Open Dialogue and Enabling Co-planning

DESK RESEARCH

Summary

1. Dialogical Practices

1.1. Background

The expression Dialogical Practices refers to a psychosocial approach born to take care of people who live the experience of mental suffering in a more effective way then traditional approach (Ulland et al 2014). Since 1987, in the wake of Alanen's work on "Adapted to Need Treatment" (Alanen, 1991), the approach has been experimented within the context of Western Lapland, in collaboration with the department of psychology of the University of Jyvaskyla (Tarantino, 2014). There, in Keropudas, a group of professionals was interested in developing a family-centered ap-proach to more complex mental health problems (Seikkula, Arnkil 2013). Besides, the manager, Jaakko Seikkula, defined the approach they used as "Open Dialogue" (Seikkula et al., 1995). After that, over the years, the trials carried out by the team of the psychiatric hospital Keropudas was gradually systematized until, by the end of the 90s', it provided a basis for the reform of the community care system of that area (Seikkula Arnkil 2006). Thanks to the impressive results in terms of effectiveness, this way of working has gradually attracted the attention of the scientific and professional community (Aaltonen et al 2011). The main reason for this is that Dialogical Practices shape a different scenario for the care of people with mental suffering laying, on a theo-retical level, at the intersection between the thought of Gregory Bateson, particularly concerning the reflections in his fundamental text Towards an ecology of mind (Bateson 1972) and the writ-ings of the Russian philosopher Mikhail Bakhtin (Holquist 2003).

The Dialogical Approach main goal is to develop a comprehensive model of psychiatric treatment centered on the family and the social network (Seikkula, Arnkil, 2018). Hence, the intervention implies a vision in which the extended family system is considered as an active agent of change (Olson, Seikkula, Ziedonis, 2014). Thus, the network around the family is mobilized within the therapeutic context, in order to identify new perspectives and ideas on the problem. In the context of Dialogical Practice we can state that the network is the main tool to produce positive changes (Tarantino, 2014).

1.2. Open Dialogue

Open dialogue is way of working with people with mental health problems, designed as a process which offers a different way of understanding the reasons for the experience and an effective and empowering way to find resolution (Olson et al 2014).

In this respect, Open Dialogue integrates social care and therapeutic intervention (Freeman, Tribe, Stott, Pilling, 2019) since it implies coherence among all the subjects involved in the network ap-proach. The intervention is carried out through meetings engaging the entire network system, which include the person needing support (Razzaque, Stockmann, 2016). Nevertheless, Open Dia-logue is not a method, in the sense that it is not a technique, but is more of a way of thinking and conceptualizing, an attitude (Raffaele Barone, Adelaide Morretta, Elisa Gulino, 2017). The Open

Dialogue, as Giovanni Cutolo (2017) suggests, is a "conversational intervention" which focuses on the way people relate, in particular on the way they interact through language (Cutolo, 2017), in order to empathize the mobilization of people internal resources and their network (Razzaque, Stockmann, 2016). Seikkula claims that the core of the approach is "to consider our consciousness as intersubjective means to abandon the pattern of individuals as subjects of their lives, that is, to abandon the idea that the center of coordination of actions exists within the individual. Rather, we describe the Self as polyphonic" (Seikkula, 2014). To the aim of underlining this process, Seikkula and colleagues insisted on the metaphor of Bakhtin's polyphony (on which we will go back in the next pages) which puts particular emphasis on dialogue. In the Open Dialogue, the Dialogue is among many voices coexisting within the network, without privileging any of them (Arnkil, Seikkula, 2018). This way of understanding is introduced by the linguist Bakhtin (1984) to describe the relationships between the characters in Dostoevsky's novels, which he calls polyphony. In fact, a fundamental aspect of Dostoevsky's writing, according to Bakhtin, was the dialogical interactions between characters in structuring the story itself, rather than being bound by a monological author (Bakhtin, 1984). The concept of "polyphony" allowed Seikkula and colleagues to deal with the multiplicity of internal and external voices present in a collaborative network meeting (Arnkil, Seikkula, 2018) with the objectives to create new shared understandings (Olson et al., 2014).

