



The Use of Trialogue in Mental Health Settings

Peter McKenzie (PhD, MA Clin FamTher)

Care Academic & Family Practice Consultant (mental health)

Clinical Family Therapist

What's the Meaning of Triologue –

Dr Thomas Bock re/ European version

- Meeting as experts (on equal terms)
- Mutual education (not only in one direction)
- Cultivating Common language
- Sharing lived experience-subjective- professional perspectives
- Supporting individual strategies
- Trying to open understanding (anthropological instead of pathological point of view)
- Practice of dialogue for daily work (and for education, research, health-politics, antistigma-work)

From Dialogue to Trialogue

- Listening carefully
- Curiosity
- Empathy more so than sympathy
- Open to complexity
- Reflecting on & learning about/from others
- More awareness & development of our own view
- Communication which addresses ambiguity
- Conversations about difference & sitting with differences

Dialogue & difference

The philosopher, Mikhail Bakhtin describes the dialogic as a discussion that:

'does not resolve itself by finding common ground'



The sociologist, Richard Sennett proposes that the dialogic conversation requires:

'Listening carefully'...

'developing attention and responsiveness to the other'.

'Through no common agreement may be reached through the process of exchange, people may become more aware of their own views and expand their understanding of one another'.



What is a Trialogue in a Mh Setting?

- A convened and facilitated three way 'conversation' between representatives of three different stakeholders/roles that share a context or common predicament
- In this case the Trialogue includes individuals who have experienced mental health difficulties, family members and carers and professionals in mental health service settings.
- Trialogue can be service focused- addressing specific issues for a service or conducted as a forum with invited audience (e.g. mini-conference, TheMHS) that may directly ask questions to panel of representatives or be asked for their reflections on the conversation by the facilitator

The Aims

- To provide a safe space to reflect on topical, key & difficult issues (often difficult to discuss and openly acknowledge) relevant to these 3 stakeholders in the mental health service settings
- To explore the issue/topic in a way that creates the possibility for some or all of the participants in the Trialogue to be able to reflect upon and gain insight into their and the 'others' experience and perspective

Possible Outcomes

- Creating a neutral, respectful and open context outside traditional sources of tension or conflict enhances capacity to truly acknowledge and hear the other
- This acknowledging and hearing the different positions creates the possibility for shifts in understanding and responding.
- Leading to establishing ‘a common language’ and ‘culture of discussion’ as a basis for ‘working together effectively’

Specific Outcomes

- Creating an opportunity to provide a realistic, informed and inclusive way forward
- Offering all stakeholders of the service system greater opportunity to actively participate and contribute

Problem Solving and Trialogue

- Trialogue is not specifically a problem solving model
- Although it can lead to *identifying, clarifying* and *investigating* problems through understanding the different perspectives and positions, it can be the beginning of a process to address problems
- It is clearly contrasted with a dispute resolution model)

Beginnings and Development

- Get Together FaST (late 1980s-early 1990s)

FaST Symbol



- The 'Vienna' Trialogue -1994 (Lefley & Johnson 2002)
- Key Feature of FaST mini conference
- Bouverie Forums, TheMHS
- Facilitation of Trialogues in MH Services