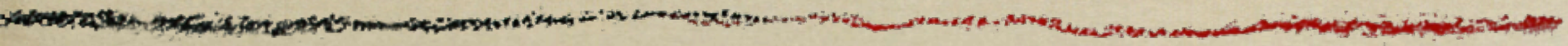
Take off professional “hat”

Read HVN-USA Charter together (page 4)

Brainstorm solutions to vignettes shared in HVN groups

Is it art or psychosis?

"The ghost of electricity howls in the bones of her face."

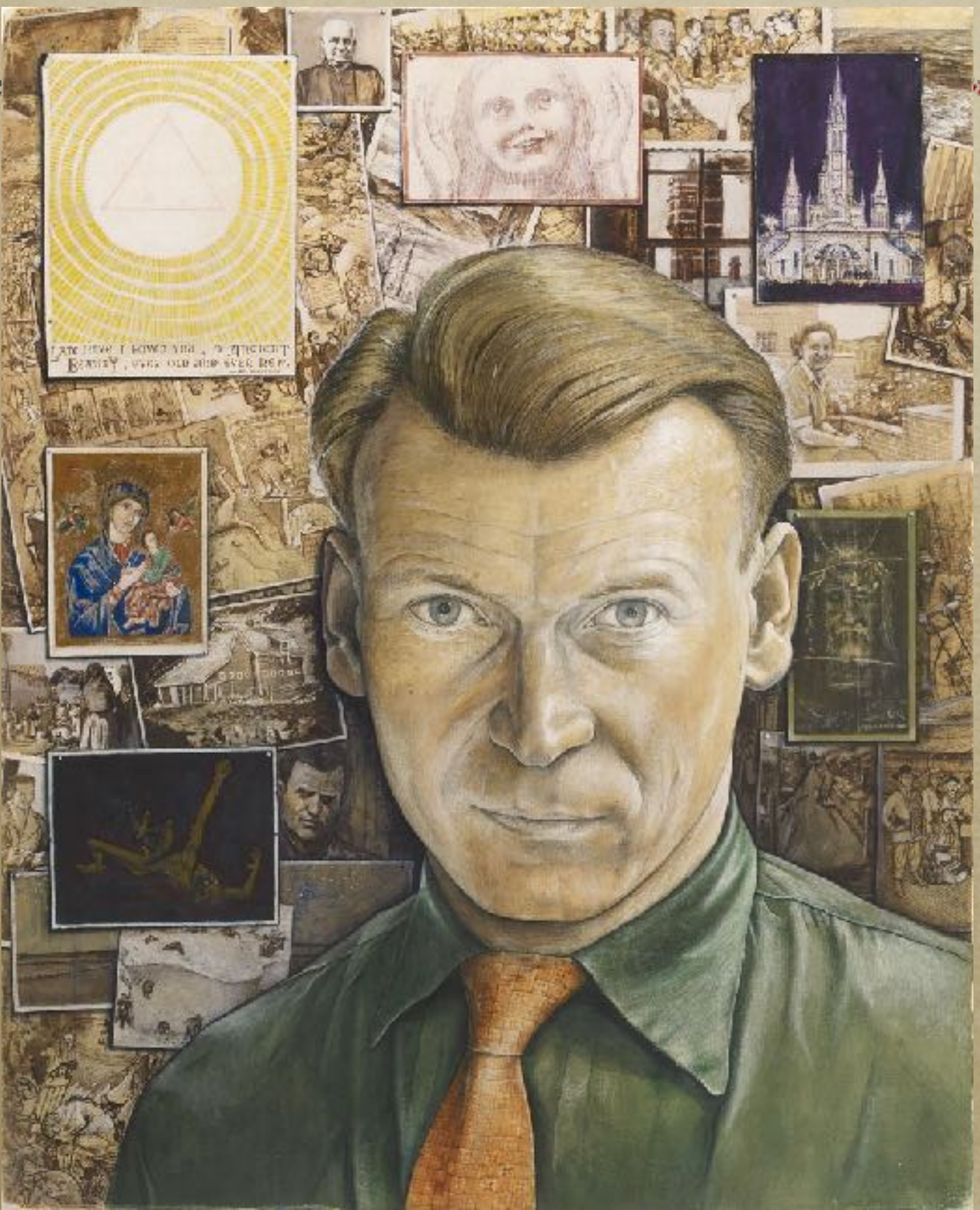


. . . "where these visions of Johanna have now taken my place."

