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Remote dialogical practice for Hikikomori patients.

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- 1st part is about acceptance status and possible implementation of Open Dialogue in Japan.
- 2nd part is about the Affinity of Open Dialogue for Japanese Culture and Its Theoretical Contributions
- 3rd part is about RDP, Remote Dialogical Practice for hikikomori patients which we are researching and practicing now.

History of Open Dialogue Acceptance in Japan

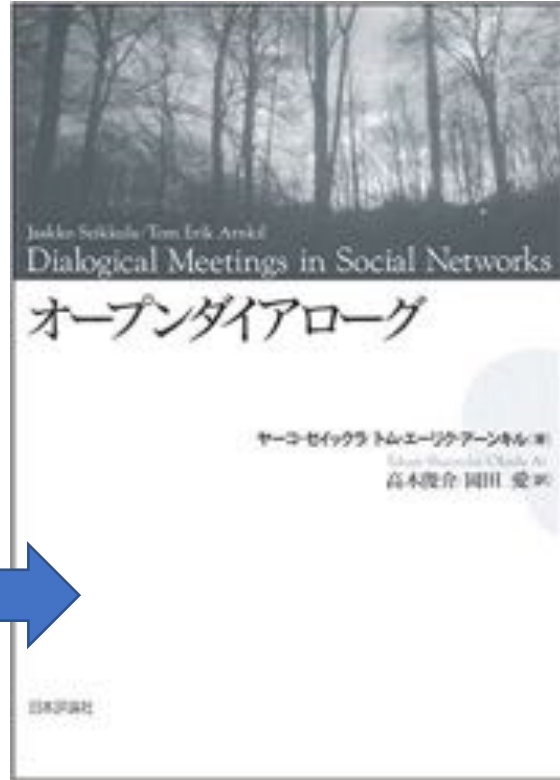
- July 2013 the movie "Open Dialogue" was released.
- March 2015 the Open Dialogue Network Japan (ODNJP) was established
- June 2015 "What is Open Dialogue," which I wrote and translated, was published.
- September 2015 ODNJP members visited Keropudas Hospital for the first time.
- March 2016 The Japanese translation of "Dialogical Meeting in Social Networks" was published.
- May 2016 the first Open Dialogue Workshop led by Jaakko Seikkula and Tom Arnkil was held in Tokyo.
- May 2017 ODNJP organized the first foundation training course on Open Dialogue in Tokyo,
- August 2017 Jaakko Seikkula gave a lecture at the conference of the Japan Association of Family Therapy
- August 2017 Jaakko Seikkula and Birgitta Alakare, delivered a lecture at the University of Tokyo,
- ODNJP has already conducted three training courses, with approximately 110 professionals completing the foundation course.
- August 2019 the Japanese translation of "Open Dialogues and Anticipations" was published,
- Two psychologists and two psychiatrists have completed the trainer's training course in Finland.
- 2022 1st advanced training course for professionals who completed foundation training course.

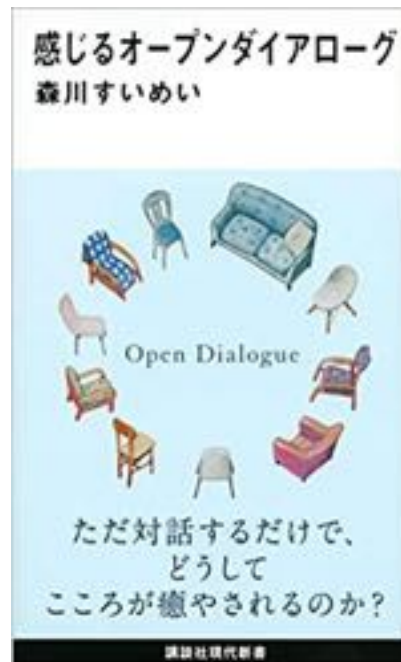
Japanese translation of the books of Jaakko Seikkula

