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Transformative Learning Facilitated Dialogue: as a Tool for Social Change An Autoethnography

Item Type	dissertation
Authors	Saulsberry, Leslie A.
DOI	10.7275/8452192.0
Download date	2025-01-21 11:57:53
Link to Item	https://hdl.handle.net/20.500.14394/19902

Transformative Learning
Facilitated Dialogue: as a Tool for Social Change
An Autoethnography

A Dissertation Presented

by

LESLIE A. SAULSBERRY

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 2016

College of Education

Department of Teacher Education and Curriculum Studies

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DEDICATION

I dedicate this to all of the new vessels and new voices that push the envelope by simply being their light-filled selves. Here is to you expanding the way in which we discuss and create healthy and whole societies and life experiences for all.

To those who positively influence my growth, my journey, my development, and my path, Thank you! For with you, I become more whole!

To my parents Vivian Marjorie Delores Daniels Saulsberry who moved in light and taught me about my own, who honored and nurtured my being as a child; and immersed me in time released wisdom that will live on through generations to come. Thank you for all your teachings! Dr. Henry Sylvester Saulsberry for showing me fearlessness, grit, tenacity, unwavering commitment, and permission not to follow the pack. Thank you both for giving me all of who you were and are.

Thank You!

ACKNOWLEDGMENTS

I would like to thank my Chair, Dr. Ernest D. Washington, for his many years of thoughtful, patient guidance, and support. Thanks are also due to Dr. Daniel S. Gerber. Together their mutual respect for one another and selfless contribution to my professional development have been invaluable and will forever be appreciated. I would also like to extend my gratitude to Dr. Laura A. Valdiviezo, for her keen insight, expansive knowledge, helpful comments, and suggestions on all stages of this project.

I wish to express my appreciation and a special thank you to all those whose support and friendship helped me to stay focused on this project and who have provided me with the encouragement to continue when the going got tough.

ABSTRACT

TRANSFORMATIVE LEARNING
FACILITATED DIALOGUE: AS A TOOL FOR SOCIAL CHANGE
AN AUTOETHNOLOGY

MAY 2016

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It is my goal, through this autoethnography, to take you through a reflective journey and present to you my personal theory of how facilitated dialogue in the context of transformative learning, critical reflection, systems thinking, shared vision, and holarchy can create a paradigm shift in our personal consciousness, decisions, behaviors, practice, and social policies—social change. My objective is to show how each theory is like a stepping-stone in the path towards social change.

The purpose of this living work is to offer an alternative way of creating a healthy and whole society by exploring how facilitated dialogue can lead to the desired goal of social change. The ideas discussed throughout this document—namely *the web of life*, *re-envisioning through shared vision—life through interruption*, and *new model*, provide us with an opportunity to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each

human being—a whole, safe, healthy, secure, and light filled life experience. This document is offered as a living blueprint for a practical application for the creation of a healthy and whole society.

ASSUMPTION

Intrinsically, at the heart of all human beings, is the desire for a safe, healthy, and secure, society; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one's family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to expand one's knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is the core desire of each human; a safe, healthy, secure, and light filled life experience.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	v
ABSTRACT	vi
EPIGRAPH.....	viii
LIST OF FIGURES	xii
 CHAPTER	
1. INTRODUCTION	1
Statement of Problem	2
Moving Beyond What We See and What We Know.....	2
Purpose.....	4
Guiding Research Areas Dialogue with Self.....	5
Limitations	6
 2. REVIEW OF THE LITERATURE	 8
Part I: Dialogue, Transformative Learning, Critical Reflection.....	8
Transformative Learning Theory.....	9
Facilitated Dialogue	11
Critical Reflection.....	14
Social Change	16
Part II: Framing Facilitated Dialogue in a Larger Context	17
Shared Vision.....	17
The Audacity to Hope	18
The Power of an Illusion.....	20
Moving Past the Illusion to Create a New Reality—A New Normalcy ...	22
The Legacy of a Shared Vision.....	23
Nurturing the Life of a Shared Vision	24
The Birth of a Living Breathing Universal Norm.....	26
Balancing Both Worlds	27
Part III: Framing Shared Vision in a Whole World Context.....	28
Evolution of a System.....	28
Holarchy	29
The Evolution of a Policy Maker	30
The Creation of Policy Through a Holarchal Lens	32
The Call—A Holarchy Society and More Evolved Policy Maker	33
Part IV: Creating Policy for a Healthy Global Society	34
The Web of Life.....	34
Re-envisioning Through Shared Vision—Life Through Interruption	35
Part V: Conclusion	36
Significance and Contribution of the Study.....	37

3. RESEARCH DESIGN AND METHODS	38
Research Study	38
Autoethnography	38
Selection of Participants	39
Data Collection	39
Data Analysis	40
Limitations and Trustworthiness	42
Researcher	44
The Road to Discovery	44
Observing the Participant—Not to be Confused with Participant Observer	52
Ethical Considerations	57
Summary	60
4. FINDINGS	61
The Social Justice Project	61
Leadership	62
Selection	62
The Structure	63
Dialogue Process Timeline	64
The Facilitated Dialogue	67
The Process	68
Dialogue Questions	68
Internal Dialogues	69
External Dialogues	71
Dialogue Stimulated Through Inquiry	73
Dialogue Materials	73
Making Sense of a New Way of Knowing	74
Challenges? Or Opportunities for Organizational and Personal Growth	75
Unintentional Challenges of Organizational Culture? Or Normal Human Behavior?	75
Intentional Challenging and Shifting of Worldviews	77
Commitment “C” Institutional Policy Change? Or “c” Informal Appeasing (Until it All Goes Away)?	78
Lessons Learned	79
Conclusion	80
5. ANALYSIS AND SYNTHESIS	82
Dialogue, Reflection, and Transformation—In Practice	82
Back Story	82
A Phone Call From Paris	83
Introduction	84
The Grant	85
Clarifying Dialogue	86
Getting out of Our Own Way	88
Voice	89
Structuring the Dialogues	89

