



**”We were worn out. We could not reach at all. My wife had challenged us all to the end of our teather. Terrible things had been said. And now we were sitting at the doctor's, powerless. But the doctor was calm and his confidence was soothing. He seemed to be able to look through the walls behind which we we hiding. He looked at us and made us feel the love, which...well, which had dried up and become a small raisin...!”**

# The Power of Love in the Family

**How is it possible to stimulate the healing powers, which are in the family itself? How is it possible for us to arouse the resources of love? This totally fundamental power of life is the vitamin, but it may easily dissipate in the heavy burden that mental illness brings into the relations in a family.**

**This article is based on experiences from Tromsø and from talks with families living with mental illness in their daily life.**

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The title of this number of "Insigt" creates positive associations of inclusion. It states very clearly, that you must work WITH the family, not AGAINST it. At the same time it activates thoughts and questions of how to work with the family and the possibilities that lie here: The family, not only a collaborator but a true therapist.

"Do we have to take even further responsibility", some families might say. "What we need is someone to take over!" The worry of the family must be taken seriously. Someone must take the responsibility and make sure that the inclusion of the family becomes a good experience and lifts a burden from the family. It is here the inspiration from the North is coming. The Finish psychologist Jaakko Seikkula has described in his book "Open dialogue and networking", how he in his work for 20 years in the psychiatry in the north of Norway includes a very big network around the patient in his networking treatment model. Brand new thoughts and a pioneering work.

This method has won a great recognition through out the world. First and foremost because of its humane and respectful open attitude to the human and social dimensions concerning mental problems. Secondly because of the fantastic results. For the psychotic patients it has been proved that most of them, being followed for five years, will return to work and education, and that more than 80% do not have psychotic symptoms at all. These figures are remarkable.

The essence of Jaakko Seikkola's networking oriented work is that the client's human relations are a irreplaceable resource. The big networking meetings are characterized by the use of what Jaakko Seikkula calls the dialogical dialogue. He sees a difference between the monological and the continuously dialogical dialogue in the way, that when the interview or the psychoeducative communication is *monological*, then the talk is *dialogical* when it is flowing freely.

The dialogue does not seek consensus, but it values an open mind to different experiences. The dialogue is alive when the professionals are present in the proces, being themselves as fellow human beings and as professionals. And then the talk will take a direction where it will turn out to be a place of meaning, because here the pain will be eased.

The psychiatry in Svendborg, Augustenborg, Kolding and Roskilde have during the resent years worked with the open dialogue in an adapted version. Both Jaakko Seikkula's experiences and the experiences we are having in Denmark, are very important to follow. No doubt we have much to learn from the insight and the experiences in the future.



### **Contact and communication collapse**

Some of the very essential needs a human being has, is to be in contact and to feel valued. That is what creates the bond, and that is the glue in the love between two grown up people. People live and develop in human relations. Contact with fellow beings and life with relations are the vitamins to heal the mind of the vulnerable human being.

In a family with mental illness the free communication will often come to a halt. Mentally ill people can have big difficulties in holding their own feelings. The expression will either be suppressed or expressed with a frightening power. The mental uneasiness spreads to the whole family, and the relations have a tendency to be spun into an obscure veil of guilt, shame and the feeling of insufficiency.

To protect oneself against these unpleasant emotions, one well known reaction will be to export the sense of guilt to others, full of criticism and blame. What is gained here in this often unconscious projection is an increase of the the family's feeling of being unsuccessful and a failure. Another very common way to protect yourself is to avoid speaking of feelings at all. In that way you can on short terms avoid these storms of disharmonies.

For most families it is extremely hard to find a way to cope, to keep a healthy relationship to the member of the family who is mentally unstable. And it surely is not easy for the family to break this pattern.



*Ida Hinrup's illustration shows how the communication can be affected, if one in the family is mentally ill. Every one in the family protects himself in such a way that a static separation is created.*

It demands great amount of confidence to meet each other when you are in these painful feelings. The thoughts and the emotions have a life of their own. Each of us has his own strategy to handle – to protect his own vulnerability – to shield his own integrity. And unfortunately, when under pressure you feel it harder to include other people's emotions and reactions.

The experiences in the family will be very lonely and at the same time very involving. It would seem to be a very big project for a social worker or a therapist to succeed in bringing the family towards a healthy relation to each other.

### **The facilitating therapist**

The question is in which way the doctor can choose a position in his work with the family. How is it possible to revive the healing powers that are to be found in the families?

Continuously we develop new traditions and cultures for the relation between the doctor, the patient and the family members. The last decades there has been a need in the families to know more about the diseases and the treatments, and the doctors are aware of this need. And the family's knowledge of the patient's life and the illness is of great importance for the doctor's understanding of the patient. It gives him a much better possibility to make a diagnostic view and to make plans for the optional treatment.

But is the doctor able to adopt new positions concerning the dynamic relations in the family, their conflicts and their pain?

You can have reasons enough to be careful to draw a line to the family as it seems reasonably risky to involve yourself. Typically you would choose either a psycho-educative relation or the interviewing relation.

But maybe the position we should develop, lies just in between the two positions?

The prime place for a contact could be the meeting – or where the informative and investigating perspective is embraced by the meeting: Being present, confirming and reflecting.

*"It is a relief to lean to a fellow human being who is able to bear our company in this chaos of emotions we are swimming in. His or her calm will grow in us. And suddenly you are able to hear your own heart beat!"*

This serenity that makes us capable of being in contact and including people in chaos, can not be created through cognitive processes. The presence which is able to create response and grow in others, will not be evoked by words alone or by the content of a dialogue. It is the way we are present and our ability to create emphatic response, that will be crucial.

### **Speak from your heart**

Only a few years ago it was not *comme il faut* to include heart and feelings in your professional job. The professional relation was only linked to the dialogue based on cognitive processes.

To day the trend in management development and understanding of neuropsychological processes, shows that the personal and emphatic contact is the foundation of any relation. We know that the therapist must put his own heart into his work in order to reflect the emotions in his fellow human being. And that counts for both patient and his relatives.

With an open heart and with the courage to name the loss, the anger and the lost love, you can sincerely relate to both the patient and his family in such a way that they will get in touch with their own loving sources.

This healing power from the heart can be of importance to loosen up the condemning ideas you get about each other. And the process that provokes these loving thoughts and feelings can be facilitated. To use the word love, the mere mentioning of the word, will bring warmth.

The challenge for the therapist is to see and maintain his own beliefs of the healing powers that live – maybe well hidden – in the family itself.

#### *Reference*

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