Dialogical Meetings
in Social Networks



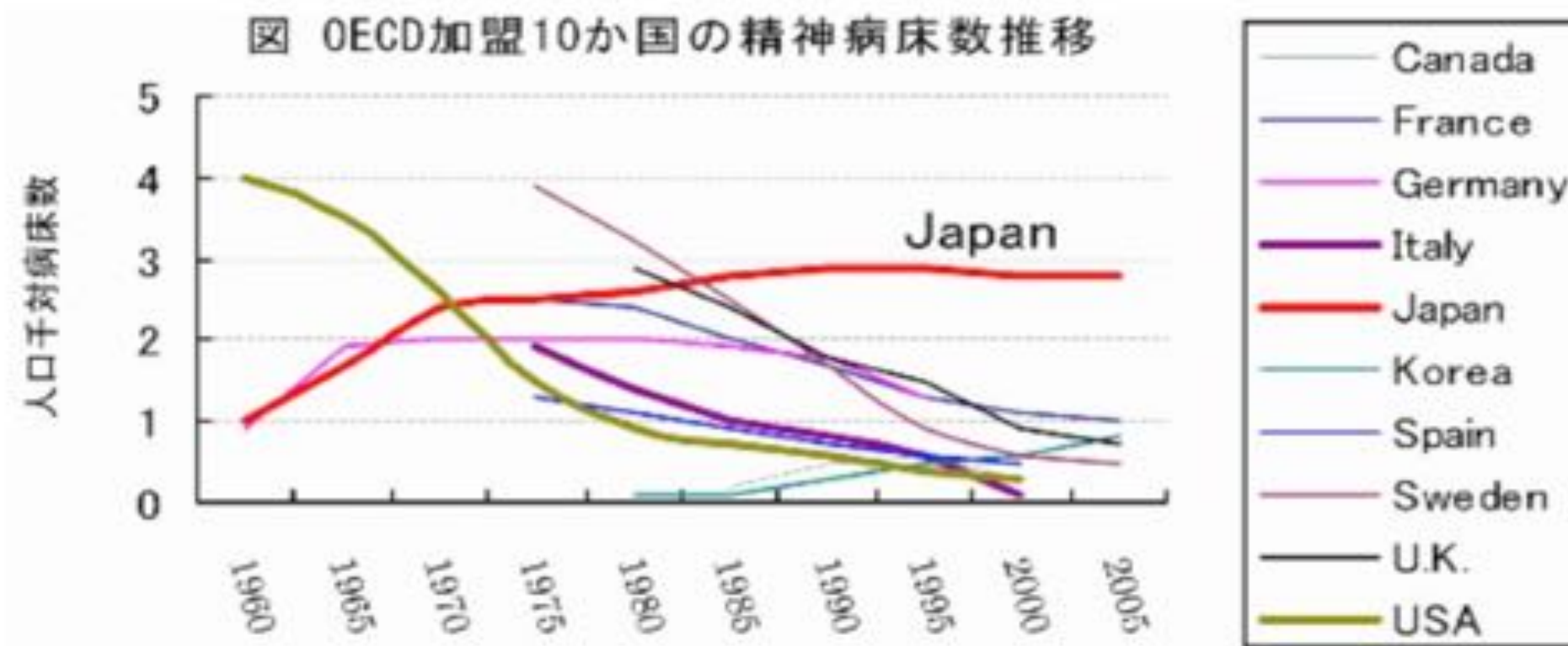
Jaakko Seikkula and Tom Erik Arkkil



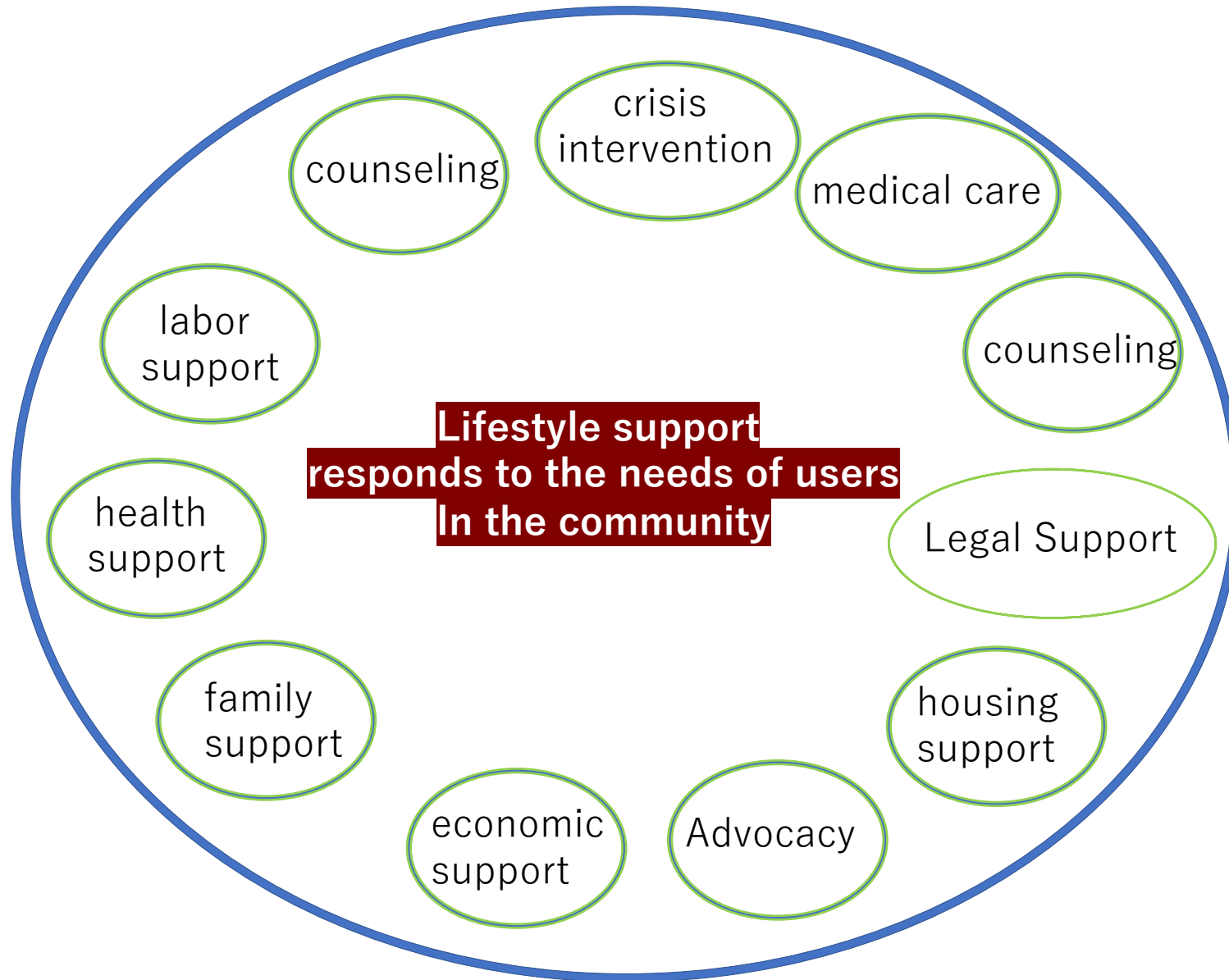


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Difficulties in Introducing Open Dialogue in Japan



International Comparison of Psychiatric Beds



ACT = Assertive Community Treatment

Humanism 2.0

Open Dialogue for psychosis

Humanitude for dementia

Harm Reduction for addiction

Paradox in Open Dialogue

- 'The purpose of dialogue is its continuity, not healing or recovery.'
- Tolerance for uncertainty,'
- Polyphony

Middle Voice

- In grammar, the middle voice is a grammatical voice that expresses an action performed by the subject with a focus on the subject's involvement or interest in the action. The middle voice is considered to be distinct from both the active voice and the passive voice.
- The middle voice often indicates that the subject of the verb is both the doer and the receiver of the action, or that the subject is acting upon itself. It can convey various shades of meaning such as reflexive action, self-involvement, or a change in the subject's state or condition.
- For example, consider the sentence "The door opens." In this sentence, the subject "the door" is performing the action of opening, but there is no explicit agent or external force involved. The door is acting upon itself, and the middle voice is used to express this self-involved action.
- The middle voice is found in various languages and can be formed through different grammatical mechanisms such as verb conjugation, voice markers, or reflexive pronouns. Its usage and implications may vary depending on the specific language and context.