"Visions of Johanna", Bob Dylan, 1965


WAR IS PEACE

William Kurelek, 1927-1977



Ukrainian-Canadian artist

Awarded the

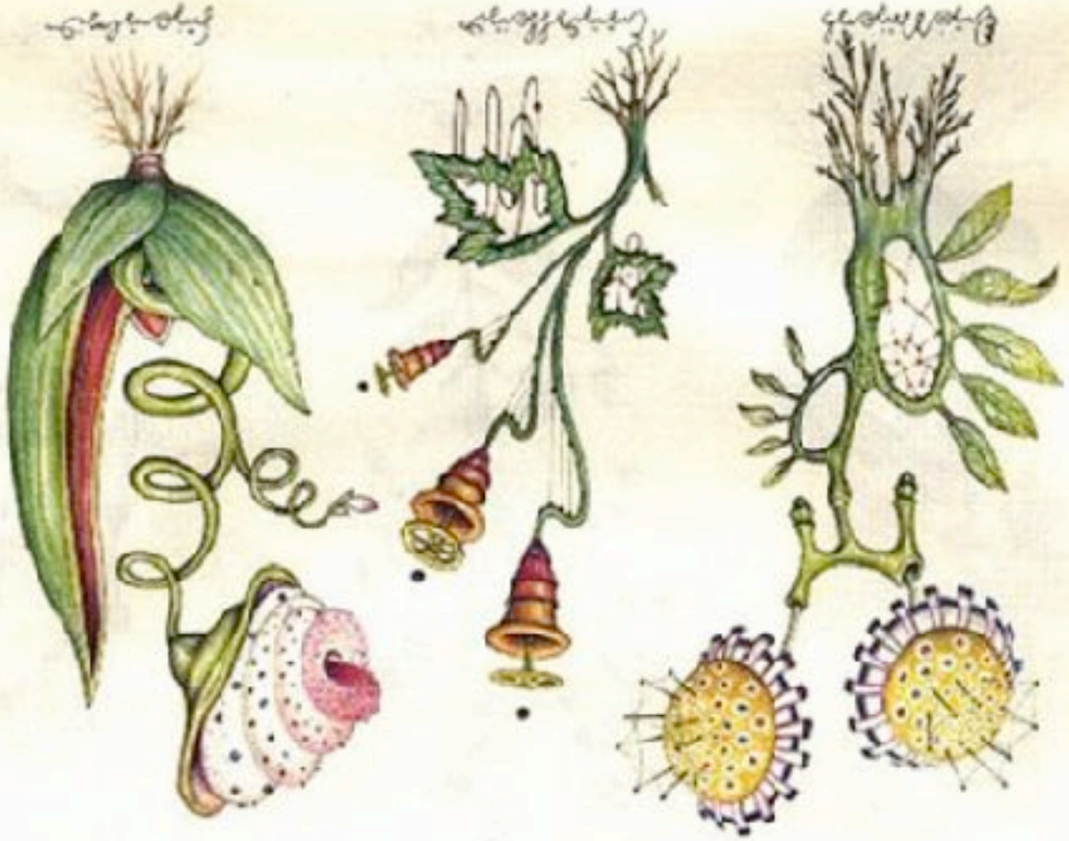
Order of Canada in 1976

"I realized that the yellow butterflies came before the appearances of Maurice. I was pruning the roses and saw the butterflies and took Mimi away from the spot where she was, which was the same place in the yard where Ruby had gone up to heaven. I had thought for an instant that the miracle was going to be repeated with my daughter, because I had been bothered by a sudden flapping of wings. It was the butterflies."

