

Umeå, Sweden 11. September 2012

***“Without context,
words and actions
give no meaning at all”***

Gregory Bateson, 1972

**Søren Hertz, PsykCentrum
Child and adolescent psychiatrist**



A presentation about manoeuvring in complexity

–

**The dangers of modern society is connected
with the tendency for**

reduction and disjunction

(Montuori, 2005, Bateson, 1972)



Social disorder is made into individual disorder:

**It is a huge societal problem, that
more and more children and youngsters
meet adulthood with a view of themselves
as being mentally ill or handicapped**



**85 % of children and adolescents being seen
inside child and adolescent psychiatry
(in the hospital departments of Denmark)
get an individual psychiatric diagnosis**

(BUP-basen, DK, 2008)

Psychiatry is getting mainstream popular



**In the midst of poverty and misery
of children living in the slum,
you will also find the strength and courage,
the special skills and abilities, coming from
the love of their mothers**

**From "Secret Daughter"
Shilpi Somaya Gowda**



**Meeting with us must create a difference –
be on the outlook for unfathomed potentials**

**Creating contexts which have the potentials
for making development and change**

**Preferred knowledge create preferred actions –
children and youngsters as our best manuals –
moving beyond the issues of guilt and shame**

**Problem behaviour as communication and
as invitations to the surroundings, and to us**

A transdisciplinary and transcontextual matter



Child and adolescent psychiatry – a societal perspective

**Child and adolescent psychiatry –
new perspectives and unfathomed potentials**

Diagnosis as a chosen picture of the moment

Diagnosis as a matter for economical resources

The issue of questionnaires, guidelines and manuals

**The concepts of mental illness and handicap
do not look for the invitations of
children and youngsters to their surroundings**



