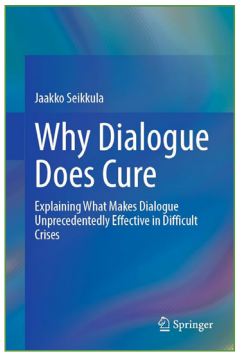
Reflecting on the healing potentials of dialogue:



A review of Why Dialogue Does Cure: Explaining what makes dialogue unprecedentedly effective in difficult crises by Jaakko Seikkula

Reviewed by Tom Strong

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Abstract

Open Dialogue (OD) was developed in Finland as a family- and community-based response to psychiatric emergencies. Central to OD's development have been the conceptual and research contributions of Jaakko Seikkula. I review and reflect on Seikkula's recent book on OD's development that shows how dialogic ideas, research, and client and collegial feedback have come to inform OD as he advocates it be currently practiced.
Why Dialogue Does Cure: Explaining what makes dialogue unprecedentedly effective in difficult crises was published by Springer in 2025. 169 pp. ISBN: 978-3-031-91293-1.

Key words: Open Dialogue; Jaakko Seikkula; family therapy; book review

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> Dialogical practice creates a new image of the human, in which the best care is to accept people's emotional experiences rather than to eliminate psychological symptoms or change the family. (Seikkula, 2025, p. 35)

For Jaakko Seikkula, dialogue is as important as breathing. Refining what being dialogic in therapy means, and what it can accomplish, has focused his practice-based inquiries for more than 40 years. Seikkula uses the medical word "cure" in his title, which might raise an eyebrow for narrative therapists and community workers who read this book with postmodern sensitivities. His involvement with Open Dialogue (OD), however, has entailed straddling the modern/postmodern institutional and professional divide: embracing the linguistic turn in therapy while using research to show how OD makes a difference and can be further enhanced. Given that OD was developed to respond to psychiatric emergencies, garnering evidential support for its therapeutic use has been no small challenge. Thankfully, Seikkula and a growing community of OD practitioners are making significant in-roads in convincing mental health researchers and administrators that there may be effective alternatives to a medication-only response to psychosis and other extreme emotional health concerns (Mosse et al., 2023).

My interest in OD goes back 30 years to a brief chapter (Seikkula et al., 1995) that exposed me to its then premises and practices. Collaborative and postmodern approaches to practice had been central to my own evolution as a practitioner. Then I became an academic focused on researching and writing about these approaches. OD was and remains highly collaborative and postmodern, addressing the needs of people having extreme experiences that too often translated to lifelong involvement with antipsychotic medications and the mental health system. However, while OD was joining an exciting group of recent therapies (e.g., narrative, solution-focused) this was also a medicalising time when evidence-based practice tethered to the use of DSM diagnoses was increasingly expected of therapists (Strong, 2017).

Seikkula, for the last 30 years, has been establishing OD's own evidence base, while using his research to enhance the therapeutic effectiveness of OD. His book chronicles those efforts, informing readers of how OD draws on the ideas of literary theorist Mikhail Bakhtin and other dialogic thinkers like John Shotter, Tom Andersen and Lev Vygotsky. I was drawn to OD's exploration of collaborative practice, how its practitioners learnt (from those they helped) to make their dialogues more responsive and inclusive for families and networks of supportive people at extremely vulnerable and challenging times. Seikkula was also using his research to have OD considered a viable, evidence-supported alternative to the continuing standard practice of isolating clients (think padded cells) and prescribing antipsychotic medications. My ongoing curiosity has been with how participants share therapeutic experiences and decision-making in ostensibly collaborative processes, as OD purports to offer (Ong et al., 2023).

While not a "how-to" text on OD (see Seikkula & Arnkil, 2006), *Why Dialogue Does Cure* guides readers through Seikkula's account of OD's conceptual and research developments. The story begins with his exposure to and adaptations of rapid changes occurring in family therapy in the 1980s (the Milan approach's adoption of Bateson's ideas, the democratising of therapeutic dialogue via reflecting teams, and therapy's linguistic turn). His practice and research setting was community-based mental health services housed in Keropudas, a remote hospital in the Finnish community of Tornio. While the treatment orthodoxy of the day was antipsychotic medication, Seikkula involved families and community members during "psychiatric emergencies". Conversational encounters when the client was experiencing extreme states seldom succeeded to bring that client over to the professional's linguistically

constructed version of reality, nor those of the family and community members. But, from the outset, it was clear to Seikkula and others that the client sought responsiveness from the team, family and community members – and this became OD's clinical and research challenge. Dialogic responding differs from practitioners thinking of themselves as intervening or taking initiatives in therapeutic conversations.