As reported by the Finnish team (1995) since the first publications on the subject, there are seven basic principles which characterize the Open Dialogue (as detailed in Seikkula, Arnkil, 2014): Immediate help; Perspective of the social network; Flexibility and mobility; Accountability; Psychological continuity; Tolerance to the uncertainty; Dialogue and polyphony. In this respect, Seikkula points out that these elements are not separated but, on the contrary, often overlap and occur simultaneously in practice (Olson, Seikkula, Ziedonis, 2014). Those seven principles represent the range of values on which the twelve elements of fidelity of Dialogical Practice are most focused which, ss explained by Olson and Seikkula (2014), are the following (described in detail in Olson, Seikkula, Ziedonis, 2014): Two or more professionals at the team meeting; Family participation and social network; Use open-ended questions; Answering the things spoken by the person; Em-phasize the moment; Solicit multiple points of view; Use of a relational focus in dialogue; Re-sponding to dialogue and behavioral problems with a concrete and meaningful style; Emphasize the words used by the person and his stories, not the symptoms; Reflections between professionals in meetings; Be transparent; Tolerate the uncertainty.

Recently, the results of many studies suggest that since network meetings conducted with the Open Dialogue method can improve the smoothness and redistribution of power among network members, the dialogue process could be appropriate in the context of people who have suffered trauma and violence (Dawson, Einboden, Mccloughen and Buus, 2021). These researchers high-light the possibility that Dialogical Practices may offer benefits in different social contexts since it produces a non-pathological experience, where people define their own problems and feel heard and validated (Dawson, Einbode, Mccloughen and Buus, 2021). Moreover, the consistency be-tween Dialogical Practice and the deinstitutionalization processes has been acknowledged: accord-ing to Cutolo (2017), e.g, the Open Dialogue "seems to bring to completion what in Italy the Basa-glia revolution had intuited and started. Hence, if the importance of the context in determining the

disorder (the total institution) is central, it is essential to work in the social context without remaining tied to an old institutional culture, developing more modern, and more "abstract" tools, to produce change [...] There is something powerful that Open Dialogue acts, and it is the im-portance (implicitly) assigned to context and language or the two "social" categories within which human life unfolds. With an approach that focuses on dialogue, allowing its spontaneous flow to generate new levels of reality" (Cutolo, 2017, p.13).

1.3. From Early Intervention to Anticipatory Dialogues

One of the main tools of the Dialogical Practices is the Anticipatory Dialogue (Arnkil 2018). This type of operational declination of the approach was born within the field of early intervention (Arnikil 2013). Since indeed the scientific community is in favor of early intervention the issue facing practitioners is well expressed by Tom Arnkil: the question is whether the orientation of early intervention is to "direct" the person's future or to promote their empowerment in such a way that the person himself, together with his family and who is significant to him or her, assume the direction of their own existence (Bergstrom et al 2018). Therefore, directing the future of the other person and promoting empowerment are two alternative operations: it is not possible con-cretely within an intervention to do both (Toomey 2011). This puts the professional in front of a preliminary choice concerning the nature of the path he wants to activate. If we move in a tradi-tional mode, in fact, the professional has at his disposal a series of "lenses" to observe the life of the person. Through assessment grids or usual practices, the professional finds himself having at the disposal tools that put him in a predictive position towards the life of the person (Curto, Marchisio 2020). Almost automatically, often without even realizing it, as it collects information the professional formulates hypotheses about what would be better whether there was or was not in the present and the future of this person. Understanding early intervention as aimed at increas-ing empowerment rather than orienting assumes instead that the professional puts himself in a dialogical position: renounces the presumption of knowing the destination and better road, and place yourself in a new position offering not of orientation but support (Cain Fanshawe 2021). Only in this way the person can be supported to imagine the desired future since the future takes shape in people's minds if they are given space. Space to imagine it and also to not be able to imagine it, maybe, and try again next time. In this enabling mode any suggestions would not guide but, on the contrary, it would risk to block the process because they immediately lead back to the relational position in which you-the professional know (in fact you are suggesting me) and I must get there: it is an asymmetrical position.