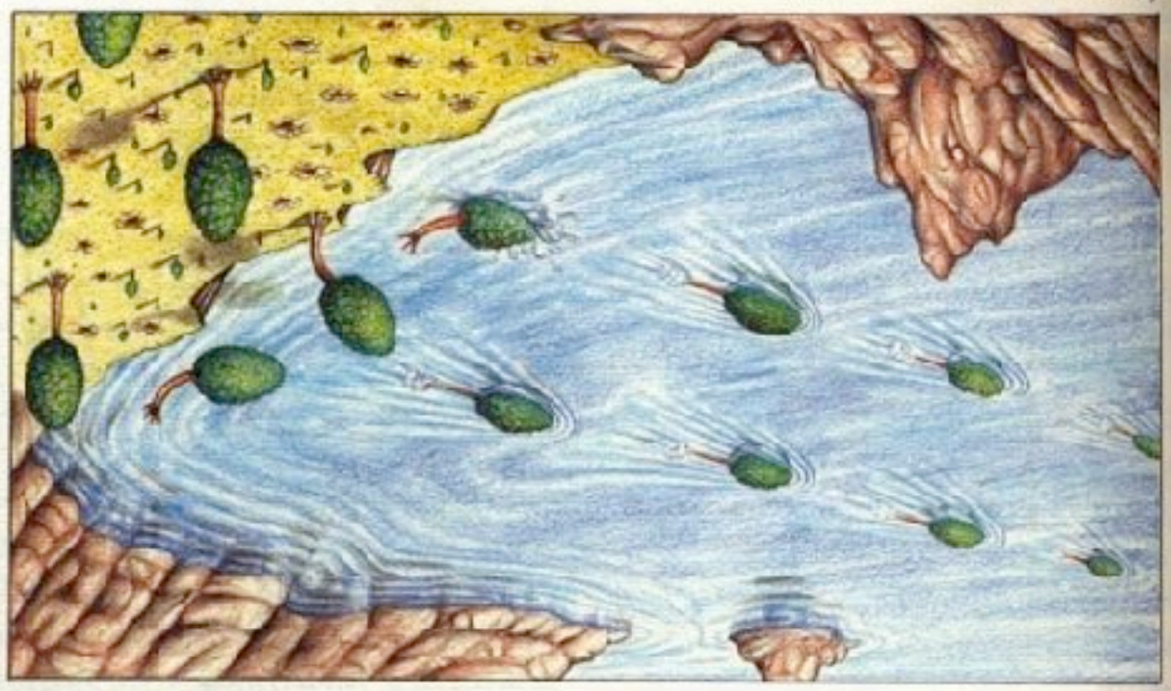
Gabriel Garcia Marquez, 1967

From *One Hundred Years of Solitude*

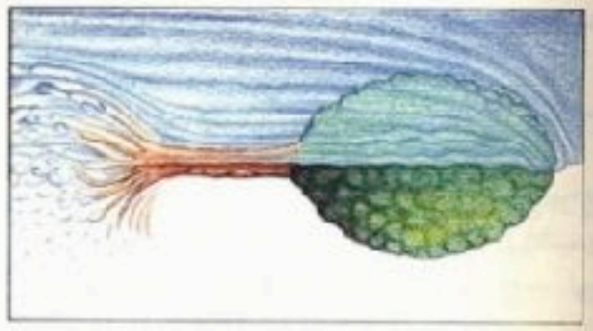
Nobel Prize in Literature, 1982



۲- هیچ‌یک از این میوه‌ها را می‌شناسید؟



در هندوستان جوجه‌تیغی‌ها هویج، تخم‌مرغ، نخودفرنگی و حتی جواهرات را می‌دزدند.



جوجه‌تیغی‌ها از خارهای خود برای دفاع استفاده می‌کنند. وقتی جوجه‌تیغی احساس خطر می‌کند، خارهای خود را راست می‌کند و به سمت دشمن پرتاب می‌کند. خارهای جوجه‌تیغی‌ها بسیار تیز هستند و می‌توانند به راحتی پوست دشمن را سوراخ کنند. جوجه‌تیغی‌ها از خارهای خود برای ساختن لانه‌های خود استفاده می‌کنند. آن‌ها برگ‌ها، شاخه‌ها و سایر مواد را جمع‌آوری می‌کنند و آن‌ها را به شکل یک لانه گرد در می‌آورند. جوجه‌تیغی‌ها معمولاً در لانه‌های خود زندگی می‌کنند و فقط برای جفت‌گیری یا یافتن غذا از آن خارج می‌شوند.

جوجه‌تیغی‌ها از حشرات، کرم‌ها، خزندگان کوچک، پرندگان و حتی میوه‌ها تغذیه می‌کنند. آن‌ها دندان‌های تیزی دارند که به آن‌ها کمک می‌کند تا غذای خود را بجوند و خرد کنند. جوجه‌تیغی‌ها معمولاً شب‌ها فعال هستند و در روز در لانه‌های خود استراحت می‌کنند. آن‌ها حیوانات تنها هستند و فقط برای جفت‌گیری با یکدیگر ملاقات می‌کنند. جفت‌گیری جوجه‌تیغی‌ها معمولاً در فصل بهار اتفاق می‌افتد. ماده پس از ۶۰-۷۰ روز بارداری یک یا دو بچه به دنیا می‌آورد. بچه‌ها در ابتدا نابینا و بی‌دفاع هستند و به مراقبت والدین خود نیاز دارند. آن‌ها پس از چند هفته شروع به خوردن غذای جامد می‌کنند و پس از چند ماه از لانه خارج می‌شوند.