Already intrigued by family therapy's focus on the conversational patterns in family interactions and the flattened hierarchies (between clients and professionals) used in reflecting team dialogues, Seikkula and his colleagues explored ideas coming from the linguistic turn then occurring in the humanities and social sciences. Specifically, the writings of Mikhail Bakhtin (e.g., 1984) on dialogue and polyphony helped to make sense of how experience could be voiced in more than one narrative or linguistically constructed understanding. The notion that interactions between therapists and clients in psychiatric emergencies were to occur solely on the professional's linguistic terms often exacerbated an already troubling circumstance. Needed were new ways to be dialogically responsive to, and welcoming of, otherwise unheard voices grounded in different experiences than the professional conversation seemed to foreground. There was no focus on identifying a problem to be addressed or a narrative to deconstruct and reconstruct; the aim was to open dialogue to what needed discussing by all members.

Seikkula uses striking examples of work with clients and their family/social networks to show how OD practitioners learnt as they developed their approach. For example, he describes vertical and horizontal voices in dialogues – those heard in the dialogue (vertical) and those which could be invited into the dialogue (horizontal) – for all participants, practitioners included. Diagnostic understandings came to be seen as foreclosing on other relevant understandings coming from the embodied experiences of OD participants. This view, of course, came to clash with the predominantly medicalised approach used to treat psychotic patients elsewhere, and this clash is central to OD's emergent story. It also came to clash with the conventional expectations therapists had of themselves. Unexpected surprises from these dialogues needed to be welcomed, treatment plans sidelined given where and how participants took the dialogues, and rethinking was needed around how central therapists had been in a client's change efforts. What mattered was what was taken up and expanded on as worthwhile by participants in dialogue.

As Seikkula makes clear, research has been central to OD. Where one focus has been to use research to legitimise the use of OD as an alternative to a medication-only approach to addressing psychosis, another focus has been on reconceptualising what it means to participate in dialogue. One large study – the Relational Mind Project (University of Jyväskylä, n.d.) – shows how new questions and forms of inquiry have spun off from curiosities raised by participating in Open Dialogue meetings. The Relational Mind Project has been exploring the embodied ways participants engage in couples therapy, including their embodied physiological responses, synchrony in responding to each other verbally and nonverbally, and so on (e.g., Kykyri et al., 2024). To be dialogic, in the relational mind sense, is to decentre emotions, thinking and acting from their usual psychological centrality. We are instead invited to consider these "psychological" features on relational terms, as responses to how we are being responded to, interpersonally and circumstantially. This can be vertigo-inducing research for brain-centric practitioners to read and contemplate. As for legitimising OD through research, a large-scale project is now under way in the United Kingdom comparing participation in OD to "treatment as usual" for psychosis (UCL, n.d.)

Why Dialogue Does Cure will be considered an academically oriented text by many readers of this

journal. Its central narrative interweaves clinical experiences with philosophical and research-acquired insights used to keep enhancing OD. It is also the story of working with people undergoing extreme emotional circumstances, learning from them, and refining subsequent efforts to be helpful. Bringing family and relevant community members together to address such circumstances through open-ended dialogues can seem a relatively unstructured way to provide service, particularly because there is no focus on "treating the patient" as is the case in conventional therapy for psychosis. Different sensitivities and sensibilities are asked of OD practitioners than of narrative therapists, as Seikkula points out in several places throughout the book. Though not a book targeting practitioners, he does offer a chapter near the end of the book entitled: "Simple steps to develop dialogical skills to be present in the moment". I appreciated reading this book for how it reminded me of the innovativeness that can come from continuously being curious about clients' experiences while engaging with new ideas and ways of practice. Michael White (1994) said at a conference I long ago attended that good therapy is about the rigorous application of preferred ideas. Narrative therapists and community workers will find Seikkula's recounting of OD's development interesting for its rigour in adapting therapeutic ideas and practices shaped according to participants' dialogic responses to them. They will also be intrigued by the great lengths OD practitioners have gone to make therapeutic experiences as collaborative as possible.

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