Why is the middle voice relevant in clinical situations?

- Japanese philosopher Kokubun Koichiro focuses on the concept of the "middle voice" in grammar.
- Let's take addiction as an example.
- Is engaging in drugs or alcohol a passive or active action?
- Some criticize addicts, believing they are responsible for their actions because addiction is seen as an "active" choice.
- However, such criticism is invalid for addicts.
- **Addiction is neither an "active" nor a "passive" problem. It is neither a deliberate choice nor a result forced by a disease.**
- Drawing on Émile Benveniste work, Kokubun explored the "middle voice," which is considered to have been lost in modern times.
- The middle voice, as defined by Kokubun, describes a process where the subject is at the center rather than an action performed outside of the subject, which is the case in the active voice. In other words, **the subject is involved within the process itself.**

Exclusion of the middle voice

- Furthermore, according to Kokubun, Derrida suggests that philosophy may have initially assigned these middle verbs, which indicate a non-transitive nature, to the categories of active and passive, and then suppressed them. In other words, the exclusion of the middle voice has shaped philosophy from its origins to the present day.
- This concept is not limited to philosophy alone; it extends to the natural sciences, including medicine, where the use of "active-passive" language prevails.
- This is because the natural sciences are based on the normative principle of causality, which describes a linear cause-and-effect relationship. As a result, it becomes challenging to describe relationships that go beyond such causal connections.

Hikikomori and middle voice

- In the active voice, the verb originates from the subject and completes the action outside the subject.
- Taking hikikomori, which is my area of expertise, as an example, the causes are factors like "the subject's lack of motivation, weak will, and individual pathological traits."
- These factors contribute to the active choice of staying in one's room, resulting in a state of prolonged isolation and non-participation in society.
- But what about the middle voice? In the middle voice, the verb portrays a process where the subject itself is the center of the action. In other words, the subject is within the process.
- In the case of hikikomori, the subject is not the cause of the action itself. Throughout the entire process of hikikomori, the subject remains within the action.
- There is no simple causal relationship assumed in this context.

- If hikikomori is to be described medically, it must be described in an active-passive manner based on a causal law like the former.
- For example, the idea of applying some kind of diagnostic classification to hikikomori would be based on this descriptive method.
- However, this descriptive approach does not reveal effective intervention methods. As with addictions, criticism and persuasion do not change the hikikomori person, and even treatment is often initially rejected.
- On the other hand, if we think in terms of the middle voice, the issues of cause and will can be put on hold for the time being.
- We will take up the problems and needs of the person concerned and his/her family, one by one, and try to resolve them in a dialogic manner.
- It is not uncommon for people to find that they have somehow managed to break free from hikikomori as they continue to make such attempts. In other words, recovery from hikikomori is considered to occur in a middle-voice manner.

Middle Voice and Recovery

- It is important to re-describe the illness and what happens in the process of treatment in the "middle voice.
- Is the cure given by the healer (actively) or by the patient (passively)? Both descriptions are too schematic and simplistic.
- Recovery is something that occurs naturally through the process of interpenetration between the actions of the therapists and the actions of the patients, between the thoughts of the therapists and the thoughts of the patients, and this is what "recovery" is all about.
- The word "recovery" is also middle-voice. In the entire process, the patient's subject is in the process of "recovery.

