



Nina Saarinen en Wilma Boevink

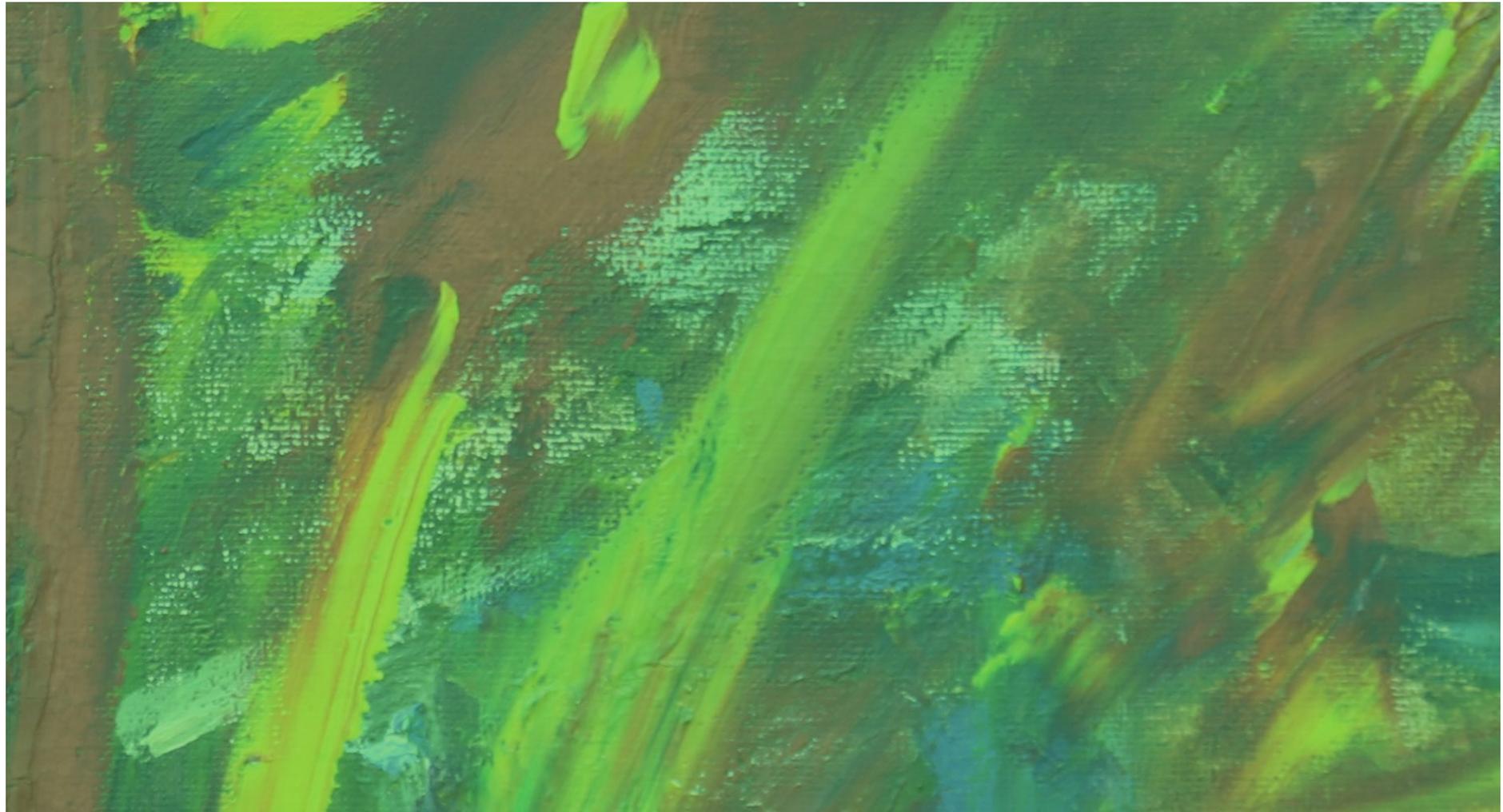
Open Dialogue

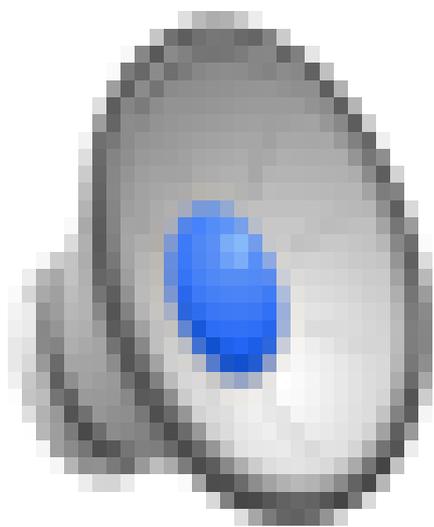
over de meerwaarde van de Open
Dialogue principes

