

## PRESENTATION – SCIENTIFIC SYMPOSIUM

I am happy and moved to be standing here and see so many people in this big hall. It creates hope, and as all of us know – it is essential to keep the hope alive.

This day is about alternatives and about risks connected to pharmaceuticals.

But more than so it is about the people we meet in daily practice, living complex human beings who for a period of time, a short time or a long time need support by other people.

It is essential how these meetings take place and how those of us called professional helpers handle the situations. How we handle our own lives and the group and organization we are part of.

It is essential how the people around those called clients, family and others handle their lives and how they find support for themselves, how they are met by me and other professional helpers.

But it is also about society in a bigger framework. What kind of society do we wish to create and be part of?

Is it a society where more and more people are defined in terms of psychiatric diagnosis and where the “treatment” mainly consists of pharmaceuticals? It has been a steadily increasing number of both diagnosis and prescriptions the last decades. Also regarding young people and children.

This is a big ethical issue and we have to talk about it, but more than so we have to find alternatives, a variety of places where people may go when life is at stake. Except psychiatric hospitals there are very few alternatives today and if you have no money that is the place where you have to go or where you have to send your loved one.

For more than 30 years I meet with people in daily practice, but I also hear about people in other places who do not want to be defined in terms of psychiatric diagnosis. I meet with people, and hear about people who do not want to start using pharmaceuticals, and I meet with people and hear about people who want support to get off their drugs.

In our organization The Extended Therapy Room Hanna, Alexandra, Ingela, Cia, André, Kjell, I and others meet with young people who feel anxious about their family situation, people who do not know how to manage another three years in school. We meet with young people who hurt themselves.

We meet with families who have lost their capacity to talk together. We meet with people who have experienced a huge loss, we meet with people who have been into situations they cannot make sense of.

We meet with people who are worried about their work. We meet with adults who don't know how to handle life, fear and anxiety has taken over as they say. We meet with people who describe voices in their head, we meet with people who sense they have no place in society. People who in many ways have given up, BUT not totally. And not yet.

Some people we meet describe how affected they are by things happening in the world, wars going on, the climate change, refugees who have had to leave their countries, families and network.

Others express in deeds and words their feeling of not belonging, of being lonely. Isolated. Some people talk about oppression, rape, violation.

Is this supposed to be treated like an individual psychiatric illness? I would say no and I will try to describe how come I say no.

As a young social worker I got in touch with psychiatry and early on I realized it would not be possible for me to work in such an organization with its individual based diagnostic system and where already 30 years ago the treatment very often was prescriptions of pharmaceuticals.

I did not believe in a system which was organized by clinical wards where people stayed for a couple of days or many weeks together with other people whom they had absolutely nothing in common with than the fact that they were on a psychiatric ward.

I found it hard to see how it would be possible to recover in a system which did not take into account that which is important for most human beings; continuity, relationships, trust, to be listened to, to be met as a human being in all its complexity and not just as a patient suffering from an illness. A system which far too often leave out important aspects.

At the time being there were some exceptions, some wards at some hospitals where people, both those called patients and professionals were listened to and where their voices, and experiences were taken into account. Some brave leaders, some psychiatrists, nurses, care givers and therapists made a change which is described in research and also in text books, by for example Sandin, Topor, Cullberg to mention some.

Most of these wards do not exist anymore. Unfortunately the diagnosis are more than ever. Unfortunately prescriptions of pharmaceuticals are more frequent than ever. Not just to adults but also to young people and children. This is a huge ethical problem!

It seems as if the psychiatric system has learned very little during the last decades about what is important when life is at stake, but it also seems as if there is a lack of knowledge about human reactions to life difficulties and dilemmas that most of us recognize.

Sadness, grief, anxiety, angst, rage. Strong feelings. Reactions when life challenges too much or in a way which is not possible to grasp or to make sense of.

In psychiatry as in many other organizations the existing system is built on evidence based manuals, new public management, and an increasing amount of individual based psychiatric diagnosis.

The biological model is that which we hear about in media and it is spread to social service, schools and people in common.

There are far better ways to meet people when life is hard. It is necessary to find ways to describe human beings and life dilemmas and conditions in a better way than is done and to involve people of different kinds in a relational and contextual shared work. This has to be done and it has to start now.

That is the reason for me to be standing here today and foremost, it is the reason for our organization The Extended Therapy Room to exist.

## **A very short background**

Early on as a social worker I was blessed to meet with some courageous and creative social workers who worked close to so called ordinary people, family homes.

In the middle of Småland they created a project which invited clients to stay in a family on the countryside and take part in their daily life at the same time as both clients and family homes were supported by those of us who worked there.

This I loved! To be in the middle of life itself, to make use of one's own experiences and to work together without far too many restrictions, roles and wordings. But to be there! To sit by the kitchen table and to try to make sense of the present life situation to be able to make some changes for the future.

This I have words for today, to be honest it was not that articulated then 30 years back in time. It was more a spontaneous feeling, a hope which grew inside - an essential experience which formed my life one could say.