The Middle-Voice Nature of Dialogue-1

- In OD, the space of dialogue is characterized by a middle-voice approach.
- While there may be a distinction between the treatment team and the client team, which may give the impression of an active and passive division, what is crucial is the decision-making process in OD.
- This process emphasizes transparency and ensures that no one forces the dialogue in a particular direction or towards a specific conclusion.
- OD values what is known as "polyphony," where multiple voices are given equal consideration. Decision-making emerges from this polyphonic space, while the subject of the decision remains ambiguous.

The Middle-Voice Nature of Dialogue-2

- In OD, the purpose of dialogue is to "continue dialogue" itself.
- The goal is not to bring about "change," "improvement," "decision," or "conclusion."
- This sets dialogue apart from persuasion and discussion, as both persuasion and discussion are oriented towards predetermined decisions or conclusions.
- Persuasion and discussion are highly active actions aimed at pursuing decisions and conclusions.
- In Open Dialogues (OD), however, dialogue distances itself from such activeness and focuses solely on the continuation of the dialogue itself.
- As a byproduct of this process, "decisions" and "choices" emerge, bringing about changes such as "improvement" and "recovery."
- It is desirable for at least the treatment team to be aware of a middle-voice attitude. In other words, they need to be cautious of signs of activeness within themselves, such as wanting to help or heal.

The Middle-Voice Nature of Dialogue-3

- In dialogical meetings, although patients formally choose and decide for themselves in many cases, it is important that these decisions are made in a middle-voice phase where it is not clear whether they were "chosen" or "forced to choose."
- It is believed that instructions and advice from experts are undesirable as they block this middle-voice decision-making process.
- It is also crucial for each participant to be aware of being 'a component of the dialogical process.
- ' While it is acceptable to express one's opinions and feelings, it is important to be conscious of how they resonate in the moment, and it is desirable to abandon the intention of actively guiding or controlling the dialogue.
- Additionally, it is important to be aware of the potential for both oneself and the other party to undergo change through dialogue, in other words, the 'bidirectionality of change.' This awareness will facilitate behaving as part of the system.

Reflecting: Enclosing Activeness

- Reflecting, which is a major pillar of 'OD as a method,' also greatly contributes to maintaining the middle-voice. In OD, reflecting refers to a dialogue among professionals, without the client, in front of the client.
- I consider **reflecting to be a clever device that 'encloses activeness.'**
- In individual psychotherapy settings, a hierarchy naturally arises between therapist and client, making it difficult to completely eliminate the dynamics of activeness and passiveness from the dialogue.
- However, in reflecting, the words of the therapist are not directed towards the client but become the subject of observation by the client, as an exchange between members of the treatment team.
- Various opinions and multiple ideas are exchanged regarding the client's own diagnosis and treatment approach.
- The client is free to listen to or ignore those words. However, as a result, the client attentively listens to the words of the treatment staff and, while considering the presented ideas, arrives at spontaneous decision-making.
- This process distinguishes itself from the active-passive interaction where the assertions of the therapist and the client clash, and it particularly encapsulates a middle-voice nuance in the sense of skillfully enclosing the therapist's activeness.