Brugge 19-20 Oct 2017



TREE

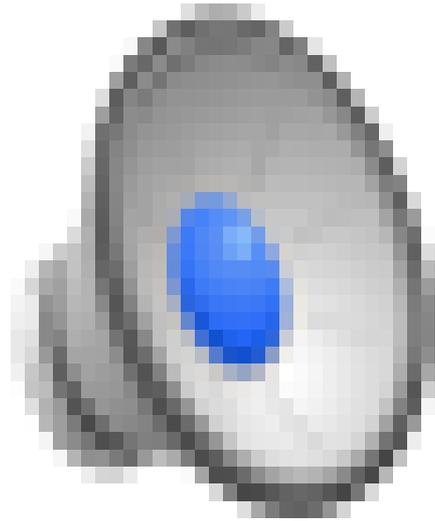




TREES

We are much more like plants growing from seeds, existing within a special 'confluence' of intra-mingling influences, rooted within the chiasmic intraacting of many different flowing streams of energy and materials that our bodies are continually working to organise in sustaining us as viable human beings

(Gergen, 2009)



“Love is the life force, the soul, the idea.
There is no dialogical relation without love,
just as there is no love in isolation. Love is
dialogic.”

(Patterson, D. 1988) Literature and spirit:
Essay on Bakhtin and his contemporaries,
142)

MIN 16

- <https://www.youtube.com/watch?v=zXj-uGHy3pQ&t=4922s>
- *From a seminar of the Finnish National Institute for Health and Welfare – Jukka Makela – Psychotherapist for children and Neuropsychiatrist- in showing how the teacher takes in account the child who made “ a mistake in taking a turn which wasn’t his “ he underlines how the anger of being escluded by making mistakes is the strongest of mankind, therefore it is crucial to act always in inclusive way.*

LIFE BY ITS VERY NATURE IS DIALOGIC

- “... authentic human life is the open- ended dialogue.
- To live means to participate in dialogue: to ask questions, to heard, to respond, to agree, and so forth.
- ***In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, spirit, with his whole body and deeds.***
- He invests his entire self in discourse, and this discourse enters into the dialogic fabric of human life, into the world symposium.” (M. Bakhtin, 1984)

- “For the word (and, consequently, for a human being) there is nothing more terrible than a lack of response”
- “Being heard as such is already a dialogic relation” (Bakhtin, 1975)

STRATEGIES FOR SURVIVAL

- "Psychosis" does not exist
- Psychotic symptoms are not symptoms of an illness
 - strategy for our embodied mind to survive strange experiences.
- Longstanding psychotic behaviour is perhaps more an outcome of poor treatment in two respect
 - treatment starts all too late
 - non adequate understanding of the problem leads to wrong response by the treatment

Jaakko Seikkula

DIALOGICAL PRACTICES

- We think dialogue is a way of being; not a method, technique.
- Jaakko and Tom came to one statement of the core element in generating dialogue as a dimension of :

“ respecting the otherness - here and now “
- ***Being present*** becomes then the key element in generating dialogical spaces, ***it frees energy for connectivity*** which so frequently is caught by our hurry to put existence into words and stories.

Being present respecting the otherness

TE Arnkil J Seikkula

Feeling the otherness in me

SHARING AN EXPERIENCE

- In groups of 5
- One person in the group tells about his/her worry
- One listens to the worry picking up some words of what the persons say, including them in his following question.
- The other 3 persons sits in silence with a distance listening and observing what the the two share.
- After 15 min the person who made questions turn to the other 3 and they ask taking the turn

“ What images, associations, thoughts came to your mind while listening to them. The person who told about the worry listens with a distance to their reflections

- After 10 minutes the person who made the question returns and ask the worried person what came to her his mind when listenining the others.
- Then we turn in circle and share reflections.

GUARANTEERING JOINT HISTORY

- Everyone participates from the outset in the meeting
- All things associated with analyzing the problems, planning the treatment and decision making are *discussed openly* and decided while *everyone present*
- Neither themes nor form of dialogue are planned in advance