To see and to be part of such a living and strong organization, to be counted on and to be involved. All of us, no matter if we were so called clients, professionals or family homes. We used no specific methods or manuals, we did not talk about people in terms of diagnosis and we involved ourselves. What else could we do?

Years later this experience led to me starting Family Care Foundation where I was the leader for many years. I learned a lot about the importance of presence, participation and the personal responsibility which comes with being a human together with other human beings.

Over the years my work place became part of a huge international network and through that I got to know about a lot of organizations, and met with people from all over the world.

People who describe the same things about what is important – no matter where on earth they live. The importance of being met by someone who is willing to be there when life is too hard, someone who is authentic, which means someone who reacts. Responds. Listens. Someone who is not afraid but willing to take part also of that which is hard to understand at the first place.

People all over also describe the importance of time so that trust can be built. People describe the importance of structure in the meaning that one knows what will happen next, and continuity to know that the person who one starts to talk to also will be there and not disappear and be replaced by someone else.

This all together made me realize the importance of how to describe relational and contextual phenomena and to put it into a social and political context.

## **SOME IMPORTANT PEOPLE IN PRACTICE AND SCIENCE**

As a student I heard about Barbro Sandin and the work she and her team made at Sätters hospital. It created such hope inside to take part in her work, and to hear that people who used to be defined like chronic schizophrenic patients could leave the role of a patient and live a life amongst others in the society.

In her doctorate thesis she writes, *In the summer of 1983 I participated in a psychiatric congress in Vienna. After having attended many of the lectures I was depressed by the lack of interest in human conditions. I missed reflections about how people grow into the world, about humans and societal beings whose lives have meaning and content in relation to the people around them and how psychiatric illness is intimately connected to conditions early on in life, as well as our experiences in relationships*” ( page, 9, 1983)

Barbro is here today I am so happy to have her in my life, professionally and as a dear friend.

Magnus Hald who is here today worked close together with Tom Andersen who also was his dear friend and ally. Tom died nine years ago but he is very often in my mind and heart. His work and life is a reminder of the necessity to give space for people to be heard, to open the therapeutic room, to make use of ordinary life knowledge in the professional meetings.

Tom used to talk about the language which might bewitch us in the meaning that we might think we know something just by putting words to it. As for example the range of diagnosis; ADHD; BIPOLAR; ADD; DAMP; SCHIZOPHRENIA; etc etc...

Alain Topor who also is here today shows in practice based research what the people called clients find most important. It has not primarily to do with the title or education or theoretical framework, but about people who care, people who involve themselves, people who do the unexpected, people who show in action that they care.

It is also my many years of experience by working together with family homes at FCF, the essential importance of being there in daily actions and deeds. And to involve oneself as a human being in the meeting.

It does not mean however that knowledge is not needed, rather the opposite. But we have to consider what knowledge is and what kind of knowledge is important when meeting people in life crisis.

My assumption about what I call essential knowledge and reality has its theoretical roots in the phenomenological hermeneutic tradition that one can say goes back in the western world to Socrates, and in modern time is associated with Hans Georg Gadamer, Martin Heidegger, Edmund Husserl, Hanna Arendt and Linda Finley to mention some.

The phenomenological research tradition deals with describing reality, the life world as it appears. Phenomenological researchers agree on the importance of rich and complex descriptions of phenomena the way they appear in the lived reality.

The phenomenological tradition is based on the knowledge that Life itself effects and inspires both in practice and research.

One of the most important findings in my doctorate thesis is that it became so clear to me that the work described including myself belong to a band of people who know the importance of the subjective knowledge, and being part of the world.

The American author Joanne Greenberg describes in her book *I never promised you a rose garden* the life changing meeting with Frida Fromm Reichmann.

The Swedish psychologist Elgard Jonsson wrote the book *Tokfursten* which describes how he could leave the mental hospital after more than seven years and start to live an ordinary life thanks to the therapeutic work with Barbro Sandin.

The last years more and more people describe and mediate a knowledge which has its roots in one's own lived experience and I wish to mention some who means a lot to me in my work – people who I can refer to when meeting clients who have nearly lost hope for a life worth living.

Olga Runciman you have met here today

Debra Lampshire, NZ

Racheal Weddingham, UK

Ute Maria Kraemer, UK

Mette Ellingsdalen, Norway

Mette Askov, Denmark

Will Hall who you have met here today

Laura Delano, US

Jaquie Dillon, UK

Arnhild Lauveng, Denmark

Dorothy Dundas, US

Gunnel Bergstrand, Sweden

And many many more....