**The possibilities for change of perspective
result from changing your own position**

**Every exploration must imply an exploration
of one's own preunderstandings and
basic assumptions**



"ADHD

–

**The abbreviation in itself
disturbs our curiosity"**

**Diagnoses are not explanations
Diagnoses are parts of something bigger**

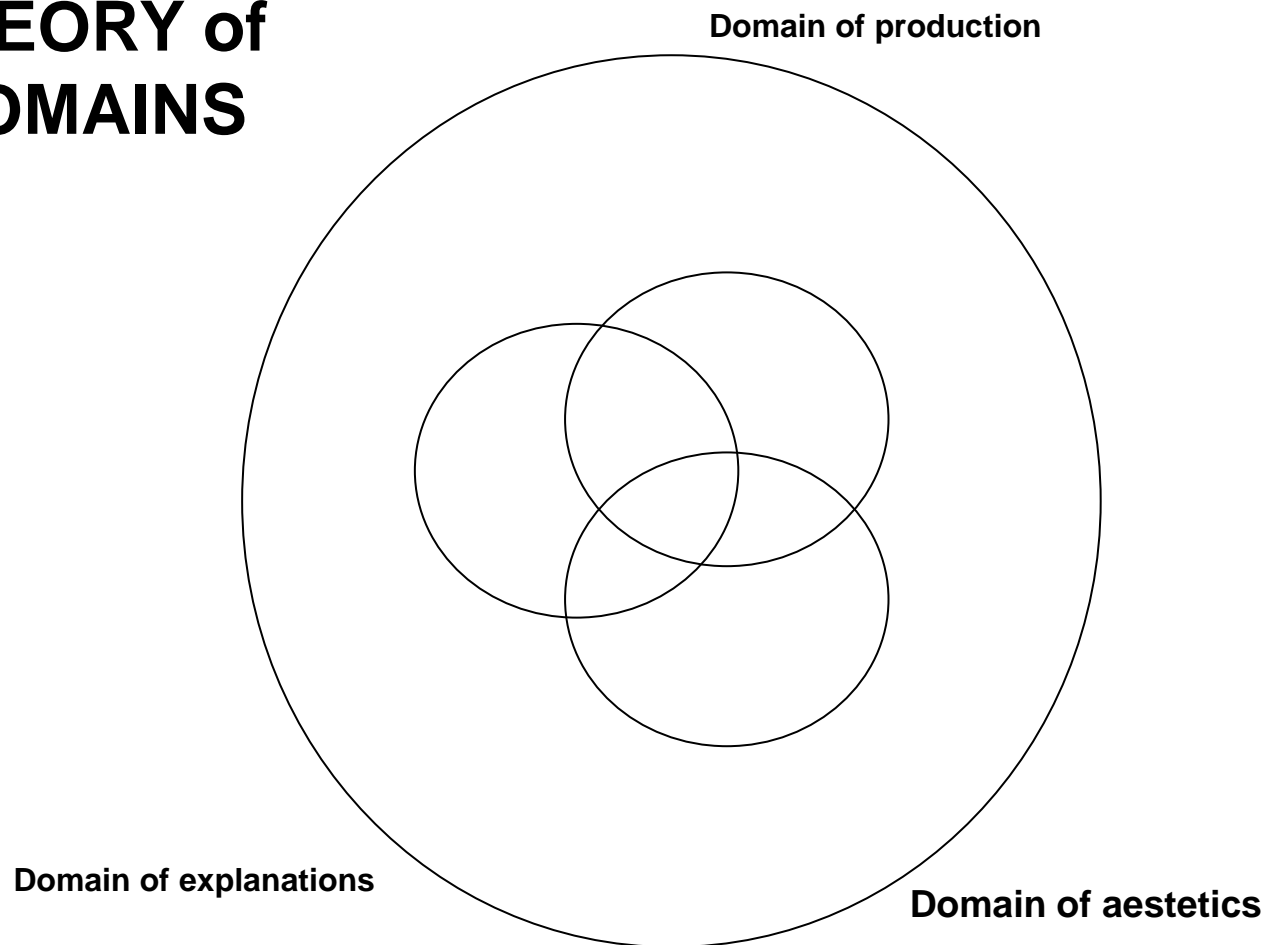


**The problems about
the connotations
connected to the concept
of ADHD**

**The behavior of children and youngsters
is to be understood as connected to
many different and complex
psychosocial phenomena**



THEORY of DOMAINS



**The individual person has emerged as the central
concept of analysis**

**It is not possible to observe phenomena independent
of the context, they are living inside**

**Contexts are created by meaning and in that way
supported by the narratives, which over time have
turned out to be the important ones.**

**The constituting power of language –
irreverence as openings into the unfathomed**

interdependant phenomena instead of co-morbidity



“You are free to master yourself, but if you fail, the fault will be yours ... The pressure on identity constructions and the absence of existential security networks of those not having success in this society, have made the sick role more attractive than ever.

**In contrast to the disaster of social shame by being nothing, we offer a right to suffer in legitimate ways by diagnosing”
(Ekeland, 2007)**

**Our task is to create invitations moving beyond,
i.e. creating even more attractive invitations**



Ethical obligations in connection to any kind of investigation

Appearance and picture of the moment

The problematic in context of the fantastic

**Focus on the incongruens, what
seemingly doesn't fit into each other
(the creativity that emerges out of
the interaction of multiple perspectives)**