J. Seikkula

GENERATING NEW WORDS AND LANGUAGE

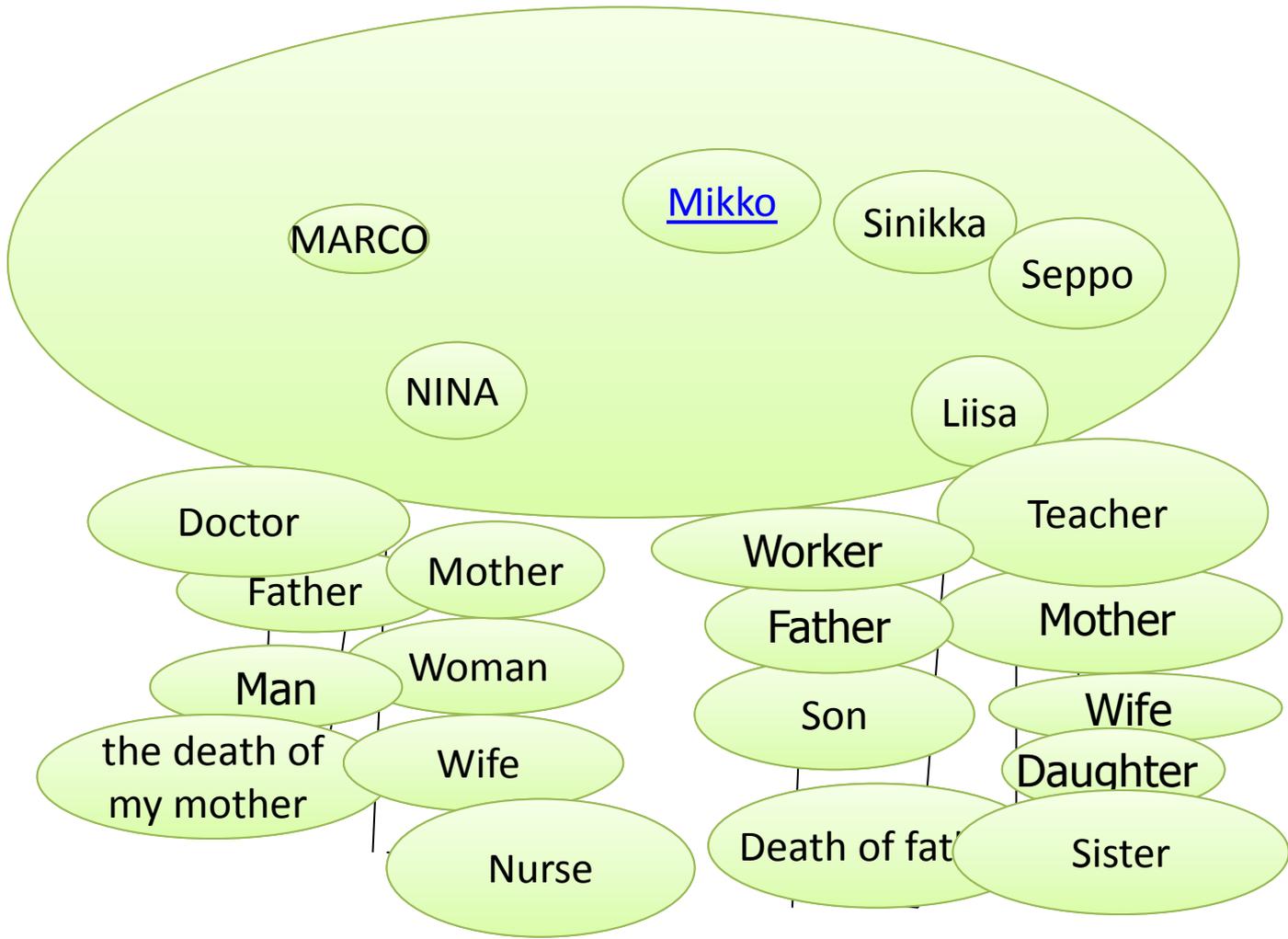
- The primary aim in the meetings is not an intervention changing the family or the persons.
- The aim is to build up a new joint language for those experiences, which do not yet have words

J. Seikkula

How do a joint language merge?

While the persons speak to me, they answer also others -those present as well as other virtual, there's not only an universe but a pluriverse, we are a community of voices. When we are emotionally involved, we connect, this connection become voices and only some of these become words in a shared joint language. This enrich and facilitate a new understanding.

Nina – shared questions



COMUNITY OF VOICES IN ORIZONTAL AND VERTICAL VOICES
Haarakangas

STRUCTURE BY THE CONTEXT

Meeting can be conducted by one therapist or the entire team. The task for the facilitators is to:

- Open the meeting with open ended questions Guarantee voices becoming heard
- Build up a place for among the professionals
- Conclude the meeting with definition of the meeting.

J. Seikkula

It is important to take care of a structure as a scaffolding – Persons feel safe, being heard, they open to listen to themselves/the others as a community of voices – both the professionals and persons in need can choose with more awareness, “ we prefer an open dialogue, a future dialogue.. “. This is a central point in the cultural change, we can introduce them also in official documents.

Nina – my shared questions

BECOMING TRANSPARENT

- Professionals discuss openly of their own observations while the network is present
- There is no specific reflective team, but the reflective conversation is taking place by changing positions from interviewing to having a dialogue
 - look at your collegian – not at clients
 - positive, resource orientated comments
 - in form of a questions – “I wonder if ...”
 - in the end ask clients comments

J. Seikkula

Reflections are not a therapeutic intervention, they emerges as a richer understanding and generate trust. Nina – shared questions

FOLLOWING WORDS – NOT MEANINGS

In the conversation the team tries to **follow the words and language** used by the network members **instead of finding explanations behind** the obvious behavior :

- Prefer themes of the *actual conversation* instead of narratives of past - be realistic
- *Follow clients stories* and be careful with your own openings – repeat the said (and imitate movements)
- Guarantee *response to spoken* utterances. Responses are embodied, comprehensive
- *Note different voices, both inner and horizontal*
- Listen to *your own embodied responses*
- Take time for *reflective talks with your colleagues*
- Dialogical utterances, *speak in first person*
- *Proceed peacefully, silences are good for dialogue*

J. Seikkula

Wilma - HEE

<https://www.youtube.com/watch?v=RRm1e8W7Uwo&t=1081s>

Sharing an experience

- Now we have listened to Wilma
- In small groups of five decide one person who is experiencing a similar moment
- Ask this person “ who are the significant person’s you want to invite “
- Make up an Open Dialogue – with max 2 persons from the network
- 2 Therapists (different professionals)
- 3 Reflecting in the group