My Personal Theory	89
Personal Change Evidenced By	91
Heartstrings	93
I have to Sit Next to Who...Are You Serious?	94
Transformation, Dialogue, and Reflection—In Theory	97
Transformation and Dialogue	97
Dialogue and Reflection	99
Social Change.....	102
6. WHAT I HAVE LEARNED AND CONCLUSIONS.....	103
The Web of Life	104
Re-Envisioning Through Shared Vision—Life Through Interruption.....	105
New Model.....	106
Conclusion.....	107
BIBLIOGRAPHY	110

LIST OF FIGURES

Figure	Page
1. Reflective Transformation	91

CHAPTER 1

INTRODUCTION

In laying out this document, I will examine how dialogue, specifically facilitated group dialogue, can serve as a tool for social change. It was my experience during this 3-year community and municipality wide project—where the September 2006, in collaboration with the Ingham County (Michigan) Health Department, the National Association of County and City Health Officials, and the W.K. Kellogg Foundation the Town of Amherst Municipality (TOA) initiated a Social Justice Project. This projects objective was to engage members of TOA in the process of facilitated dialogue, where by they discussed the impact of social determinants on the health outcomes of the Amherst community at large. Facilitated dialogue served as the mechanism through which participants could recognize and discuss how to change formal and informal policies, practices, procedures, that contributed to the varied health outcomes and life experiences of individuals within its community based upon their social identities (ethnicity, gender, socio-economic status, class, national origin, etc.)—that I observed the difference between dialogue and facilitated dialogue.

It is my goal, through this autoethnography—a self-reflective process, product, and approach to research and writing that (1) explores, describes, and systematically analyzes the researcher's personal experience and connects this personal experience through autobiographical story to a wider cultural, political, and social meanings in order to understand cultural (2) challenges canonical ways of doing research and representing others (3) treats research as a political, socially-just and socially-conscious act (4) uses tenets of autobiography and ethnography to do and write auto ethnography (Ellis, Adams

& Bochner, 2011, p.1)—to take you through a reflective journey and present to you my personal theory of how Facilitated Dialogue Theory in the context of Transformative Learning Theory, Critical Reflection, Systems Thinking, Shared Vision, and Holarchy can create a paradigm shift in our personal consciousness, decisions, behaviors, practice, and social policies—social change. My objective is to show how each theory is like a stepping-stone in the path towards social change.

Statement of Problem

Moving Beyond What We See and What We Know

The problem stated in an affirmative way? Stepping outside of our fear (the comfort of our knowing), and having the courage to move beyond what we see and what we know, to create a health society.

As stated above, it is my belief that intrinsically, at the heart of all human beings, is the desire for a safe, healthy, and secure, society; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one's family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to expand one's knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is the core desire of each human; a safe, healthy, secure, and light filled life experience.

The beauty is that the consciousness is there for each of us as individuals. However the tool to make it a collective consciousness that creates a social change is

facilitated dialogue. It is my belief that facilitated dialogue not only allows individuals to engage with others but it allows them the opportunity to engage with themselves in ways that they may not otherwise have the courage to do. You see, it is a conscious choice. You can either choose to engage in dialogue with yourself or not. It is this “not” stage in dialogue where the facilitation process is critical. It is a process that does not allow you to remain “safe” within your own illusion for very long—as once you have knowledge that challenges your worldview at the depths of your knowing, the seed is planted and is already taking root. Once, an individual begins to engage in that internal dialogue process and transformation takes place in that individual, the opportunity for collective social change is possible. Openly sharing what our innate desires are (as individuals), for what equates as a healthy society, and how to achieve this goal, combined with the same desire for change within, creates an opportunity to harness our collective knowing to create a healthy society.

It is my belief that a healthy society is indeed attainable if we harness the multidimensionality of the energy that supports a healthy society—the individual desire for a healthy society, the collective societal desire to have healthy society, and the global desire to have a healthy society. Yet, this is not the only component. As stated, there is a multidimensional dynamic at work in harnessing this energy to make this shift. The component to make this shift is that of a more “evolved” policy maker.

This individual, this policy maker, is one that acknowledges the sacred; *knows* that there is a multidimensionality that exists (and is at work at all times), honors its process, and knows how to be at one with it; and in regards to the process of policy

making, this individual recognizes the differences in holarchy and heirachy and knows the value of each.

Purpose

The purpose of this research is to explore the idea that given the opportunity, at some point of engaging in facilitated dialogue, individuals have the opportunity to recognize themselves and/or their stories in one another—regardless of background. It is my belief that at some point during the exchange, salient commonalities are realized. Within that split second of what I would like to call heart and soul connection and recognition, is what Spangler (2008, p. 5) refers to as the recognition and honoring of the Sacred. This honoring is an unspoken visceral appreciation for someone else's journey—realized on a heart and soul level.

And, it is my belief that upon that realization, several things happen within that split second of recognition. In that split second, the heart and soul takes over and ones defenses are by default disarmed; one begins to soften—physically, mentally, and emotionally. And, one begins to lean in (physically and/or emotionally) and listen (with the heart). Ego is disarmed, if only for a moment. This can be described as an override if you will—the heart and soul disarming the ego or intellectual way of knowing momentarily to allow a new way of experiencing an individual or a situation.

Once this new way of experiencing is inserted into the fiber of one's being—a visceral imprint if you will—then the ego is allowed (by the heart and soul) to engage again. This is where personal transformation begins—the back and forth reflective dance between heart and soul—ego and intellectual knowing. This is what Mezirow (2000) interchangeably describes as reflection and critical reflection.

This innate process is one of heart and soul showing ego and intellectual knowing that the old information or beliefs— “generalized by repetitive actions outside of consciousness” (Mezirow 2000, p. 21) are no longer needed. The old way of viewing an individual or situation is replaced by what the heart knows to be a different way of experiencing an individual or situation. This back and forth process ideally allows one to change how they would act when faced with an opportunity to do so—given the new information that they received when ego was disarmed and heart and soul engaged fully. Mezirow (2000, p. 19) describes this as the “movement through time of reformulating reified structures of meaning by reconstruction dominant narratives”.