On the contrary, a completely different position is that in which we are together in front of the future seeing it as an open field, and the person does not have to guess the future that the profession-al is thinking it's best for them, but can focus it to build since they have the freedom and the power to choose it.

Hence in early intervention Dialogical Practice introduce the Anticipatory Dialogues with a main-ly empowering function. It is a way in which the person and the family are accompanied to "re-member the future", that is, to place themselves in a positive future moment and look back, recon-structing what are the beautiful things that in that moment make life happy and what are the aids and choices that led up to their (Seikkula et al 2003cit). In this way, the present, which is full of worries and indecision, is "approached by the future" (Seikkula Arnikil 2014cit), seen as a condi-tion that not only could be overcome but is already overcome in the direction of something posi-tive.

The role of the facilitators of these dialogues is not to "direct" the future but to ask questions aimed at bringing out what the person thinks and to validate it (Seikkula et al 2001). Even the notes as the questions do not have the function of "notes" from which then the professional will have to deduce or formulate indications but of visual support to the reasoning of the person. In this mode, people observe the world from a point of view that is their only point of view located in a social space from which they alone can see their field of possibilities (Arnkil 2018cit).

Then, Evgenia facilitated an Intervision session among the participants, structuring the session in sequential phases to give an real idea of the methodology. We developed an intervision session moving from a problem pointed out by Nina (SJD): when does the methodology of enabling coplanning end? There is an expected time or it just never end? For SJD this point is especially critical, seen the 6 months predefined schedule of their own project.

During the Intervision, after a first round of answer to go deeper into the problem, other participants offer suggestions and ideas to Nina and Marta to better understand the point and eventually solve it. Among these, the reciprocal support among colleagues; looking for strategies to turn the project more flexible, negotiating other time schedule with the organisation's direction; doing a common letter from the organisation to negotiate with the public committente.

2. From Dialogical Practices to Enabling Co-planning

2.1. From Dialogue Practices to Enabling Co-planning

The Dialogical Practices have therefore shown important potential both in terms of effectiveness and scope of application (Seikkula et al 2011). From the first experiments in the field of mental health, in fact, the methodology has also extended to other areas among those in which it is necessary to build together changes in the path of life of a person (Massi et al 2019). The changes that the Dialogic Practices can generate have been shown over the years, both in-depth and in breadth and durability, more intense than those brought by the classical methodologies (Seikkula et al 2011cit). In recent years, in the context of supporting people with disabilities to a full adult life, there was also a need to develop methodologies and approaches that were more consistent with the new guidelines provided by the UN Convention on the Rights of Persons with disabilities (Marchisio Curto 2019). In this context the research team Center for rights and living inde-pendently of Turin University has been developing an innovative approach aimed at providing support for the life project called Enabling Co-planning (Marchisio 2019).

If, on the one hand, Dialogic Practices have proved to be an important tool, on the other hand, it would not be correct to say that the Enabling Co-planning uses the Open Dialogue or the Anticipatory Dialogue: there are in fact some substantial differences.

The main difference is that Open Dialogue is a practice with a therapeutic vocation while Ena-bling Co-planning is an empowerment approach, aimed at supporting life project. In the use of this methodology, the "change" that is generated in the person's life does not necessarily start from the need or the desire to overcome a crisis, nor even less from the identification of a pathological element, but it can also be an instrument for accompanying a life path that for social, context or personal reasons needs to be supported for a period or the whole course of life.