TAKE UP YOUR WORRIES

- In Finland the professionals found a way to connect quickly in networks – they realized that what they had in common was not the definition of the problem but a feeling of worry as an ethical, moral, cognitive emotional dimension of being in the relationship. Example: “A teacher is worried about her/his being appropriate in teaching while noticing that something is not quite well, there’s something more, maybe happening at home”
- They left the dimension of “*who describes the problem best*” sharing instead a worry and for every described intensity of worry there is a dialogic facilitation by facilitators, dialogical methods.
- Why do we not take up our worries ?
- Maybe we think it could hurt to speak about them, we have to respect the privacy – carry alone our burdens , we are uncomfortable, we don’t know what to do then, we believe we will have still more work after, we hope someone else will do it we anticipate negative consequences “ *if I take up my worry it’s worse, if I don’t it’s anyway bad and getting worse* “

Nina Saarinen from Tom Erik Arnkil “Take up your worries “

ASKING FOR HELP

- The shift of 180° is radical compared to the usual one: **I as a professional can ask for help** to lessen my worry, opening up for dialogue, it is a revolution in every day life, no more “ this is the problem – see it as me!!” – which is simply impossible.
- Small, medium, big worries have different dialogical methods as scaffolding for generating dialogical spaces.
- Every intensity describes my feeling of being able to cope, less am I worried, more I generate dialogue and minor is the probability of taking shortcuts in monologue “ Do this...as I want ”

from Tom Erik Arnkil “Take up your worries “

“The italian politicians will never ask for help, they answeared...Nina’s shared questions

- <https://www.julkari.fi/bitstream/handle/10024/80315/d4782cad-3b09-471b-b80c-bb42f6f07ee6.pdf>

*Bureaucracies are sectored, everyday life is not.
It is comprehensive and relational
- Tom Erik Arnkil*

Crossing boundaries calls
for dialogism:

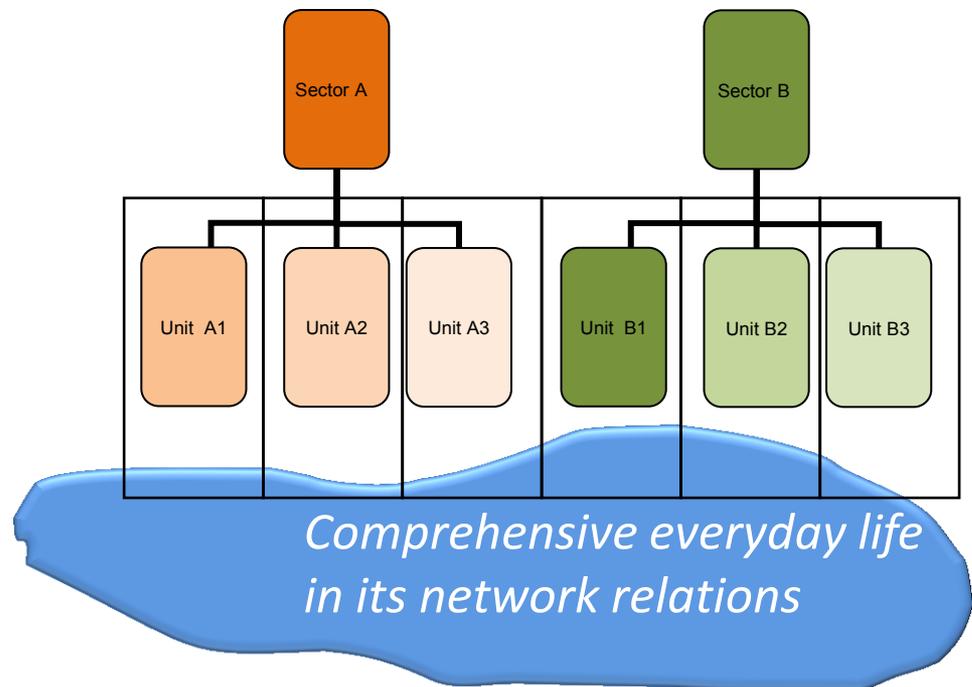
- reaching out to others instead of dictating
- listening and being heard
- thinking together instead of owning the truth

*Boundaries need to be made
interfaces.*

*Interfaces need to be made into
dialogical spaces*

Deep vertical professional specialization,
weak horizontal integration

*The more boundaries there are, the more
boundaries there are to be crossed*



OPEN DIALOGUE - 7 PRINCIPLES

- Immediate Help
- Family/Social network perspective
- Flexibility and mobility
- Responsibility
- Psychological Continuity
- Tolerance of uncertainty
- Dialogue & Polyphony

J.Seikkula

OPEN DIALOGUE - 12 KEY ELEMENTS

- Two or more therapists in the team
- Participation of family and network
- Using open ended questions
- Responding to clients utterances
- Emphasizing the present moment
- Eliciting Multiple Viewpoints
- Using of relational focus in the discourse
- Emphasizing the clients own words
- Conversation amongst professional
- Being Transparent
- Tolerating uncertainty

<https://www.umassmed.edu/globalassets/psychiatry/open-dialogue/keyelements1.109022014.pdf>

1. Two or more therapists in the team

- The teamwork is essential to responding effectively to severe, acute crises and chronic psychiatric conditions.
- One therapist can be interviewing the clients, while the other takes a listening and reflecting position.
- Or, it can be the case that both therapists are asking questions and engaging in reflections.