It is my belief that if this act is practiced enough, it creates a new pattern or way of being. And, out of this the way, we see and experience one another differently. This new way of seeing and experiencing one another differently, provides us with a new way of interacting with one another socially. This new way of interacting with one another socially—when practiced enough, can create a new consciousness. This new social consciousness, can ideally lead us to social change. This multidirectional, multidimensional, and at times static process, will continue until ideally a reflective consciousness or “transformative insight” (Mezirow, 2000, p. 20) is developed and the need for the *facilitated* portion of *dialogue* is no longer needed—that is until one finds themselves needing to evolve to the next level of transformation or consciousness.

Guiding Research Areas Dialogue with Self

The questions that emerged, as I engaged with the project, were used as guiding areas of thought that deepened my inquiry and knowing of the main research question:

Can the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) lead to social change? These questions explored:

- The idea that given the opportunity, at some point of engaging in facilitated dialogue, individuals have the opportunity to recognize themselves and/or their stories in one another—regardless of background.
- The idea that facilitated dialogue provides an opportunity for individuals to recognize a shared vision of what a healthy society looks like and what in our society makes for a healthy life experience for ourselves, those that we love, and that which we value.
- The facilitated dialogue process as a mechanism that allows participants to practice—with an open heart—reflection, listening, hearing, empathizing, compassion, courage, connection, authenticity, and vulnerability.

Limitations

The main limitation of this study, in the eyes of those that value positivism and the production of empirical data, is that autoethnography breaches the idea of conventional research. Autoethnography, values the story and the “story often focuses on a single case and thus breaches the traditional concerns of research from generalization” (Jackson 1989 and Geertz, 1973 as quoted in Ellis and boucher 2000). The fact that this is an evocative narrative (Ellis and boucher), this research, by conventional standards, is limited in size, scope, and statistical significance. The “data”

gathered will primarily be my individual reflection and therefore may not be viewed as generalizable by conventional standards.

In spite of and quite possibly because of these traditionally identified research limitations, there could be much to learn about the idea of the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) leading to social change—particularly given the current need of research that explores facilitated dialogue in this particular context.

Another perceived limitation one could argue of a qualitative study based on autoethnography—with its “emphasis of on subjectivity, description, and interpretation, contrasts with the scientific emphasis on objectivity, analysis, and measurement” (Denscomb 2003, p. 106) is that it is in complete contrast with those that favor positivism and the production of empirical data (Denscomb 2003, p. 96). And, although autoethnography “is self-consciously non-positivist—and proud to be so—there is a danger that this can be turned against it and be treated as a weakness rather than a strength by those who do not share its stance” (Denscomb 2003, p. 106).

Creswell (2003, p.186-187), however argues that most data collection processes can be called into question based upon the varied and unique and perceived limitations that they each possess. However, it should be strongly noted that such perceived limitations do not predict whether or not the value or validity of varied data collection processes or the meaning derived from them are not valid. The limitations of autoethnography cannot be viewed as less valid or not as valid as other types of data collection processes.

CHAPTER 2

REVIEW OF THE LITERATURE

Part I: Dialogue, Transformative Learning, Critical Reflection

The purposes of the literature review is to exam and bring together the larger conversations taking place in the research areas of transformative learning, dialogue, critical reflection, and their relationship to social change. Here, I would like to like to discuss the benefits of dialogue and critical reflection—in the context of transformative learning being that research on their impact on the individual as it relates to issues of social change is still relatively limited.

This literature review begins by focusing on the varied thoughts regarding transformative learning. In that it explores the thoughts regarding the processes within transformative learning itself. It will next highlight very specifically the role that dialogue, critical reflection, and cultural humility play in ones transformative learning process as well as contextualize the development of personal awareness and social consciousness as it relates to the paradigm shift in sociopolitical change.

The goal of this literature review is to provide a theoretical framework, namely that of transformative learning, which informs the use of dialogue, critical reflection, and cultural humility, to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience.

Transformative Learning Theory

Definition

Kegan (2000) discusses transformative learning from an epistemological perspective, Brookfield (2000) through a critique of ideology and hegemony, and Mezirow (2000) by critiquing assumptions, beliefs and frames of reference. However, I find that my work uniquely moves beyond these insightful analyses of transformative learning. Beyond viewing it through a lens of epistemology, hegemony, power structures, beliefs, and frames of reference. My work attempts to open the dialogue to include time, direction, and dimension into the larger conversation of transformative learning. Where dimension is discussed through the interconnected aspects of one's learning process. I also attempt to introduce into the theoretical conversation the heart and soul connection that takes place during the transformative learning process and how this connection plays a role in the interruption of ego and intellectual knowing—in order for one to experience transformative learning on a soul level.

In my view, transformative learning involves facilitated dialogue; dialogue, social interaction, and social discourse; personal dialogue; back and forth reflective dance between heart and soul—ego and intellectual knowing; personal transformation; choice of action; and ultimately social change; with the knowing that each one of these steps is part of a multidimensional, and multidirectional process—as the process is neither linear, cyclical, nor unidirectional.

Flaws or moving beyond the scope of previous literature

Although time is implied in some of the literature, it is not explicitly discussed. However, Tervalon & Murray-Garcia (1998) begin to touch upon the aspect of time—as

they argue that the process of gaining cultural humility or “transformative insight” (Mezirow, 2000, p. 20) is a life long process. With this I would agree. Transformative learning is not only a lifelong process it is a process by which one makes a conscious choice to commit.

Process

It is a commitment to challenge and critique oneself (Tervalon & Murray-Garcia (1998), one's knowing (Kegan, 2000), one's beliefs (Mezirow, 2000), and one's ideologies (Brookfield, 2000). Mezirow (2000) describes this in his ten-phase process. I describe it in the diagram above. It is my belief that not only do we experience these multiple phases in the diagram (Facilitated Dialogue, Dialogue, Personal Dialogue, Dance of Heart and Soul—Ego and Intellectual Knowing, Personal, Transformation, Choice of Action, Social Change, Social Change) but we can experience them in a different order, at different times, and from different directions. At times the process can be linear, cyclical, as well as spherical—taking into consideration that the process is one that is living.

