

Triialogue –

**an exercise in communication between
service users, carers, and
professional mental health workers
beyond role stereotypes**

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In Trialog-groups

1. users, ex-users, survivors
2. family and friends
3. mental health workers

- meet regularly
- in an **open** discussion forum,
- that is located on "**neutral terrain**" -
- **outside** any therapeutic, familial or institutional context
- with the aim of **communicating** about and discussing the experiences and consequences of mental health problems and ways to deal with them
- **on equal footing** – as experts by experience and experts by training or both.

Dorothea Buck

***1917**



**"70 years of coercion in
German Psychiatric
Institutions –
Experienced and
Witnessed“**

Key note, June 7, 2007

**World Congress „Coercion
in Psychiatry“, World
Psychiatric Association,
Dresden, June 6- 8 2007**

Dorothea Buck

*„Seventy Years of Coercion in German
Psychiatric Institutions, Experienced
and Witnessed“*

*Key-note speech from June 7, 2007 at the
congress "Coercive Treatment in Psychiatry:
A Comprehensive Review", WPA, Dresden,
Germany, June 6 - 8, 2007*

youtube

**www.bpe-
online.de/english/dorotheabuck.htm**

**Stastny P/ Lehmann P (Eds.)
Alternatives Beyond Psychiatry.
Shrewsbury (UK): Peter Lehmann
Publishing 2007**



Trialog - „Its normal to be different“

Bock Th, Buck D, Esterer I, Psychiatrie Verlag, Bonn, 1997

*Amering M, Hofer H, Rath I (2002) In: Lefley, HP, Johnson DL (Eds)
Family interventions in mental illness: International perspectives.
London: Praeger*

well over 150 groups in Germany today

~ 5000 people involved in Triialogue at any given time
(Bock & Priebe, 2005)

**Triialogues in Austria, Switzerland, France, Lichtenstein,
Poland; WPA Istanbul, Beijing, Buenos Aires et al**

Growing interest in english-speaking countries

**Mental Health Triialogue Network, Ireland –
www.trialogue.co**

The ‘First Vienna Trialogue’

starting 1994

- every second and fourth monday of the month
- 10 to 40 people
- 2 hours (+++)
- ‘neutral’ ground
- rotating role of moderator

Trialog - Topics

- **What is a mental illness?**
- **Good and bad experiences with services**
- **What helps?**
- **The role of medication**
- **Crisis management**
- **Stigma and discrimination**
- **Work and social inclusion**
- **Power, powerlessness, and empowerment**
- **The family doctor as a triologue partner**
- **Where are the professionals?**
- **The “good” psychiatrist – different perspectives**

Trialog - Topics

- **When help has more unwanted than wanted effects**
- **Diagnosis as a trap – being put in a box**
- **Spirituality and mental health**
- **False hopes for recovery and healing**
- **Day clinics – why so few?**
- **From aftercare to prevention – easy access to early help**
- **Clinical and field trials – experimenting with patients**
- **Silent users – who is helping them?**
- **Recovery**

Triologue groups differ from each other, e.g. re:

- **Number of attendants**
- **Frequency of group meetings**
- **Ratio between the 3 groups**

- **Moderation/leadership**
- **Topics (free/preset/focus)**

- **recruitment (who is exposed to Info; who is specifically invited)**
- **proportion of long-term attendants/sporadic attendants**

- **circumstances of mental health professionals' attendance (working/training hours or private time)**

Triologue – qualities of possible impact

- **Unusual setting**
- **all expertises acknowledged on equal footing**
- **no need for role compliance**
- **no obvious consequences**

- **Playful exchange and experiments with perspectives**
- **Learning, information gathering, asking questions**
- **Experiencing different interpretations of similar roles**
- **Abundance of expertise in one room**

- **? Secure setting, rules, limits (time, communication style, ...), power balance?**

Thomas Bock on Triologue/Psychosis Seminars

- **Triologue/Psychosis Seminar is a simple idea.**
- **Mental health problems are very complex phenomena, understandable only with regard to the subjective point of view.**
- **Thus we have to develop a common language.**
- **We have to see beyond the pathological, see the anthropological aspects, e.g. psychosis.**

**„This openness must continue “ -
Changes through trialogue identified by
users, carers, and workers**

Munk I, von Peter S, Schwedler H-J, Amering M

- **Trialogs are widely popular, but scarcely researched.**
- **Focusgroups as well as written narratives were qualitatively analysed.**

„This openness must continue “

- **Communication in triologue groups is clearly different from clinical and other encounters.**
- **All three groups cherish and aspire to interest for each other, good will, openness and truthfulness.**
- **Clinical routine with role prescriptions, power balance and constant pressure to act is experienced as an impediment.**
- **Trialog facilitates a discrete and independent form of communication and acquisition and production of knowledge.**

Its normal to be different!

The Trialogue experience is indicative of our capacity for surviving and gaining from serious arguments about adverse issues as well as the great possibilities of cooperative efforts and and coordinated action.

Together we are stronger!

Triialogue at INTAR

- **founding fact**
- **very difficult from the start**
- **significant developments**
- **consensus on the need for trauma-informed language/communication in NY 2009**