Experiences

- *For the Italian teams this has been very important in tolerating the uncertainty.*
- *The persons and families now ask about it also in traditional meetings “ Isn’t here a reflective team at all?”*
- *Something you can start with immediately is sharing experiences with a colleague, take up your worries.*

Nina – shared experiences

WELCOME

YOU HAVE COME TO THE RIGHT PLACE

2. Participation of Family and/or Network Members

The engagement with the network begins on the phone asking the caller :

- “Who is concerned about the situation or who has been involved?”
- “Who could be of help and is able to participate in the first meeting?”
- “Who would be the best person to invite them, you or the treatment team?”

These questions both facilitate network participation and help to organize the meeting in a non hierarchical way, that is, with input from the client(s).

Are the service walls our “blindness”
the “deeper” in dialogue we go by networks
- the wider we see”

- *Sometimes it can feel difficult to call the families and friends – its our problem - Jaakko received a letter of gratefulness from a person who met his family after many years - the professionals in UK gathered them – its not only the physical presence but also the process itself, persons are taken seriously, they recall, call together as a shared experience, all participants feel listened and become heard they connect.*
- *We used “photovoice “ (with post cards) with homeless persons – this helped them to recall their network- and we could invite persons- but it’s not the only question – the imaginative sharing made this possible, the recalled persons became desired in the emotional sharing.*
- *Stigma and shame are frequent in families – normalizing is an experience of healing.*
- *Peers involved – in what extent and how ?*
- *Other professionals and other significant persons who are far exist, absence is a presence and sharing the recalling makes them feel the love as embodied, as an embrace.*
- *Even after one year the persons recall one future dialogue as their turning point in life and as a meaningful experience.*

Nina’s reflections

3.Using of Open-Ended Questions

- After introductions, an opening thus could be formulated by simply asking:
- “Who would like to start?”
- “What would be best way to begin?”
- “What is the history of the idea of coming here today?”
- “How would you like to use this meeting?”

Using of Open-Ended Questions

- How did you have the idea to have this meeting?
- Who first thought of having this meeting?
- How did others learn about this idea?
- What did you think of coming here today?
- Who agreed the most and least with the idea of contacting the team?
- What would you like to accomplish?

Experiencing the present moment

- ... purposes, intentions, and aims with regard to the decision of seeking help
- It encourages people to describe the situation leading up to the meeting and the important people involved.
- *Despite the emphasis on history, the question gives immediate multiple entrees into the present moment.*
- At other times, this question can locate a potential resource by identifying people not present who could be helpful.

The present moment is a flow of voices in the community of voices – the words are a shared experience – they emerge in this “here and now”, and they are not ready in the head, we think with our vocal cords ...Nina – my shared reflections

*“ How Would You Like
To Use this Meeting? “*

4. Responding To Clients' Utterances

- Using *the client's own words* the client has previously said is incorporated—with their very same words-- into the therapists' responses.
- **Engaging in responsive listening**; and sustaining attunement to **non verbal utterances**, including silences.
- Use of the Client's Words What the client has previously said is incorporated—with their very same words-- into the therapists' responses.

- Responsive Listening To Make Space for Stories That Are Not Yet Told
- “responsive listening,” or **listening without a specific agenda**, you can feel the difference in a change experienced during a meeting towards a calmer atmosphere.
- Non verbal attunement, including to silences

- Gestures and movements, their breathing, change in their tone of voice, their vocal pitch, their facial expressions, and the rhythm of their utterances and changes in that rhythm.
- If a therapist's question produces a pause in the client's breathing, this is meaningful.
- It may be a sign that the question was too difficult or challenging and thus blocking the possibility of new meanings arising.

- *Persons describe these moments as magic.*
- *There can be a sudden shift from laughter to crying.*
- *There's a awareness of breathing.*
- *Words slow down and open to more meanings, they can change during the same encounter.*
- *Sentences includes alternatives.*
- *You feel this as music, like a dance.*

Nina – my shared experiences and questions

- ***Allowing for silences*** in the therapeutic conversation can be another important form of therapeutic attunement, since silence often offers a creative prelude for untold stories and the emergence of new voices.
- The allowable period of silence cannot be quantified, but has to be felt from within the shared context.

5.Emphasizing the Present Moment

- Responding to the immediate reactions that occur in the conversation;
- ***Allowing for the emotions that arise***: when emotions arise such as sadness, anger, or joy, the task of therapists is to *make space* for their emotions **in a safe** way, but not to give an immediate interpretation of such emotional, embodied reactions.
- Responding **to Immediate Reactions**
- A preference for responding to the client's immediate reactions that occur in **the here-and-now** therapeutic interaction

6.Eliciting Multiple Viewpoints: Polyphony

- A creative exchange of **multiple viewpoints** and voices, even if they are in tension between people or within a person.
- There are two dimensions to the multiplicity of viewpoints and voices, or polyphony: outer and inner.
- In conversation, **encouraging all voices to be heard and respected, while**, integrating incongruent language, and managing a dialogue instead of a monologue.
- In inner polyphony, the therapist listens for and encourages each person to speak about their own point of view and experiences **in complex ways.**

6. Engage the Multiple Inner Polyphony, or Voices, of the Client

- The therapist listens and engages the multiple views and voices of the client.
- These may be possibly conflicting viewpoints or voices expressed by the same person.
- Creating a Relational Focus in the Dialogue

7. Creating a Relational Focus in the Dialogue

- This can be achieved by, for example, asking questions that address more than one person, define the relationships in the family, and express an interest in the relational context of the problem or symptom
- For instance, we can ask the kind of so-called “circular” questions that were first invented by the Milan systemic team (Boscolo, Ceechin, Hoffman, & Penn, 1987).