Benefit

The benefits of transformative learning is that it allows one to question and move beyond their “epistemology—the way in which we know and make meaning” (Parks Daloz, 2000, p. 104). It allows them to place themselves into someone else's knowing (Parks Daloz, 2000) in order to gain a different understanding. Transformative learning provides one with a different way of being in and engaging with this world—as there are “no fixed truths in the world” (Belenky & Stanton, 2000, p. 71).

Transformative learning allows us to engage with this world in an actively, present, and conscious way. It provides us with an opportunity to be more humane with

ourselves and with one another. The process itself lends itself to being one that is often times uncomfortable yet freeing. Transformative learning not only produce measurable qualitative outcomes but it also provides one with a mechanism to positively apply when our epistemologies are being challenged. This allows for social and cultural boundaries to be permeated—if only through a visceral, empathetic, and humane way. This connection that I believe that one can experience moves individuals to a more socially responsible way of being in this world. This consciousness gained through transformative learning allows us the opportunity “to recognize the essential humanity of others, no matter how different” they may be (Parks Daloz, 2000, p. 103).

Facilitated Dialogue

Definition

It is worth sharing in it's entirety how Bohm (1996, p. 6) “gives meaning to the word “dialogue” that is somewhat different from what is commonly used. “Dialogue” comes from the Greek word *dialogos*. *Logos* means “the word”, or in our case we would think of the “meaning of the word.” And *dia* means “through”—it doesn't mean “two”. A dialogue can be among any number of people, not just two. Even one person can have a sense of dialogue within himself, if the spirit of the dialogue is present. The picture or image that this derivation suggests is of a *stream of meaning* flowing among and through us and between us. This will make possible a flow of meaning in the whole group, out of which may emerge some new understanding. It's something new, which may not have been in the starting point at all. It's something creative. And this shared meaning is the “glue” or “cement” that holds people and societies together.”

However, in this study, “dialogue should be understood to mean a “facilitated process designed to elicit, gather, and synthesize the collective wisdom of a group of people in answering a specific question, through the broadest possible participation and achieving the broadest possible participation and achieving the broadest possible ownership of the resulting decisions” (Bloss, 2007, p. 34).

Dialogue allows us—if we are open—to question our fundamental assumptions (Bohm, 1996). It is my belief that dialogue, specifically facilitated dialogue is crucial for the transformative learning process. It provides us with a way by which to consciously and actively engage in the deconstruction and reconstruction of our epistemology—as our knowing is a social construct thus “can be dismantled and remade by human effort” (Foucault, as cited by Brookfield, 2000, p. 130). Facilitated dialogue allows us to engage with ourselves and others in the world with a sense of empathy and humanity.

“Dialogue may mean different things to different people and certainly not all forms of dialogue can be expected to succeed in serving as such a vehicle for change” (Bloss, 2007, p. 34). However, it is my believe that dialogue, in particular facilitated dialogue, that can serve as a vehicle for social change by us becoming socially responsible human beings. Engaging in facilitated dialogue provides us with an opportunity to move past our own biases, challenge our way of thinking, and engaging with the world.

Flaws or moving beyond the scope of previous literature

There are many challenges that could impede the goal of a dialogue. A few that one should be mindful of are hierarchies, power dynamics, social stratifications, voice (those that have and those that have not), confidentiality, and lack of an intentionally

created safe environment. In a dialogue setting if these and other nuances are not anticipated nor addressed in the planning over the course of the dialogues, then the ultimate goal of the dialogue may not be reached. Defusing or managing these types of dynamics in the dialogue setting is essential for individuals to move beyond where they are in their thinking. As Bohm (1997) says, in a dialogue, the goal is not to have one point of view prevail over another. One should not have to feel less than for another to feel greater than in a dialogue and that has to be made explicitly clear in the beginning of a dialogue series.

Process

Dialogues can be set up in many different ways. However, in this 3-year project, the facilitated dialogue unfolded in the following manner. Participants engaged in a series of facilitated dialogues over period of three years. The goals of the dialogue series were to (1) address a set of questions and (2) generate a series of recommendations. Over the course of the dialogues, participants faced, struggled with, addressed, changed, and held onto their assumptions. Being a participant observer—one who participates in the ongoing activities either openly in the role of researcher or covertly in some disguise role observing what happens, what people say, what people do, and questioning people over a period of time (Denscombe, 2003, p. 200)—I was privy to multidirectional, multidimensional stages play out (Facilitated Dialogue, Dialogue, Personal Dialogue, Dance of Heart and Soul—Ego and Intellectual Knowing, Personal Transformation, Choice of Action, Social Change). Upon the formal end of the dialogues, personal transformation was witnessed, policy change was implemented, and the seeds of social change were planted.

Benefits

The benefits of dialogue, particularly facilitated dialogue, are many. But, specifically they can be transformative. They can begin with personal transformation, lead to group transformation, and ultimately social paradigmatic transformation.

Critical Reflection

Definition

What I call personal dialogue and the dance between ego and heart/soul, (Mezirow (2000) interchangeably refers to it as reflection and critical reflection—all being similar with degrees of variation. Mezirow (2000) discusses the idea of reflection being as one initially being made aware of the concept of reflection. That after that is a part of the individuals' vocabulary and knowing then the next step is to engage in the act of a personal dialogue—otherwise known as reflection. A process by which one engages in an internal conversation with oneself to address to gain a deeper understanding of the conflict that is being experience due to the that part of their knowing which is being challenged. This is a process that takes a personal assessment of their worldview and how they came to that particular form of their knowing. It is a process by which one chooses to have an internal dialogue with oneself to challenge their knowing. Reflection, and the basis of critical reflection, cultural humility, and internal dialogue are processes by which we as human beings are able engage in an “ongoing, courageous, and honest” (Tervalon & Murray-Garcia, 1998, p.119-120) assessment of our knowing and that which challenges it. It is making a “lifelong commitment to self-evaluation and self-critique” (Tervalon & Murray-Garcia, 1998, p.119-120).