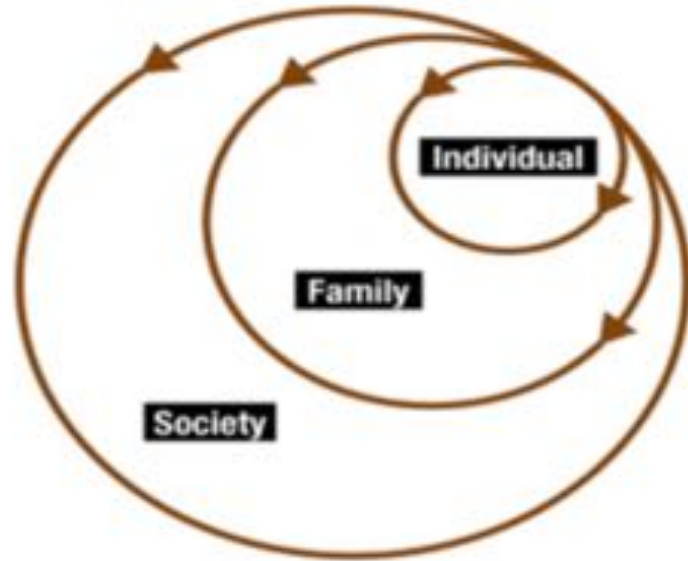
Hikikomori (social withdrawal) in JAPAN

- Some research suggests that there are approximately 1 million adolescents in Japan who experience a state of social withdrawal without any psychosis. This state is commonly referred to as "Hikikomori." Hikikomori is not a diagnosis or clinical entity, but rather a state that encompasses many non-pathological cases. However, in many instances, social withdrawal can persist for several years.
- **Here is the definition of Hikikomori:**
- **The individuals withdraw from all social activities and remain in their rooms throughout the day for a period exceeding 6 months.**
- **The individuals do not exhibit symptoms of psychosis, such as schizophrenia.**
- Before initiating treatment for Hikikomori cases, it is crucial to rule out other diagnoses, such as schizophrenia, social phobia, and avoidant personality disorder.

Case 1: Single male, 24 years old

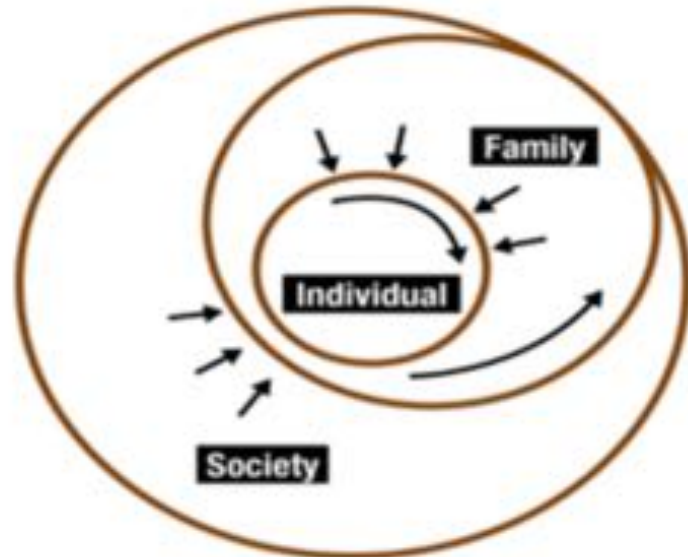
- From a young age, this young man was described as shy, intense, and nervous. In the eleventh grade, a female classmate complained about his body odor, which caused him to become paranoid about it. This led to difficulties in school, ultimately resulting in his departure the following year.
- After leaving school, he struggled with interpersonal relationships in multiple jobs, often leaving them within a month. Gradually, he started to withdraw from social activities, spending most of his time in his room. His daily routines became irregular, and he would plan activities like walks or visits to the library to avoid social contact.
- Although he no longer had fears about body odor, signs of mysophobia (fear of germs) and compulsive washing emerged. This state of social withdrawal and apathy persisted for four years until he and his parents sought treatment at our hospital.

The *Hikikomori* System



Ordinary system

Circles represent the boundaries of intersecting realms. Here the three realms are all in contact, while maintaining their respective boundaries.