## **ABOUT THE IMPORTANCE OF ORGANIZATIONS**

K.E Lögstrup, a Danish philosopher describes the importance of putting a part of one's life in another person's hand and to be received. He writes, *"By our very attitude to one another we help to shape one another's world. by our very attitude to the other person we help to determine the scope and hue of his world; we make it large or small, bright or drab, rich or dull, threatening or secure. We help to shape his world not by theories and views but by our very attitude towards him. Herein lies the unarticulated and one might say anonymous demand that we take care of the life which trust has placed in our hands"* (Lögstrup, 1971, page 19)

**This is the demand and the challenge, to never give up the idea to create places which are organized to meet people in deep crisis, to create space for humans to be met by other human beings.**

Organizations consist of people, and the people who are involved will affect and be affected of that which happens in the organization, no matter if we are called patients, professional helpers, family homes or what so ever.

For many years I was the leader for an organization and through that I met with hundreds and hundreds of people, including other leaders. Through that experience I know something about power

and also how to use power either in a good way or in a not good way. You can use power to oppress people but you can also use power in a way which makes change happen for the better.

Many times over the years I have experienced how to make seemingly impossible things happen in a most powerful way, but I have also experienced the opposite, when there is no trust and when there is no space for feelings, complexity, strong emotions and differences.

It takes a lot to create a sustainable and humanistic organization and we need to be aware of that when talking about alternatives. We need to keep in mind as Patricia Tudor Sandahl writes in one of her books, *“An organization without a vision is nothing but a crowd of people.”*

Visions are needed to make changes happen, as is also dedicated people. Practice based knowledge is also necessary and good examples from all around the world, described by research and in other ways, not just from psychiatry and psychotherapy but from organizations in common which deals with human beings and human life conditions.

Kerapoudas hospital where Birgitta Alakare was in charge for many years is a wonderful example, there are others all around the globe. Groups and organizations which consist of dedicated, skilled and courageous people who have a shared vision. The challenge is to get to know about them and to get to know how come they make their dreams come true.

Suzanne Osten, who is a member in our board is a wellknown theatre director who founded the theatre Unga Klara. As its leader she claimed that working at Unga required courage since the co-workers and the organization dare to take on the not yet known, to improvise and to create new images.

Kenneth Gergen, founder of Taos Institute describes how dialogue and the living organization is built on people's participation using improvisation and a willingness to expose oneself to the unknown.

We have a lot to learn from leaders and other professionals in different fields and areas, but also from ordinary people who know from daily life what is important and needed when life as it feels fall apart.

We need leaders, practitioners and researchers who focus on the the importance of values, who dare to leave the comfort zone, who are willing to acknowledge the fact that there are so many things we do not know, no matter how many manuals, numbers and diagnosis we invent and investigate in.

We need people who dare to talk about that which is difficult, people who are willing to say that this we do not know for sure but we will do our very best.

Money is needed to make a change happen, money to create smaller units where people can go in acute crisis and situations. Places which does not focus on finding causes or illnesses but places which offers a safe space where it is possible to rest, to sleep and to talk to someone who is willing to try to make sense together with the person whom it concerns and for him/ her important ones.

We also need places where people can go without being examined, defined and prescribed drugs, but where people meet other people who are willing to cooperate and to involve others in the shared mission.

We need places where professionals from psychiatry work close together with professionals from social service to find ways together to solve the life situation for the one whom it concerns.

Already during basic training to become a professional helper it should be an obligation to also include oneself and one's own lived experience, and to create a system based on mentorship as a way to more fully understand the complexity of human life and its conditions. And to adjust organizations and training to the conclusion there are no guarantees or fixed truths- either in life or the professional work. There is no black and white, no either or, but both this and that.

Regardless of whatever we are called we are affected by each other and the situations we find ourselves in. We bear with us our personal history while we are also part of a larger context. There is a seemingly endless spectrum of theories, models and paradigms to consider in descriptions and reports about human beings and human existence, as well as the nature of things in the world. Scientists and practitioners are struggling with similar issues in natural science.

Ulf Danielsson, professor in physics says; *"according to quant mechanics reality is created in interaction with the observer. However, the observer and the observed interact also with the world around them, information leaks and is lost forever, chaos increases and so the flow of time. Just as the thermodynamics. And this is actually a very positive image of time. The future does not exist yet. We can still effect it (Danielsson, 2005, page 220).*

It is indeed a very optimistic message, but also demanding. We have the power to effect that which happens and at the same time we need to keep in mind there are so many things we still do not know, either about humans or about the complex world we are all a part of.

Over the years in close collaboration with other people I have experienced the meaning of engagement, space, time, love, joy, solidarity, but I have also experienced anxiety, doubts, anger, frustration, feelings of hopelessness and more than so...

I have experienced the power of conversations but also the opposite, when the meeting becomes a mess. When there is no understanding.

Humans are involved and intertwined with each other, we affect each other and we react towards each other. This basic knowledge is important to acknowledge when creating places for life changing meetings to happen.

My responsibility and mission as a psychotherapist and leader is to create together with others a safe space for meetings to happen which hold different perspectives and which does not define just one person as being the "problem". For this to happen I need to reveal myself and to enter the room in an authentic way, including both my professional role and the very human being Carina.

Thank you for being here and listening.