Flaws or moving beyond the scope of previous literature

Where reflection Mezirow (2000) ends, critical reflection (Mezirow, 2000; Brookfield, 2000; Yorks & Marsick, 2000; Taylor, 2000) and internal dialogue (Saulsberry, 2013) continue. Brookfield (2000), Tervalon & Murray-Garcia (1998), and Sausberry (2013) argue that reflection is not enough. That it takes more than just being informed—either through experiences or information. It takes one engaging with that newly acquired knowledge and making a conscious choice to take a different action. As Tervalon & Murray-Garcia (1998, p.119) said, “an isolated increase in knowledge without a consequent change in attitude and behavior is of questionable value”. It is my assertion that at this critical point of receiving new knowledge one has a choice—to continue on the same path that has been informed by their acquired worldview or to engaging in the process of critical reflection or internal dialogue and make a conscious choice to change their knowing and behaviors.

Process

“transformative learning cannot take place without critical reflection but critical reflection can take place without accompanying transformation in perspective or habit of mind.”(Brookfield, 2000, p.125)

I believe that in order for one to move towards personal transformation, ones way of knowing must be challenged—through intentional or unintentional interactions, experiences, encounters, or discourse—in order to arrive at a “transformative insight” (Mezirow, 2000, p. 20). As outlined in the diagram above, it is my belief that in order to gain transformative insight, one has to engage in the process of personal dialogue, multidimensional, and multidirectional reflection—as reflection is neither linear, cyclical, nor unidirectional. During this process, one is beginning to critically reflect upon their

own assumptions, beliefs, and frames of reference as well as that of others (Mezirow, 2000). Tervalon & Murray-Garcia (1998) and Brookfield (2000) believe that crucial to this process is one being critically reflective of the power dynamics and hegemony that shapes our way of knowing. Brookfield (2000) suggests that to do this one must first uncover the hegemonic and paradigmatic assumptions that govern ones way of knowing. Brookfield (2000) refers to this process as ideology critique

Benefits

Since assumptions are human generated social constructs, Brookfield argues that they can be “dismantled and remade by human effort” (2000, p.130). Thus, one of the benefits of critical reflection is that one can dismantle and reconstruct one’s own way of knowing while simultaneously being acutely aware of the hegemonic constructs that influences the shaping one’s way of knowing. Simply put, critical reflection allows one to become aware of the power constructs, and the epistemological mechanism and process. Critical reflection gives one the opportunity to deconstruct ideologies (Brookfield, 2000)—if only internally—in order to construct ones own informed reality through socially diverse discourse.

Social Change

“We often become critically reflective of our assumptions or those of others and arrive at a transformative insight, but we need to justify our new perspective through discourse.” Mezirow (2000, p. 20)

In the context of this work, given the fluidity of the models to be discussed, social change is an idea that embodies openness, humility, holarchy (Spangler, 2008), vulnerability (Brown, 2010), love, and connectedness (Senge, 1990). It is an idea that

allows for individuals to be fully present in their being and in conversation with their higher selves in a healthy and spiritually clear way. This allows for each individual to connect not only with the higher form of themselves but also with one another in a higher and light filled way. This connection, this vibration—a visceral, spiritual, “shared vision” (Senge, 1990) if you will—has the potential to be so powerful that it shifts our social consciousness, social actions, social environments, social policies, and our social interactions.

Part II: Framing Facilitated Dialogue in a Larger Context

Shared Vision

“What Do We Want To Create?” Senge (1990, p.206)

Facilitated dialogue leads to shared vision. According to Senge (1990, p.206), shared vision “at its simplest is the answer to the question—What do we want to create?” I put forth that a basic yet universal shared vision is the essential desire for the human being to have a healthy and harmonious life experience and that this experience, at its core, be one that is mentally, spiritually, emotionally, and physical balanced. It is my belief that the unspoken shared vision, that transcends religion, language, and other sociopolitical boundaries, and connects each human being, is that of a safe, healthy, and secure, society—whose social policies are at the core of this vision.

Senge (1990) speaks of the shared vision from the perspective of the corporations and the shared vision being a personal vision that then becomes a shared vision. He goes on to say that usually this vision comes from the top and on occasion from the periphery within a corporation. However, in this paper, I will look at the shared vision as one that is intrinsically at the heart of all human beings. One that may not—through current social

policy and practice—be supported from a sociopolitical perspective by all humans; however, one that humanity would benefit from, should it be the foundation of all sociopolitical decisions.

The shared vision of safe, healthy, and secure, society—whose social policies are at the core of this vision; safe, healthy, and secure, environment in which to live; safe, healthy, and secure, environment and means to provide for one’s family; safe, healthy, and secure, means to care for oneself and/or their family; safe, healthy, and secure, means to expand one’s knowledge; safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is at the core desire of each human. Thus to answer the question “What do we want to create?” We want to create a healthy society. How we do this—will follow in the pages to come.

The Audacity To Hope

“In the presence of greatness, pettiness disappears.” (Robert Fritz as quoted in Senge, 1990, p.195)

Senge (1990, p.206) discusses that corporate “visions” are ones that are generated from a personal vision. A brainchild, if you will, born out of the coupling of reactionary corporate executives and poor productivity. However, true shared visions come from a personal vision inspired by an idea. One that strikes a cord in the hearts and deep caring of those that hold the same values. Most personal visions are presented and if palpable enough, come to life in the hearts of other to make it a shared vision.

It is my belief that the concept of a healthy society is an untapped shared vision. It is a personal vision yes. Yet one that has not been harnessed in such a way to give it true life and momentum to become a reality of all societies. The commonality that Senge (1990) speaks of is present, in that it is an innate desire for one to have a healthy life existence for themselves and those that they love. The personal idealistic loyalty is there as well for one to create a healthy life existence for themselves and their family—however they define family.

The strength in this proposal of a healthy society for all is that the shared vision is firmly in place—but yet to be harnessed. The strength is that this vision is “genuinely shared among people throughout all levels” of society and a “common identity among enormously diverse people” (Senge, 1990, p.207) already exists. Yet the energy to harness and reveal this common identity for the creation of a palatable shared vision has yet to be realized. The weakness, I believe, comes in the question of are we “committed to one another having it and not just to each of us individually having it...as the forces in support of status quo can be overwhelming?” (Senge, 1990, p.206, p.209). Yet, Senge (1990) offers that in the presence of a shared vision, individual worldviews seem to be less important. Differences “seem trivial compared with the importance of what we are trying to create” (Senge, 1990, p. 209). Whereas difference seem to divide those of varied social identities, shared vision provides those same individuals with a common identity that is far greater than the differences that they have.