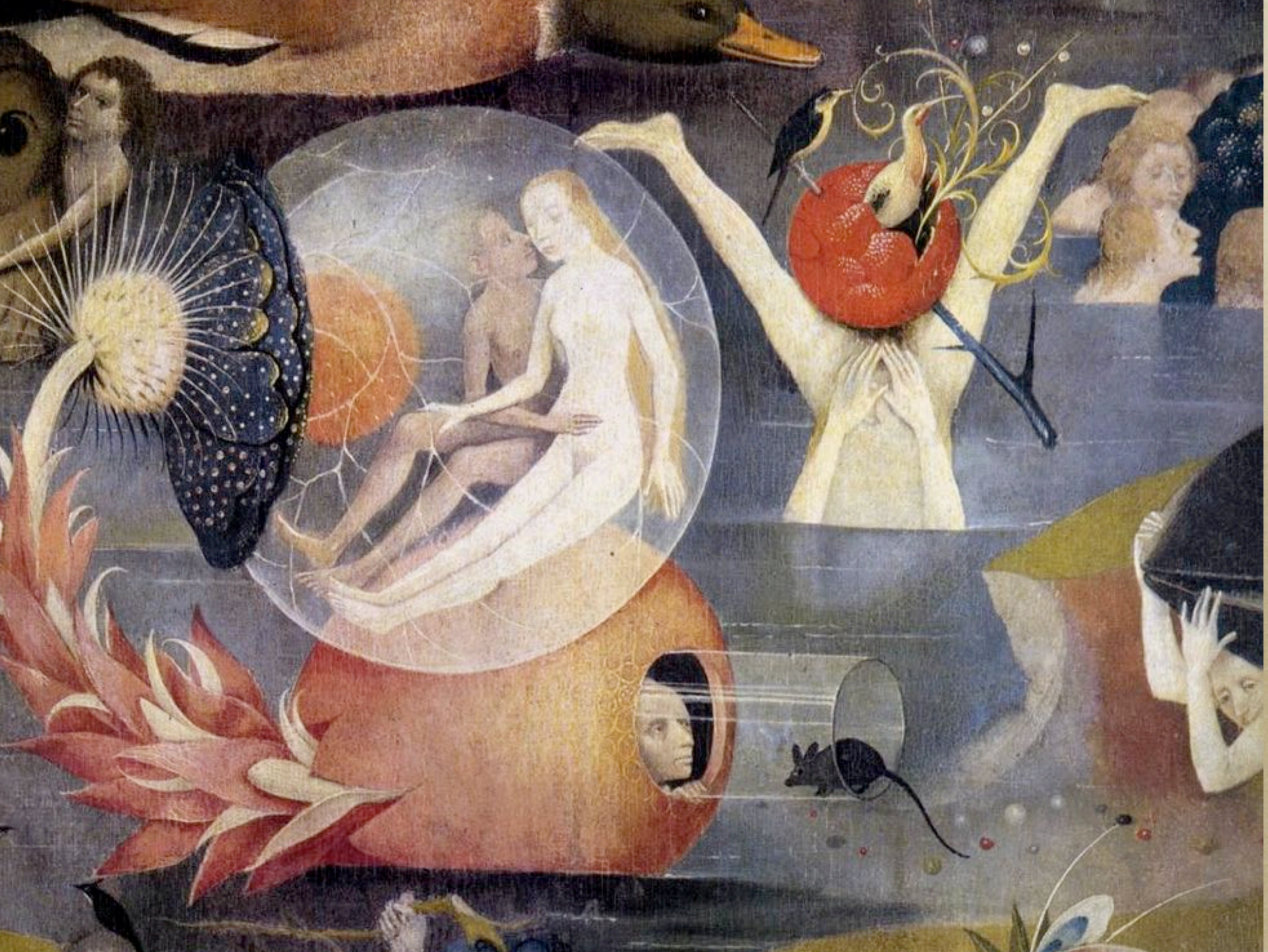
جوجه‌تیغی

جوجه‌تیغی‌ها حیوانات کوچک پستاندار هستند که به خاطر خارهای تیز و نوک‌تیزی که روی بدن خود دارند، شناخته می‌شوند. این خارها در واقع موهای سخت و تغییر شکل‌یافته هستند که به آن‌ها کمک می‌کند تا از خود در برابر شکارچیان دفاع کنند. جوجه‌تیغی‌ها در بسیاری از نقاط جهان، از جمله آسیا، اروپا و آفریقا، زندگی می‌کنند. آن‌ها در انواع مختلف زیستگاه‌ها، از جنگل‌ها و مراتع گرفته تا مناطق بیابانی، زندگی می‌کنند.