8. Responding to Problem Discourse or Behavior as Meaningful

- In a way that sees symptoms or problem behavior as making sense, or “natural” responses to a difficult situation.
- This shift to normalizing discourse affirms people by emphasizing how problem behavior is meaningful within a particular context, rather than how it is “wrong” or “crazy.”
- Normalizing talk has an affinity with the Milan systemic therapy technique of “positive or logical connotation,” although the latter technique is given as an intervention in the form of an explanation to the family.
- “Normalizing talk” is a much more subtle process of understanding and responding woven into the conversational back-and-forth exchange.

9. Emphasizing the Clients' Own Words and Stories - Not Symptoms

- Practice invites the telling of what has happened in a person's life, their ***experiences, thoughts, and feelings***, instead of reporting on symptoms.
- Telling stories may happen easily or may require a more deliberate ***search for language***.
- Openings in the form of one word or sub-sentences may be ***key words*** with highly relevant associations to the problem situation.
- The therapist zeroes in on these words that can give access to a narrative of a person's suffering. This is part of a larger process of evolving a common language, and larger story.

10. Conversation Among Professionals in the Treatment Meeting

- The reflecting process, making treatment decisions, and asking for feedback
- **First**, there is the reflecting process, in which the therapists engage in reflections that center upon *their own ideas/images/associations, with the client and family present.*
- **Second**, the therapists *converse with the other professionals during the meeting* on planning the treatment, analyzing the problem, and openly discussing the recommendations for medication and hospitalization.
- **Third**, the family *comments on the professionals' talk.*

That is, after the reflections, one of the therapists invites the family and other network members for their responses to what they heard.

Reflections as Ideas/Images/Associations and Planning

- The talk among the professionals ranges from reflecting upon **the ideas, images, feelings, and associations** that have arisen in their own minds and hearts while listening to planning the treatment.
- The purpose is to **create a place** in the meeting where the therapists can **listen to themselves** and thus have **access to their own inner dialogues**.
- It also allows the clients' to listen without being under pressure to respond to what the professionals are saying.
- Following Tom Andersen (1991), the helpers use ordinary language, not jargon, and should be speculative based on the themes introduced by the family. This is called “speaking as a listener rather than as an author” (Lyotard, cited in Seikkula and Olson, 2003).

The Family Comments on the Reflections

- “I am wondering if you have any thoughts about our comments?”
- What struck you?
- What did you agree with?
- Is there anything you disagreed with?

Being Transparent

- All treatment talk is shared with all participants.
- Everyone in the network meeting is equally privy to all discussions and information shared.

Tolerating Uncertainty

- Tolerating uncertainty is at the heart of dialogue. It is thus a specific element and an element that defines the other elements.
- Hasty decisions and rapid conclusions about the nature of the crisis, diagnosis, medication, and the organization of the therapy are avoided
- Further, we do not give ready-made solutions such as specific, preplanned therapeutic interventions to the family or the single person in crisis.

- The primary idea that professionals should keep in mind in crises is to behave in a way that increases *safety* among the family and the rest of the social network.
- Among the specific practices associated with this, it is important to make contact with each person early in the meeting and thus, acknowledge and legitimize their participation.

- Such acknowledgment reduces anxiety and increases connection and thus, a sense of safety.
- The availability of the immediate meetings with the team and the frequency of meeting in a crisis also helps the network tolerate the uncertainty of the crisis as the ensemble works toward their own shared understanding of what is frightening and distressing people.

- The perspective of every participant is important and accepted without conditions.
- This means that the therapists refrain from conveying any notion that our clients should think or feel other than they do.
- Nor do we suggest that we know better than the speakers themselves what they mean by their utterances.

- Therapists speak to –and look at--each other, use ordinary, non pathologizing language, avoid criticizing family members, and engage in a dialogical exchange with one another.
- In every meeting, there should be at least some time for the professionals' reflections with each other, because this format is central to generating both new words for the crisis and an open and shared process that encourages a sense of trust and safety.
- It is also essential that the network members have an opportunity to comment on what the professionals have said.

- While many family therapy schools concentrate on specific forms of interviewing, the dialogical therapist focuses more on listening and responding to what has touched them.

- It is in these moments of “aliveness” in Open Dialogue when a speaker or listener has been touched by something new in the exchange that holds the possibility for transformation.
- In the prior discussion, we have given examples of these “Striking Moments” (see also, Shotter & Katz, 2007)
- There can be sudden revelations and positive movements toward self-healing and wholeness associated with this process that can be profoundly connecting and astonishing.