The Power of an Illusion

Are we “committed to one another having it and not just to each of us individually having it...as the forces in support of status quo can be overwhelming?”(Senge, 1990, p.206, p.209)

It is often said that birds of a feather flock together—socio-politically speaking however, not always. The power of a socially constructed illusion can be very effective—especially when used for some form of economic or political gain. It can also be very fruitful for those looking to gain some form of power—whatever that looks like.

Let us begin with the illusion. Yes we all are very different. Even those of us that share the same set of parents and grew up in the same household. Let alone those of us that are separated by a different continent, language, religion, and gender. We are all different. We all have varied self-identified personal and social identities—language, religion, ethnicity, gender, birth order, socioeconomic status, etc. Those differences, for whatever reason are easy to see or deduce, or should I say, have been made to appear easier to see than our commonalities. And, even when we see our commonalities, we have been conditioned to see those shared commonalities as a tool to further view ourselves differently than those that do not share our self-identified personal and socially identified commonalities. In essence, we have been conditioned to perpetually divide ourselves based upon our commonalities. This action has historically been used to further an individuals or a group’s socio-political gain.

However, the commonality that I speak of is one that cannot be seen. I pose that it is one that lies at the heart of all humans. One that is palpable. One that is desired intrinsically. It is a commonality—that if stripped of the illusion of difference, created by commonality—that bonds us all together. It is the desire for all humans to have a healthy

society. To have a healthy and harmonious life experience at it's core be one that is mentally, spiritually, emotionally, and physical balanced.

Shared vision, as discussed by Senge (1990, p. 206) “creates a sense of commonality”. Innately we have a desire for a healthy society that supports a healthy life experience. But, it is that illusion of difference created by commonality that prevents us as humans from seeing the basic vision that we all share. It is easier for us to succumb to the forces of status quo for as Senge (1990, p.209) states, “the forces in support of status quo can be overwhelming”.

The status quo, I offer—a byproduct of the illusion. The illusion is the hyperawareness of difference. Which I offer is the norm. The awareness of difference is a norm because those that benefit from the illusion of difference—created through commonality—have agreed that it is the norm or status quo, if you will. The perpetuation of the illusion has conditioned our actions to reflect our commitment to “each of us individually having it” (Senge, 1990, p. 206)—it being in this case a personal vision of a health society and “not one another having it” (Senge, 1990, p. 206)—it being in this case a shared vision of a healthy society.

But, it is through shared vision that we have an opportunity to “to expose our ways of thinking, give up deeply held views, and recognize personal shortcomings” (Senge, 1990, p.209) as well as recognize societal shortcomings. And, it is in this process of recognizing our shared vision that we come to understand that “in the presence of greatness, pettiness disappears” states Robert Fritz (as quoted in Senge, 1990 p. 209). Or as Senge (1990, p. 209) would say, all the perceived differences “seems trivial compared to with what we are trying to create”.

I put forth that a basic yet universal shared vision is the essential desire for the human being to have a healthy and harmonious life experience and that this experience, at its core, be one that is mentally, spiritually, emotionally, and physical balanced. It is my belief that the unspoken shared vision, that transcends religion, language, religion, and other sociopolitical boundaries, and connects each human being, is that of a safe, healthy, and secure, society—whose social policies are at the core of this vision.

Moving Past the Illusion to Create a New Reality—A New Normalcy

“The loftiness of the target compels new ways of thinking and acting” (Senge, 1990, p. 209)

The simple truth is—“caring is personal” (Senge, 1990, p. 211). Ones values, ideas, concerns, understanding, knowing, and aspirations, are personal. And, for one to truly care, connect, enroll, and commit, to a shared vision, it has to be rooted in that persons own personal vision (Senge, 1990).

For the purpose of this work and the offering of the idea that the shared vision of a safe, healthy, and secure, society—whose social policies are at the core of this vision; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one’s family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to expand one’s knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others is at the core desire of each human—it is helpful to understand that elements of an

individuals' personal vision are altruistic and do "concern family...community, and even the world" Senge (1990, p. 211).

Being aware of this element enables one to be cognizant of the point at which personal vision intersects with and transforms into shared vision. As Bill O'Brien (as quoted in Senge, 1990, p. 211) says "my vision is not what's important to you. The only vision that motivates you is your vision." When this multidirectional relationship is recognized truly for the creation of the healthy life experience of all, we will see a shift and the manifestations of this energy in our societies.

The Legacy of a Shared Vision

*"When people truly share a vision they are connected, bound together by a common aspiration...and they do not focus on the long term because they **have** to, but because they **want** to"* (Senge, 1990, p. 206, p. 210)

Senge (1990, p. 210) offers that where you find a "long-term view...operating" you will find a "long-term vision at work." I would liken this long-term vision to a generational legacy. A whole commitment, if you will, from one generation to the next—a commitment to leave in place the legacy of a shared vision. The legacy of a healthy society.

The intrinsic knowing of this generationally shared vision, across societies, is the idea of all being deserving of that legacy—not just the individual. With each passing generation, it is a given that the legacy of a healthy society will look different. But, it is also a given that the foundation of being a caretaker for the next generation is firmly in place.

As a “parent of young children try to lay a foundation of values and attitude that will serve an adult twenty years hence” (Senge, 1990, p. 210) so shall we plant the seeds of all having a healthy life experience in this world. And, though we may labor a lifetime with the fruits of our labors only to be seen a hundred years into the future” (Senge, 1990, p.210) it is for the overall good of humanity that we all have not only the opportunity, nor the right, but a knowing that we will have a healthy life experience.

Nurturing the Life of a Shared Vision

“A vision not consistent with the values that people live by day to day will not only fail to inspire genuine enthusiasm. It will often foster outright cynicism” (Senge, 1990, p.223)

For any life source (conditions which give life) to be sustained and sustained in a healthy way, the caretakers have to be committed to the nurturing process of this living entity. Social policies are the life source of any healthy society. The shared vision of social policies that create healthy societies is a living vision. It is a vision which has caretakers that feel “fully responsible” (Senge, 1990, p.218) for not only making the vision come to life but are also committed to this life source being sustained.