**Children and youngsters are responsible,
loyal to someone or something**

Investigation for potentials for change



**Children and youngsters are being raised and develop
inside a complex and multi socialising context**

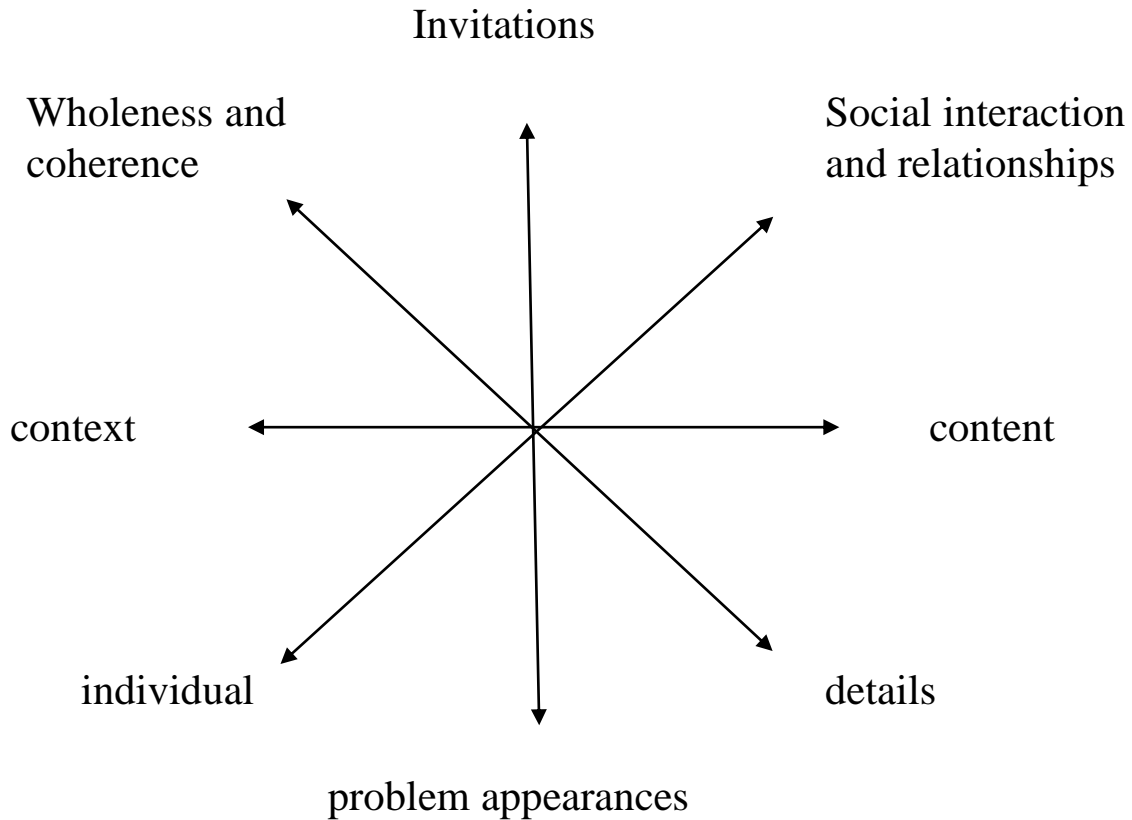
**How do we make the experiences arising from new
social interaction spread from one context to another?**

**How do we involve others in ways, so they understand
the importance and see their own role and agenda?
It is easier to be part of change, when you are not the
only one to make the changes.**

**The question: *Is this a matter of psychiatry?* arise,
when people feel powerless and all too much alone**



Points of attention
– what do we vitalise?



The risk of reduction and disjunction –
because he or she is ...

A bio-psycho-social perspective

**Focus on the interaction,
because the whole is more
than the sum of its parts**

**Indicates another biological awareness,
which opens for different options
than a focus on deficits and dysfunction**

**The ultimate goal is bio-psycho-social development,
not a reductionistic focus on normality**



Modern neuroscience

**The brain is plastic. That means,
that it has unfathomed potentials**

**The brain develops because of and connected to
social interaction in crucial relationships.
Passivity is strangulating development.**

**Mirror neurons are crucial in relation to
our belief in unfathomed potentials.**

**Reasons are not linear, they are complex
– imaginations towards the future –
helps us differ from the issues of guilt and shame**



Interaction og neurologic development

**The human brain is an organ of adaptation to the physical and social worlds, it is stimulated to grow and learn through positive and negative interactions. The quality and nature of our relationships are translated into codes within neural networks that serve as infrastructures for both brain and mind. Through this translation of experience into neurobiological structures, nature and nurture become one”
(Cozolino, Horsdal, 2009)**



Modern developmental psychology

The child participates actively in the construction of its world. Development is based on interaction with others.

Theories about phases for development must be changed into an attention to, how the child or the youngster are getting the best opportunities for "managing" their crucial themes of their life – inside their actual context



Modern attachment theories

The child's social interaction with their relatives inside the different contexts of their lives has a crucial impact on how the genetics express themselves (Hart & Sørensen, 2007).



The bio-psycho-social model for development:

The actual moment

Deconstruction of narratives

Constructions about the future

The experiences of every day life

and irreverent curiosity,

that creates trust for the unfathomed.