Another difference is the reference to the right-based model (Lang 2009) and, consequently, to the freedom and full participation in society, which in the Dialogic Practices is not a key element, while it is foundational in the Enabling Co-planning (given the derivation from the paradigm of the UN Convention). In this sense, while the Dialogical Practices are substantially compatible with taking care within an context of institutionalization- for example, they are born in a psychiat-ric hospital- the Enabling Co-planning needs, to be effective, to be developed in a deinstitutionali-zation framework (Mezzina 2014). In this sense, the enabling co-planning collects the suggestion related to the polyphony of voices, but it integrates it with the theme of the restitution of subjec-tivity as key to the path of deinstitutionalization that underlies the analysis that Pier Aldo Rovatti makes of the thought of Franco Basaglia (Rovatti 2013).

In deepening each reference, it is important to keep in mind that the subdivision in different currents of inspiration of the Enabling Co-planning allows a more linear description of the methodology but forces the representation of the approach which is structurally integrated.

2.2. The Enabling Co-planning

Enabling co-planning is a methodology to accompany the definition of a project of life based on equality of rights, opportunity and access to citizenship (Marchisio 2019 cit). As simple as it is, the first step to start designing the future together is to meet each other. This statement, which seems completely trivial, is not at all for those who- professional, person in need or family mem-ber- know the difficulties of the design paths that involve people in social and educational system. The methodologies and organizational models that are currently more widespread imply that professionals define the objectives, the tools, and the direction of the path of taking charge. The prevailing models move structurally in a diagnosis-intervention-compliance framework: the professional assesses the situation and proposes intervention. The family and the person can decide whether to comply or refuse. In classic intervention models, in fact, the crucial phases are therefore in the hands of the services: this process does not depend on the disposition of the professionals but responds to a precise organizational and management model. The dialogue with the person and the family takes place, but it maintains a secondary role concerning the decision-making process. The procedures, in fact, provide for the meeting with families and people in the framework of a moment of knowledge, assessment of needs by the professional and the proposal of the intervention established, while they do not provide for ways that support the desire and the life plan that the person makes on himself, that are aimed at basing the design on this desire and aspirations. In the Enabling Co-design framework, therefore, the professional must work to create a space for hiring direction for the family and the person. However, this space is not generated once and for all, but on the contrary, constitutes a kind of map for the design path: it is through the talks, in fact, and only through these, that we decide on which side to proceed, whether to follow the direction that was established together or to modify it, how to move if you are faced with a crisis, to a problem, to a change.

In the enabling co-planning, the meeting takes place through dialogical relations. The dialogical relations, we have seen some characteristics so far, are relations by definition without a strategic intent, and in particular, the strategic intent to change the other person (in all the facets that this changes the other can have, to the simple to make him change his mind). This is the reason why trying to insert a dialogue mode into a classic design runs the risk of completely distorting it. If we are within a design mode in which it is the professional to define and indicate the objectives and the family remains the choice to join, then the task of the professional necessarily becomes to try to orient the paths of others in the direction that he considers more correct or better for the person. The task of guiding is, however, a strategic task, which by definition cannot be conducted through a dialogue practice. A dialogical relationship is, therefore, by definition "an open, non-prescriptive relationship devoid of the strategic intent to change the other" (Seikkula Arnkil 2013cit p. 13). Here too it is important to point out that these descriptions are devoid of moral evaluation: the idea of a strategic relationship must not lead to thinking of a sort of "second aim" in which the good of the other is used instrumentally to gain advantage for himself. These are simply different relational modes that start from different assumptions and give rise to different design paths. in general terms, perhaps the most consistent teaching that the Dialogic Practices make to the co-planning