Senge (1990) describes this as being enrolled or committed. He describes those that are “enrolled or truly committed want the vision...they want the vision in and of itself” (Senge, 1990, p. 221) because it is theirs. This is what is needed to create a healthy society—a recognition of our collective shared vision of a safe, healthy, and secure, society—whose social policies are at this visions core; safe, healthy, and secure, environment in which to live; safe, healthy, and secure, environment and means to provide for one’s family; safe, healthy, and secure, means to care for oneself and/or their

family; safe, healthy, and secure, means to expand one's knowledge; safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is at the core desire of each human.

This vision is unique in that it is already in each of us. We hold this personal vision for ourselves and those that we care about. But the acknowledgement that all share this same personal vision (regardless of their social identity) is unique. It is unique in that this vision does not have to be created by an external source. It is already a living vision shared by human beings. But is not enough to acknowledge our individual desire of a healthy society for ourselves and ourselves alone. We also have to acknowledge that we as a people are deserving of a healthy society—regardless of ones social identity. And, we must be committed to making it happen—for all.

But, as Senge (1990, p.222) states, enrollment (ones true desire to manifest a shared vision) “is a natural process that springs from ones own genuine enthusiasm for a vision and ones willingness to let others come to their own choice” regarding that vision. As shared earlier in this work, Senge speaks in the context of organizations. I however speak in the context of governments and societies.

In the context of policy makers and mutually enrolling caretakers of this shared vision, policy makers and caretakers have to be as enrolled in a vision as those they are trying to enroll. But, at the crux of that enrollment process lays transparency. As Senge

(1990, p.222) says “state the vision as simply and honestly as you can” and allow people to choose for themselves.

The Birth of a Living Breathing Universal Norm

It is my belief that all humans have a desire to be a part of a healthy society—this is a personal and unspoken shared vision. But for this shared vision to take on life and momentum and move to a spoken (intentional) universal norm (shared vision), you must have policy makers and individuals that are enrolled and committed to seeing the vision come to life. However, for it to move past the birthing process and to have a true chance to grow, a shared vision needs decision makers and enrolled individuals with an ability to hold the intangible vision firmly in sight but also stay keenly aware of the reality of the now and the conditions in which the vision is being raised. Senge (1990, p. 226) describes this as “creative tension”.

What is also needed are caretakers (enrolled policy makers and individuals) that can use what Senge (1990, p.223) calls the “governing ideas”—vision: which answers the question *what*; purpose/mission: which answers the question *why*; and core values: which answers the question *how*—in such a way that helps potential enrollees understand the interconnectedness of governing ideas. We need caretakers that can share how the vision is needed to make the purpose concrete and how the “core values are necessary to help people with the day-to-day decision making...being that purpose is very abstract, vision is long term, and core values are only helpful if they can be translated into concrete behaviors” (Senge, 1990, p. 225).

We need policy makers that live practiced lives of reflection and reflective inquiry. We need policy makers that not only have but also can use their skills of reflection, reflective inquiry, and personal mastery to guide the visioning process through limiting factors. “Limiting factors” (Senge, 1990, p. 228) such as—divergence of vision due to diversity of views; decrease in enthusiasm due to perceived gap between the vision and current reality; feeling of being overwhelmed due to the time needed to manifest the vision and time needed to manage current reality; one truly understanding and being connected versus proselytizing (Senge, 1990).

Balancing Both Worlds

“Vision paints the picture of what we want to create. Systems thinking reveals how we have created what we currently have” (Senge, 1990, p.231)

To achieve a healthy society, a more evolved policy maker is needed: a policy maker that has developed and lives a practiced life of personal mastery, reflection, and reflective inquiry and has a keen understanding of systems and their influence on creating a healthy society. Policy makers and caretakers with these skills at their core stand a solid chance at creating a shift in the lives of all. Policy makers and caretakers that can begin to look at the world and it’s formal and informal social policies and see where their interconnectedness effects the social outcomes of the worlds populations would be a beginning of a new path in examining and manifesting social policies. It is my belief that this way of creating policy should be explored practically to create a healthy global society.

Part III: Framing Shared Vision in a Whole World Context

Evolution of a System

In a hierarchical way of thinking, there is a perceived imbalance and flow in elements such a “knowledge, love, wisdom, power, and authority” (Spangler, 2008, p.1). I say perceived—as only society has agreed upon the definition and value of knowledge, love, wisdom, power, and authority; and only society has agreed upon how they view those that have these elements in abundance; and only society has mutually agreed upon the way in which these elements are distributed and the direction in which they flow—a unidirectional downward flow.

As a society, or a system, we have socially agreed upon the way in which our system is shaped, how it flows, and what is valued. We have agreed through action or inaction. I do not dismiss the perceived power dynamics in the current paradigm and I do not dismiss the conditions in which they have caused. But, what I do offer is that a society, a system, is a living and breathing source. And, with any living and breathing source the evolution of this source is inevitable due to the laws of nature.

For a new system, a healthy system (a healthy society) to evolve, a new way of being, thinking, and consciousness, has to be recognized and nurtured. This way is one that is holarchical.

Holarchy

“There would appear to be a natural hierarchical relationship here with knowledge, love, wisdom, power, and authority flowing down from the parent to the child. But as any parent knows, the relationship is not so clear-cut; love and knowledge flow back from the child and as he or she grows older, wisdom and authority do as well. Parents and children may not be equal, but they can be partners each enriching the other in ways that neither could do for themselves.” (Spangler, 2008, p.1)

Our current system is viewed through a lens that creates and perpetuates unhealthy societies. This is because our societies are replicated within the same paradigm—one that is hierarchal. In order to facilitate what John Smutt, a South African statesman, general, and scientist called “creative evolution” in his book *Holism and Evolution* (as cited by in Spangler, 2008, p.2) in our societies, we must take a step back and look at how our societies are really structured. If we are open to taking this step, then we can see that we are wasting a vast amount of resources; untapped resources that are not considered nor truly valued because they do not have the markings of a viable resource—as they are viewed through a hierarchal lens.