- This transformative possibility seems to rely on a therapeutic stance of remaining present and engaged, attuned to ones' own inner dialogue and sensitive to the outer, shared dialogue, responding utterance by utterance as an exchange unfolds.
- For this reason, professionals hold their knowledge and expertise lightly as part of their repertory of responsiveness.

- The Dialogic Practice of Open Dialogue emphasizes “**being with**” rather than “doing to.”
- There is an open-ended inquiry that emphasizes the **present moment**.
- Clients’ words and stories are felt to be **precious** and are **carefully attended** along with their silences and the whole gamut of gestures, emotions and body-based utterances.
- The therapists’ respond to the clients’ expressions by **repeating words** and listening carefully and try to understand without imposing their own overlay of jargon, interpretation, and hasty conclusions

- If someone is difficult to understand, there is an **ongoing search for words** to give more lucid expression to what they might be trying to say.
- There is the assumption that the situation is meaningful and that **everyone is struggling to make sense of it.**
- New, jointly produced possibilities emerge as new words and stories **enter the common discourse.**
- The meeting creates a context for change **by generating exchange among the multiple voices all of which are valued and important.**
- Common language and understandings can help undo the tangle of the confusion and ambiguity and produce a greater sense of orientation and agency.

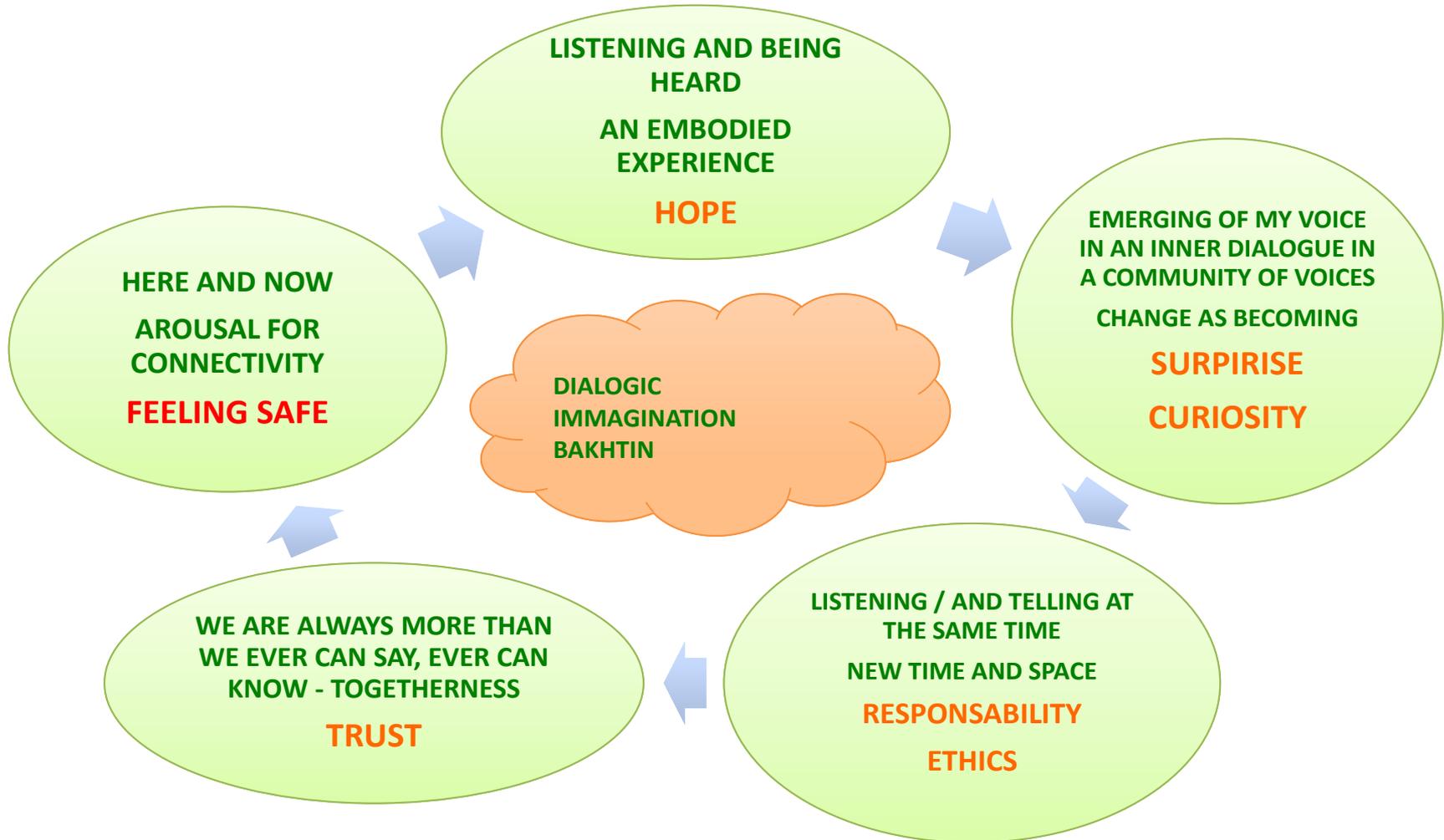
BAKHTIN – DIALOGIC IMAGINATION

- *It is because of the **unfinalizable Beings** who participate in meaning, that they embody a unique time and place in any encounter, bringing to bear a set of memories, capacities to imagine, and interpretations of the encounter at hand- “that which can be done by me can never be done by anyone else” **in Being more than we can ever see, Bakhtin calls this the “dialogic imagination”** (Bakhtin, 1963; 1990; 1986c).*
- In a manner of speaking, this dialogic encounter ***transcends the merely verbal or purely intellectual*** to a level or type of meaning *deeply emotional and relational*.
- This deeply meaningful encounter, from Bakhtin’s perspective, **arises from the dialogical nature of the Being-of-human.**