really enabling concerns precisely the encounter with the other, which in the paths of support to adults with disabilities is often seen as a critical moment. The Dialogic Practices tell us that in the meeting we can never fully understand or explain another person (Seikkula Arnkil, 2014cit). It follows that when I try to do it, when I think I can do it or when my organization, my tools, my goals require me necessarily arise mode of exercise of power that- tells us the enabling co-planning- are in fact incompatible with an accompaniment that upholds rights and self-determination. The fundamental extraneousness of the other is therefore seen in these approaches not as a problem but as a prerequisite for dialogue and at the same time as the reason that makes that dialogue necessary. We are not far from what Basaglia said in his essay "body gaze and silence" in which he said that "the possibility of communicating, of building a mode of otherness, of creating a dialogue presupposes a spaced space, a silence from which the word is born, a look from which the seeing is born" (Basaglia 1965 p.31). Even in that essay one reflected on the relationship between subject and object, and in particular on the role that the pro-cess of "objectification of the sick" had in the construction of the system of power of the disci-plines of cure (Basaglia 1979).

When we move from strategic relationship to dialogue, it is ultimately a matter of changing our understanding of the nature of the relationships that produce change - such as the pedagogical re-lationship. We enter the perspective that the purpose is to bring about a lasting and positive change in people's lives, but not to determine their direction. This element constitutes a funda-mental node when we speak of support planning: a universe of meanings and practices in which the strategic mode is today the most widespread, preached and practiced in all those areas in which the relationship is structured from a basic asymmetry, structural, generated by the crystalli-zation of the position of "who helps" and "who is in need". The presupposition of the classic way of conducting the support planning is therefore opposed to that of the enabling co-planning not for a reason of the professional's worst moral attitude, but on the assumption that the professional would be able to see the person's life better, because he has adequate competence and because his vision is not obscured by direct involvement in the situation.

Here it is also important not to fall into error: the enabling co-planning does not claim that the person sees better than the professional, but that the person's point of view on his life is unique, invisible to the professional and that is what the intervention planning must be based on. In the methodology we are describing we move in terms of life project: the conflict of power to deter-mine who sees best is misleading. What builds and sustains a life path is not the attainment of the right vision about the existence of the person, but the dynamic through which this vision is built, the foundation of every choice on the respect of the point of view of the person and the construc-tion of a relationship of trust through which it is reached to each of the choices that end up com-posing the existence. It is the process that constitutes the project of life, not the content of every single choice. In this sense we could say that if in "enabling co-planning" there is a prevalent term is certainly the second: here in fact the dialogical inspiration of the co-planning methodology in-tersects with the other key factor: empowerment.

3. Methodology Characteristics

3.1. A Transformative Dialogue

The experience of Dialogical Practices is based, as we have seen, on the construction of a trans-formative dialogue located within a social network (Gergen et al 2002). The Bakhtinian sugges-tion is taken precisely to define the deeply constructivist character of this dialogue (Bachtin 1929). The dialogue between professionals, people needing support and other subjects of the net-work is not characterized, in fact, as the discourse around reality, an episode, a profile of personal-ities that exists "outside" but it is itself a place of definition and redefinition of the object and the meaning of interaction (Seikkula Olson 2003). The Dialogue to which these practices refer is therefore very different from the conversation which usually occurs between professional and per-son. In the usual positivist epistemological model, the professional's task is to gather information about a condition, a situation, an "objective" reality while the Dialogic Practices collect the pro-posal of Bakhtin to go beyond the idea of "extracting" information: the dialogue itself is used to build knowledge in a shared field. Hence, the word polyphonic is, according to Bakhtin, "con-structed by layers": the meaning that is not pre-existent but is generated by the succession of the interventions of the different actors in the dialogue. This concept of the polyphonic word is also found in the thought of Roland Barthes, who understands the expressive mode whereby "the word wriggles under the weight of the replication of the imaginary anticipated interlocutor" (Barthes Flahault 1980) in which the interlocutor who helps to build the space of speech is not only the physically present one but can also be interior. This resonance of inner and external voices forms what Bakhtin calls the polyphonic society of persons and personalities (Pontius 2014): all are pre-sent in the dialogue and contribute to the construction of shared meaning. This is the opposite of what happens in classical professional discourse where the professional who moves within an in-terview in a positivist perspective will ignore the alternation of voices - internal and external- considering them "noise" because what interests him in the interview will be to extract the "right" and "final" information. The contribution of Seikkula upset this positivist attitude of the conver-sation, as he first conceptualizes the therapeutic conversation as "dialogical" in the sense de-scribed up to now, giving it a matrix substantially constructivist. The therapeutic conversation be-comes in the dialogic practice the place where, provided that certain rules and attentions are used, meaning is built. From this way of considering the discourse the Open Dialogue is born, whose aim is to create a common language, in the sense of a "dialogue" (Seikkula Arnkil 2014) that, giv-ing each person a voice, translates into a common experience. Centering on networks is closely linked to another of the key elements that Enabling Co-Planning took form Dialogic Practices: po-lyphony. In fact, it is the involvement of networks that defines the very possibility of a polyphonic word, which does not force speech within the narrow boundaries between person and professionals (Seikkula et al. 2001). It is essential to be clear: in the Enabling Co-Planning as in the Open Dia-logue being dialogical does not mean being kind. There is sometimes confusion about this in pro-fessionals, who understand the invitation to engage dialogue in relationships as an invitation to be more accommodating or polite. Of course, a dialogue mode cannot be used if the professional has an abrupt attitude, but the