The child as a crucial agent for change

The dilemmas connected to:

Social problems made psychological/ psychiatric

Child or youngster needing treatment

Handicap and compensation



**The ways we choose to put the world into parts
do at the same time create the possible kinds of
solutions that we can look for:**

Neurobiology and attachment

Early discovery

Ressources and limitations

Ordinary and special

Bio-psycho-social

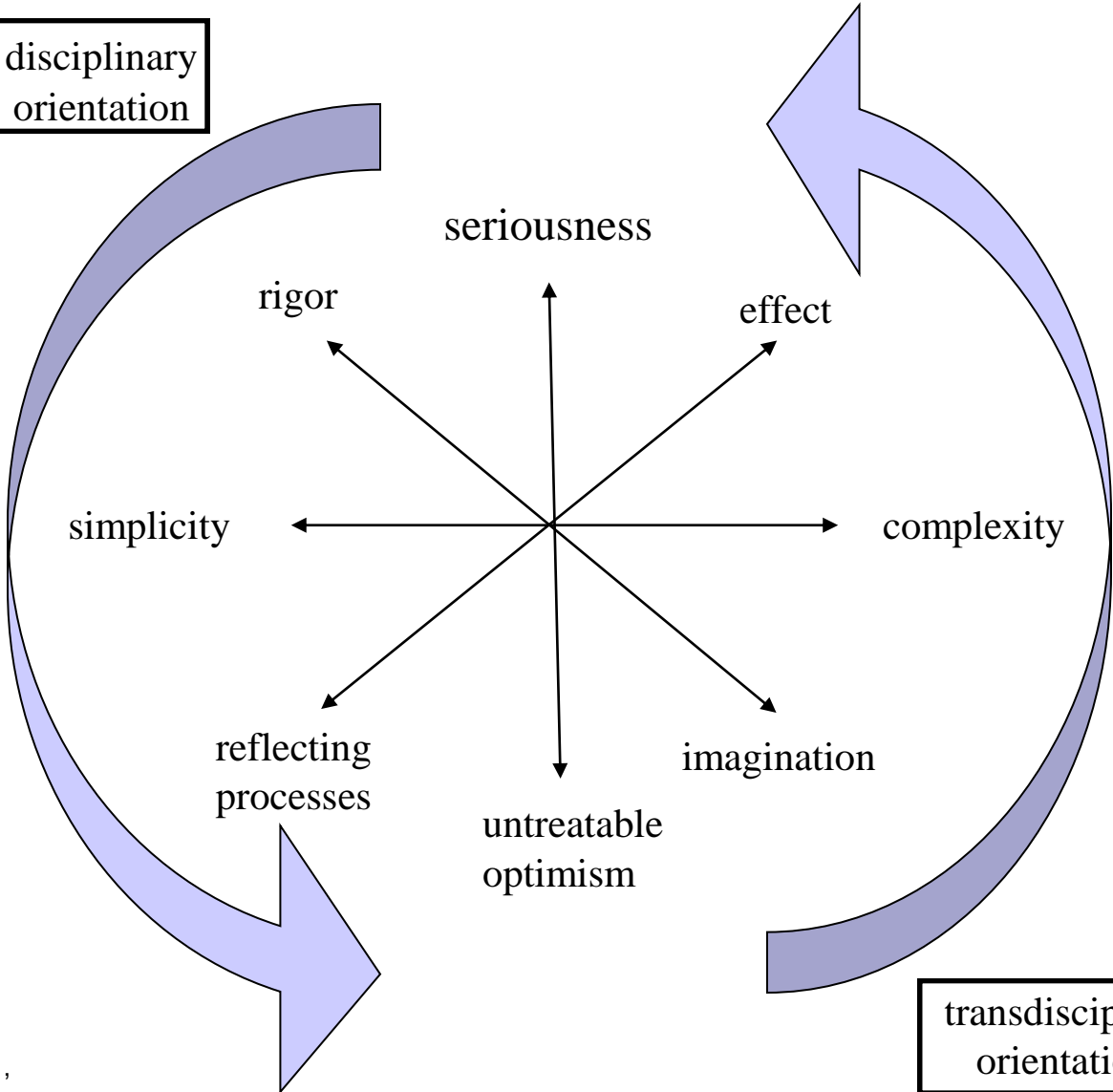
Speiel attention for invitations

**The perfection that need to be developed further
transdisciplinarity**



Working with complementarities

disciplinary
orientation



Diagnostic illustrations

Children with "special needs" into "special invitations"

To create contexts, that will make it possible to be aware of the invitations

Use a multiverse of different namings to express the complexity

Complementarity unfolds just in front of us – we must look for the differences that create a difference

Make the issues big – be aware of the openings – and avoid doing more of the same, that doesn't work.