Dialogic Imagination – Bakhtin

Emotional energy for generative connectivity

- *Nina Saarinen 2017*



These dimensions are flexible (not linear, mostly simultaneous)

The power of a shared experience in dialogue

- We decide when, where and with whom, also how we intend to meet.
- The imaginative engagement/involvement (in future dialogues, in open dialogue) preserves us from questions with a ready/ right answer, it assures an emotional openness for the open ended questions.
- Emotions connect and become voices, then words in a shared language.
- In being heard by the significant others we become more open to ourselves, in taking turns without interruptions we listen to the different point of views and become aware of our voice in the inner dialogue.
- The simultaneous physical presence of the significant others emerges as a sort of existential *guarantee* in the deepening experience as we internalize it as a whole.
- We are in the words of the other - mind - body and spirituality connect. We can imagine also to be in the words of others in different times in our history.

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GENERATING HOPE

- We become increasingly interested about listening to the others.
- Time slows down and even *persons in hurry stay*.
- There's an increasing emotional *feedback* “ *I feel he felt that I felt “ and he was pleased – I feel this reciprocity”*
- *Magic high points occur* with *pleasing silence*.
- There merges an increasing *sensitiveness to sound, tone of voices, as music*.

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SURPRISE AND CURIOSITY

EMERGING OF MY VOICE IN THE COMMUNITY
OF VOICES

WE CAN TRANSFORM - CHANGE AS BECOMING

- Persons search for words *you “feel them thinking”*.
- Persons say and listen to words and narratives they never could have imagined before “I didn't know about this...”
- We change point of views while listening to the different voices in dialogue – the inner dialogue and outer are flowing freely.

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LOVE

RESPONSABILITY - ETHICS

- LISTENING / AND TELLING HAPPENS AT THE SAME TIME IN A NEW DIMENSION OF TIME AND SPACE
- WE EXPERIENCE AN INCREASING INTERDEPENDENCE - I DON'T EXIST WITHOUT YOU- I SEE MYSELF IN YOUR EYES (BAKHTIN)

TRUST - ESTHETICS

- WE ARE ALWAYS MORE THAN WE EVER CAN GRASP, WHAT WE CAN EVER SAY AND EVER KNOW
- TOGETHERNESS AS A NEW KIND OF BELONGING
- NOTHING BEHIND US, TRANSPARENCY
- WE RECOGNIZE IMMEDIATELY MONOLOGIC SHIFTS ALSO IN THE SETTING

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THE DIALOGIC TENSION

- It's as an embodied tension of the unknown that we continuously face being in dialogue
- We become in this mystery
- It makes us part of something more as an immanence and transcendence
- We discover what we never imagined before in connecting, in reciprocity in so many dimension of otherness
- We become curious, we desire – we love.

WHY IS IT DIFFICULT TO BE PRESENT ?

- Our **prefigured agenda** makes it difficult to be present.
- Some examples : evaluation for diagnosis, recovery planning, teachers education evaluation. These act as highways bringing us to the following actions, to what we control and know beforehand. We feel secure and confident.
- **The clients have to fit** our needs using these doors; what we can do / what we can give – we recognize our following steps in offering solutions, but we are somewhere else – just not in the *here and now*, being present without agenda makes us afraid for any new steps. The uncertainty is unpleasant.
- Seldom do we ask our selves if we **can receive** from the persons we meet ?
- Being present demands an awareness of the necessary uncertainty as a certainty it self - of what happens next, trusting the process it self.
- We need to experience dialogue, no words are enough.

BEING PRESENT

- **Increasing worries** increase also the risk of monologue - which brings us to a kind of *deafness/hearing loss of our inner voice*.
- **We feel a kind of loneliness**, maybe we search for who's fault it could be, who is to be blamed, we determine who is with us/ against us, the polarized vision narrows even more our possibility to connect,
- There's not any space for a new story, no space for otherness, for a becoming.
- The polarized vision makes it difficult to feel us as a multitude in becoming – it fix us often in some view of a perfect performance, *“to do what they have told”*

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- There's an *illusion of an autonomy* without belonging.
- We have a **fixed view** of ourselves – consequently of others.
- The heavy **cognitive temptation** – becomes a lack of trust
- For example: when I listen responsively I facilitate the connection to the inner dialogue, this means also that I trust you, *you will find your own way* – I don't bring solutions.
- I only facilitate your connectivity and in this connectivity you will orientee yourself with others in many ways, finding out things that no one of us could ever have planned before and finding then new opportunities.

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