behavior is only a small part of the dialogue: it is primarily a way of understanding the relationship between subject and object in the construction of meaning. You can be much more easily dialogical and rude than you can be dialogical and positivist. Dialogue is, therefore, to be understood as Gergen says as an "authentic activity that takes place jointly be-tween people" which is simultaneous communication, production of identity, and meaning (Gergen, 1999). In Enabling Co-Planning the difficulty that the person's existence is going through becomes the opportunity to create and redefine the fabric of stories, identities, and rela-tionships that build the self and the social world. Here lies the passage between the polyphony theorized within the philosophy of language and the polyphonic discourse with the therapeutic vo-cation object of the intuition of Seikkula and colleagues. The concept of dialogism is transformed into a process of co-evocation of meanings, listening, and understanding. It is not a single voice that defines the object of the discourse: dialogicity and polyphony are closely linked. Enabling Co-planning also borrows from Dialogic Practices one of the greatest differences between this method systemic family therapy: it does not focus on the structure of the family, but on all the people involved. This means that the "system" is created in every new dialogue, in which the con-versation itself builds reality, not the rules of the family or the structure of the system.

When it comes to enabling co-planning, therefore, polyphony is called into question both during co-productions with all participants and during the involvement of the network. The person is un-derstood, described, and accompanied within a polyphonic existence, in which each aspect is structurally constructed by multiple voices, interactions, supports, expectations, actions. The per-son is not described by a single voice, is not assumed that there is a card, a tool, a checklist, or even just a speech or a professional language that can describe their existence.

The person-in-his-life is gradually described and redescribed by a set of voices, images, situations that interact with each other among which there is always, and increasingly consciously, the voice of the person himself. This set of voices also defines the path of support to independent life: we are no longer in the classical social work projects, in which what needs to be programmed is "an intervention". It is a matter of accompanying a project of life by inserting the necessary support so that it responds to the wishes of the person and his significant others and ensures respect for their rights. It is a project of life that starts from the polyphony of the description and becomes poly-centric in the implementation, giving rise to a real polyphony of existence.

Partners suggested to adopt a mix between the option 2 and 3: participants will create a common list and then the facilitator will share a specific topic from the list every month. Moreover, they suggest to let the partners the possibility to suggest new topic when they come up throughout the project.