Luigi Serafini, 1981

Codex Seraphinianus is an illustrated encyclopedia of an imaginary world created by an Italian artist, architect, and industrial designer. 360 pages long, it is written in a cipher alphabet in an imaginary language.

Jacket embroidered with text, Germany, c. 1890



Hieronymous Bosch, c.1450-1516

Probably witnessed his city burn down at age 13. Considered orthodox and widely copied.
Doc Martens in 2 colors:
Bosch Heaven or Bosch Hell

Open Dialogue

Why do we care about Dialogue?

"surprising, baffling" outcomes

"benign trauma from which, hopefully, you will never recover"

What does it feel like to be heard?

love and dialogue

"For the . . . human being there is nothing more terrible than a lack of response."

Mikhail Bakhtin, philosopher, 1975

"Love is the life force, the soul, the idea. There is no [dialogue] without love . . . Love is dialogic."

David Patterson, professor of Russian literature,1988

" . . . feelings of love, manifesting powerful mutual emotional attunement in the conversation, signal moments of therapeutic change."

Seikkula & Trimble, dialogic clinicians, 2005

Social Context of Open Dialogue

- Whole-network response *incidence* is going down
- "You must be willing to work as a team"
- Early response
- Continuity
- Need-adapted
- How was the Tornio site unique?

values of Dialogue

- To be *known* is a fundamental human need
- "With-ness", not "about-ness"
- Present moment
- Family and relationships
- Comfort with uncertainty

values of Dialogue

- Polyphony
- Democracy
- Transparency
- Non-violence ER dialogue
- Letting go of therapeutic ambition
- Repair

“Last night as I was sleeping,

I dreamed . . .

that I had a beehive

here inside my heart.

And the golden bees

were making white combs

and sweet honey

from my old failures”.

Antonio Machado, 1924

Roots of Dialogue

- Psychoanalysis - relational psychoanalysis is a parallel development
- Family Therapy
- Narrative Therapy
- Dialogism
- Recovery movement

What's missing

- diagnosis
- "othering"
- theoretical purity
- professional privilege
- family-blaming
- withholding

Monologue

- Groupthink, the Borg, consensus, censorship, Newspeak, war of words, feeling judgy, presumption, repetition, post traumatic stress
- Restricts freedom, narrows the horizon
- Trauma → monologue → control → violence
- How does monologue hurt the monologuer?
  "This is not about *me*"

Jaakko Seikkula & Tom Erik Arnkil, *Open Dialogues and Anticipations: Respecting Otherness in the Present Moment*, 2014

" Dialogue can't be that difficult, babies are masters of it".

". . {we don't pursue] strategic interventions aiming at changing others . . . dialogism is an outlook - a way of being between people - it cannot be reduced to methods or techniques . . . respecting the uniqueness of the person without conditions . . . Any successful way of working relationally utilizes the fundamental dialogicity of human existence: being heard and responded to . . ."

The sound of Dialogue

- Speaking in order to listen
- Weakest voice ‘For a Finnish man . . . ‘
- “How did you come to this idea?”
- “Listen to the words, not the meaning”
- Look for bonds, connections, love and care, good intentions, strengths, what you like

The sound of Dialogue

Repeating back word for word:

M: Throughout my life I've been excluded from the family. At last I want to get rid of this symbiotic mess.

J: You said that 'Throughout my life I've been excluded from the family'. Then you said that 'At last I want to get rid of this symbiotic mess'. It sounds like you are saying two things at the same time?

M: . . . Yes . . . that's what I said . . . But I cannot say anything more about it now.

sound of Dialogue

- "Empathy creates traps."
- Wondering, noticing, & silence
- Welcoming all words
- You don't have to figure everything out
- "When you look into that [difficult] word, what do you see?"

This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.

He may be clearing you out
for some new delight.
The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.
Be grateful for whatever comes.
because each has been sent
as a guide from beyond.

Jelaluddin Rumi, c. 1250
translation by Coleman Barks

Barriers to using Dialogue in the U.S.

- Health care funding system
- Individualism, exceptionalism, violence
- Dependence on TAU for safety
- Fragmentation of social networks
- “Not knowing what we know”
- Liability imbalance
- Have we unintentionally done harm?

Institute for Dialogic Practice
Manhattan

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Jaakko Seikkula, PhD, University of Jyvaskala, Finland

Peter Rober, PhD, Katholic University of Leuven, Belgium

Cherry Blossoms/Hanami (2006)

Concluding exercise: Dialogic supervision