From state of appearance into invitations

The one pole only exists because of the opposite:

So which kinds of social interaction themes are vitalizing these seemingly states of appearance?

How do we contribute to new experiences created by and connected to the new social interactional themes?

Our invitations to another kind of connectedness!

Which contexts must be involve in order to create transcontextual change?



ADHD as a complementarity

Appearance:

Impulsivity, attention problems,
hyperactivity, challenging behavior

Invitations, that come out of:

Doubting one's own potentials
Limiting experiences of asking for help
Limiting experiences of trust



Dilemmas connected to medical treatment:

A problem of dysregulation, not a deficit

The research is in no way convincing

The risk of dependency related to connotations

**The invitation to process so comprehensively and wide,
that the appearance of ADHD is no longer prominent.**



Autism spectrum disorders as a complementarity

Appearance:

Problems in social interaction
and communication, rituals
and limited contact with others
Difficulties solving problems

Invitations coming out of:

Doubting one's own potentials
in social interaction with others



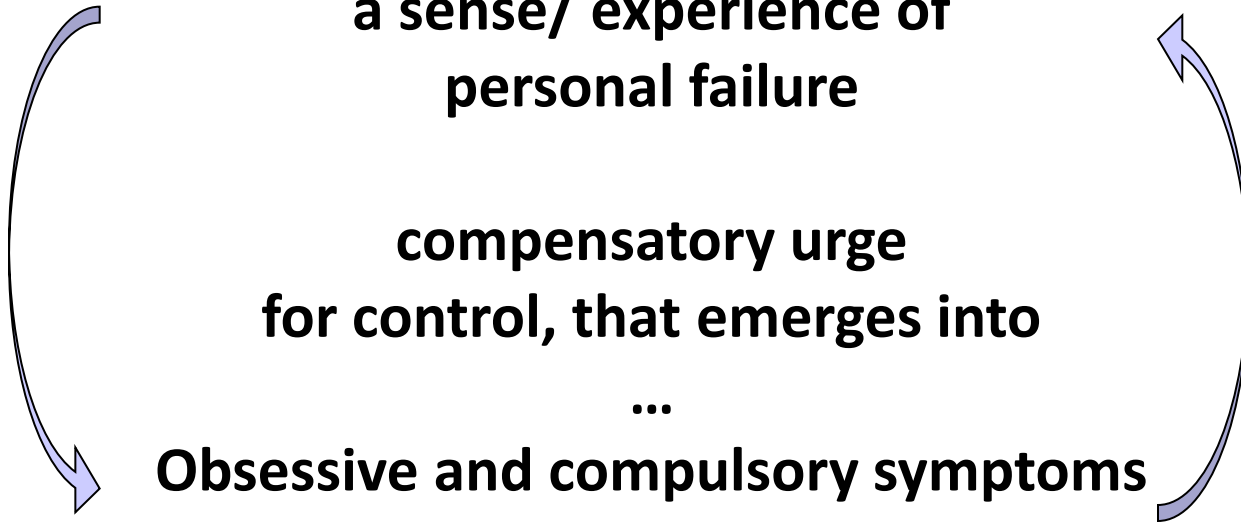
OCD and Tourettes Syndrome as complementary phenomena

**a sense/ experience of
personal failure**

**compensatory urge
for control, that emerges into**

...

Obsessive and compulsory symptoms



When children and youngsters are doing their best out of their requisites, their ways of understanding their life and their lived experiences, then their problematic and limited appearance must be understood as their ways to compensate for their doubt about their own potentials, their own possibilities for fulfilling their dreams.

It is crucial to appreciate them as doing their best and at the same time to contribute to the development, which they also is some ways ask for.

The task isn't about compensation, i.e. meeting them with a limited view of their potentials. Instead we must contribute to their development. Time will show us, what will show up, for us and the children.