3.2. The Distribution of Power

The main consequence of this way of understanding psychosocial discourse is a different distribution of power between the professional and the person who comes into contact with the service to be supported (Mezzina 2017). In fact, if reality is built in the space of a polyphonic discourse, the professional's own possibility of seeing the situation "objectively" or "from the outside" is lack-ing. The professional's task is no longer to "see reality" but to build, together with the person, a universe of shared meanings. It is this change of purpose and perspective that defines the different relationships of power. It is Bakhtin himself, who was reflecting on the characteristics of language and did not imagine a therapeutic use of dialogue, who defined this type of discourse "without rank" calling this dimension into question (Bachtin 1975). We can affirm that Open Dialogue is born in contrast to the classic professional discourse, because it questions both its roots: that of content and that of form. At the level of content, the classic professional discourse is rooted in the diagnosis-intervention-compliance system while at the level of form it is based on the distance al-lowed by the technical language that is understood and mastered only by experts. The dialogical model questions these two aspects, proposing as an alternative a discourse that is built in a mode of form and content structurally horizontal and recursive.

The Dialogic Practices have moved from their origins in the dialectic between certain terms: free-dom, power, democracy, education, and truth (Foucault 1996): where the truth is thought to lie in speech (inside or outside the dialogue? In the hands of the professional or the person?). The an-swer to this question defines the very possibility of redistributing power in the relationship, which in turn determines the actual possibility of freedom (what I am allowed to do, try, attend by whom is established?). The same reasoning scheme can be applied both within the relationship between the professional and the person taken in charge and outside in society, where the relationship be-tween the possibility to say (for themselves, for example, say what you want and about yourself for example say who you are) and the power to determine the course of one's life are at the roots of democracy. The Dialogic Practices, therefore, have primarily to do with a renunciation of pow-er. This renunciation involves a loss of all those spaces for defining problems and orientation of interventions that are completely in the hands of the staff and opens to the need to build a new model that will then be the dialogue mode. The goal of this original choice, which will then be-come the goal of the Dialogic Practices themselves, is to generate new meanings and find alterna-tive solutions to issues that appeared to be unresolved (Galbusera Kyselo 2018). The origin of En-abling Co-planning is not very far conceptually from the distribution of power as intended in Dia-logical Practices. The crucial shift at the conceptual level consists of the transition between imag-ining actions to change the other to imagining actions to change themselves, what you do, what you say, the places, the times of your operating modes (Seikkula Arnkil 2014cit). Opening the doors to families to participate in the analysis of the problem, prepare a plan of action, and partic-ipate in the meetings during the whole process of taking charge were therefore the first steps to succeed in getting out of the diagnosis-intervention-compliance system.

3.3. The Tolerance of Uncertainty

A key element of the Dialogic Practices that differentiates enabling co-planning from other intervention planning methodologies is uncertainty tolerance (Seikkula Arnkil 2014cit). In classical support planning uncertainty and risk are a weakness. To proceed, we need circumscribed and static definitions because the solutions we have available are essentially circumscribed and static and, above all, are "solutions" to a very limited number of problems. In classical support planning, also because of the tools we have that are essentially classified, we tend to describe the problems promptly (e.g.: lack of autonomy) and causal relationships in a substantially linear causality. Again, this is not a bad attitude of the professionals: the organizational model in which the profes-sionals are immersed requires to activate models of knowledge and explanation of this type, be-cause, in essence, the professional feels that he does not have a space for action that allows him to activate articulated supports that take into account, for example, the fact that linear causal rela-tionships rarely exist in the real world.