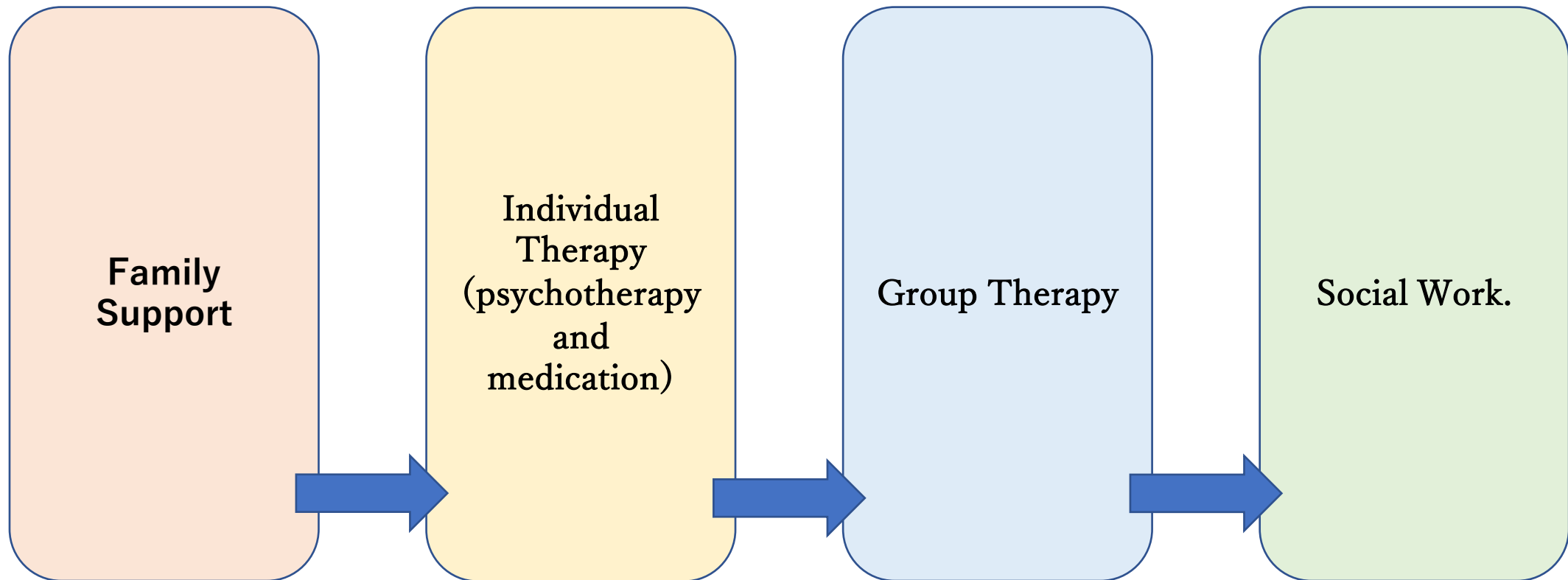


Hikikomori system

Here the three realms are detached from each other. Forces operating between them transform into stress in the realm to which they are applied, aggravating the vicious cycle.

In the case of Hikikomori, there is a lack of communication and interaction among these three systems. We refer to this disconnected state as the "Hikikomori system." This system operates in a stable and self-regulating manner. Japanese support systems are designed to gradually improve the Hikikomori system.

4 STEPs of Hikikomori support



RDP = Remote Dialogical Practice



CASE2 male 27-year-old

- The case involves a. He was initially a diligent and dedicated student who gained admission to a prestigious university. He had a circle of friends and enjoyed his time there. However, during his senior year, he suddenly stopped attending classes without any clear reason. Concerned, he and his parents visited a clinic, where he was diagnosed with an adjustment disorder. Despite monthly visits to the clinic, he couldn't return to university, ultimately taking a temporary leave of absence.
- After several years with no improvement, his parents requested an open dialogue approach, and a treatment team consisting of two psychiatrists began working with him. Shortly after starting the program, the COVID-19 pandemic emerged, leading us to transition to RDP. For the next three years, we continued monthly RDP sessions. Due to the circumstances of each participating member, they participated in the RDP via Zoom from their own private rooms.
- At his request, he began living separately from his parents, spending most of his time alone in his apartment, except for a monthly visit to his parents' house
- Initially, he exhibited withdrawal tendencies, had difficulty connecting with friends, and spent a significant amount of time in vein. However, two years into RDP, he made the decision to undertake a highly challenging certification exam and enrolled in a preparatory school. Despite the school's shift to online classes, he diligently attended and devoted six hours a day to exam preparation. Over the course of more than a year, he has already attempted the exam multiple times, which typically takes an average of three years to pass, and he has made significant progress, approaching the passing range.
- Moreover, his interpersonal relationships have become more active as he occasionally meets with friends and loved ones. We believe he is steadily recovering and progressing toward reintegration into society.