The tolerance of uncertainty, proposed among the key elements of the Dialogic Practices, allows us first of all to widen the field of description: the enabling co-planning expands it potentially to infinity, removing the constraint to terminate the description before starting the action. This bond is in fact a legacy of the medical model, which responds to the above-mentioned diagnosis-intervention-compliance scheme but is ill-suited to the purpose of accompanying an existence. It is as if we were to say that to be sure that with our life partner things will work well, we must first finish the phase of knowledge in which, through tests and descriptive grids we know it in all its aspects, and then we can start to hang out. It makes you smile. Anyone who has a life partner knows that people are not static: the way a person is, the resources they manage to put in the field, the ways they do, to be in relationships change over the course of life, and change especially based on the experiences that you live, Cohabitation and marriage included. This if we project it in our experience is obvious, but if we approach social work, we are confused and it seems to us that de-scribe a priori in depth a person with "scientific" methods and techniques (where "scientific" is used as a synonym for evaluative and classifier) is a condition for being able to understand what that person can do, what is right for him, how to support him. The enabling co-planning, integrat-ing the dimension of knowledge, that of project, and that of action in daily life, approaches the ex-istential dimension globally. This comes from the right based approach: supporting the person in a life based on equality with others contains in itself a great deal of guidance on how to achieve it. Based on equality with others, it, therefore, becomes an important methodological indication use-ful at any time and at any indecision to find the direction. Based on equality with others, therefore, it is also the right to uncertainty, to the possibility of trying, to change your mind, to change the course of your life. In this sense, what Seikkula says about enabling co-planning is that "the toler-ance of uncertainty is the opposite of any kind of evaluation tool" (Seikkula et al 2003). Seikkula notes a problem in the use of assessment tools, which in the socio-pedagogical professions consti-tutes a kind of elephant in the room. If I use an evaluation tool, any tool, I am necessarily assum-ing three elements: that there is something to evaluate, that this something is so capable of de-scribing the person that it is relevant for the path I intend to begin and that the one who possesses the knowledge and the power

to use it is I the professional (the evaluation is never reciprocal). These three assumptions in the paths of classical educational planning are so taken for granted that they are never explicit and their acceptance- implicit- by the family and the person is the con-dition to be supported. All this, which we repeat is inherent to any tool or grid evaluation, com-pletely weakens the ability to make a path authentically empowering. The Dialogic Practices are the opposite, says Seikkula, as they start from the joint definition of the problem and possible so-lutions in a polyphonic, choral, "without rank". Polyphony does not occur if there is one voice among others that is more authoritative than the definition of something or someone. To allow me to be within a definition of the polyphonic problem, I need a high level of uncertainty tolerance both at the organizational level and at the level of relational competence of the professional. The tolerance of uncertainty in fact changes the position of the professional that is no longer found, as is the case in classical design, with the task of governing and managing processes but to promote dialogue. In this process, the professional, for example, will not give the word to the one who brings the point of view he considers most appropriate but will make sure that everyone has the same opportunity to speak. They will not judge the things people say, not even in their mind, not even positively ("she is right" or "her husband is right"), but they will bring back the views of all. This process redefines the very meaning of security/insecurity: security here is the security of lis-tening, of response, of legitimacy (Seikkula Arnkil 2006cit). It is the person who must be sure that what he says will be accepted, heard, and not judged or interpreted.

Within the dialogic methodologies as well as in the enabling co-planning this is not a strategic mechanism. It is necessary to specify it because the professionals are carriers of a decennial cul-ture of "government of the processes" and "more objective vision" for which to abandon the stra-tegic intents constitutes a very complicated operation. It is not about making everyone feel lis-tened to improve compliance, but a way to enable people to bring out their resources, giving them the power and actual freedom to use them for the purposes that they define themselves. In ena-bling co-planning this aspect is closely linked to the dimension of capacitation because it involves the possibility of people becoming agents of their own existence.

The tolerance of uncertainty allows the professional to "pause" the anxiety to describe "correctly", clearing the field of any claim of "objectivity". The demand for support in the classical mode al-ways poses a question like "what should we do?", thanks to the tolerance of uncertainty in the ca-pacitor co-planning this question is kept open until the collective dialogue produces an answer or dissolves the need for action. Immediate advice, rapid conclusions, and traditional interventions apparently "resolve" faster, but do not create the fertile field for the development of the person's resources, causing the lack of capacity work. Taking up the purpose with which the enabling co-planning is born, that is to accompany people to lead the kind of life they want, it is then very im-portant that it is always the person and the family to define the type of life they want to lead, and that the professional does not define objectives and directions. Regarding the definition of the path this aspect brings into play the dimension of trust and "who decided it?" always present at every moment of the co-planning.

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