In a hierarchal system, there is a great amount of waste. Resources such as love, caring, wisdom, intellect, intuitiveness, spirit, knowledge, inspiration, creativity, resilience, and a vast amount of other resources. In a hierarchal system, some of these assets may be valued but only if they are acquired through or validated by a hierarchal system.

Holarchy offers a different way of viewing a system/society. In a holarchal system, each participant is respected and honored regardless of their perceived ranking in a hierarchal system (Spangler, 2008, p.1). Holarchy understands the value that each participant has and recognizes the value in each, no matter the perceived size or greatness of the contribution to the society. Holarchy “is an application of openness, a respect and honoring for the (perceived) least as well as the (perceived) greatest with the understanding that one can very well be the other depending on the situation” (Spangler, 2008, p.6). Holarchy is “the loving application of the idea that each person, being, or object...has something to offer and can be, however momentarily, a partner in mutual

evolution” (Spangler, 2008, p.6). The relationship in which different participants enhance each other and co-creatively make a larger wholeness possible is what Spangler (2008, p.1) calls holarchy.

The Evolution of a Policy Maker

“In hierarchy, participants can be compared and evaluated on the basis of position, rank, relative power, seniority and the like. But, in holarchy each person’s value comes from his or her individuality and uniqueness and the capacity to engage and interact with others to make the fruits of that uniqueness available” (Spangler, 2008, p.1-2)

To move towards the evolution of healthier societies, it would take one that not only understands theoretically that the world is interconnected and interdependent as a system or web if you will. But, it would ideally take one that understands this idea through their existence—their knowing. This would be what I would call the evolved policy maker. One that has great knowledge (Spangler, 2008,p.5) in the area of policy but also sees, acknowledges, and values the contributions that others bring in the creation of a healthy society—no matter what their “traditional” hierarchical standing would be. This evolved policy maker innately sees the value of holarchy in the creation of a healthy society—because it is part of their life’s practice.

This policy maker understands conceptually and practically the idea of systems thinking and most certainly shared vision. They are, as Spangler (2008, p.3) would describe, a higher being, where when in their presence one does not “sense hierarchy or ranking...instead, what is felt is a sense of embrace, and love, of honoring, and attentiveness” from one being to another—as for the more evolved policy maker, this is a way of life.

This higher being is also aware of their “power energetically” and their “greater insight” (Spangler, 2008, p.3). But, this individual, this evolved policy maker, also recognizes shared “universal life” of all. This individual knows that we are “different in capacity—in what we can do but that we are equal in value and in shared sacredness” (Spangler, 2008, p.3).

However by contrast, what we have and what we continue to replicate (which is a true indicator of how unhealthy our societies are) is a being in leadership that “insists upon its allegedly “higher” position, its “adeptship” or exalted state of evolution” (Spangler 2008, p.5) simply because it lies within the context of a hierarchal paradigm. And, “a sure way to discern that a particular entity is not very highly evolved is its reliance upon some claimed position in a hierarchy as a sign of its authority” (Spangler 2008, p.5). This type of policy maker can only create unhealthy societies and we cannot expect more operating within this type of disconnected and spiritually dead paradigm. Yet, the entity that is evolved, guiding—through a holarchy practice—recognizes that “in a holarchy, there is no “higher” or “lower. There is difference and the creative value that such difference can provide” (Spangler, 2008, p.4) to create a health society for all.

This being is “by every standard I have, more evolved spiritually” (Spangler, 2008, p.5). I have experienced first hand “again and again the grace and love ” (Spangler, 2008, p.5) and heart capacity from which this type of being connects with them selves, others, and that which is around them. I have experienced “their openness to what I have to contribute, small though it may be...I recognize that they honor the Sacred in me, which is beyond all rank and position, and do what they can to lift me up and

acknowledge our equality before God” (Spangler, 2008, p.5). These qualities are the gifts (cultivated or innate) of an evolved policy maker.

The Creation of Policy Through a Holarchal Lens

“it is the co-creation together of a relationship in which new perspectives and insights emerge for everyone concerned” (Spangler, 2008, p.5).

This policy maker knows that “in a fully functioning holarchy love is the primary organizing principle” (Spangler, 2008, p.5). They operate through the knowing that each individual has their unique and sacred contribution to the whole. As Spangler (2008, p.5) states, this policy maker “may be the authority” in the area of policymaking and “have knowledge” that others may not have, but this doesn’t mean that that knowledge is unilateral. If fact knowledge and its flow is multidimensional, multidirectional, and takes on the shape (spherical or others) that it needs in order for the knowledge to reach it’s destination when needed. Holarchy “can appear chaotic, though in fact it is not...in holarchy, order and integration are co-created in the moment and at the boundaries between people” (Spangler, 2008, p.4). It is a process of “negotiation and openness rather than position” that are the “organizing factors” (Spangler, 2008, p.4). Unlike hierarchy, which “imposes order” (Spangler, 2008, p.4), in a holarchy, “rules are often made up in the moment based on the conditions and requirements of the unique relationships that are present at the time” (Spangler, 2008, p.4). Having the opportunity to move towards a policymaking process that takes into consideration the flow and origin of knowledge, as well as its organizing properties—is an opportunity that we must have the courage to move towards.

The Call—A Holarchy Society and More Evolved Policy Maker

“The implementation of holarchy is not difficult. It is the loving application of the idea that each person, being, or object I encounter has something to offer and can be, however momentarily, a partner in mutual evolution” (Spangler, p.6).

The call for a holarchal society is an innate one—in that innately, as individuals, we all want to know that we are heard, seen, and validated. The call for a holarchal society, outside of the individual, is not one that is intentional or innate—as it takes intentional courage to wholeheartedly say, know, and trust that a system, a society, “that allows information, love, caring, and creative energy to flow between levels of a system without regard for rank or position” (Spangler, 2008, p.4) can be organized and achieved.

This idea of a holarchal society is not one that begins in the academy, hypothesized over during an intellectual dinner conversation, or discussed in political circles as a viable way of creating healthy societies. The call for a holarchal society is one that begins in the heart. A visceral need that we all share but few—if any have offered as a valid way to organize our societies.

Once we are open, universally open to the knowing, the “idea that we are dependent on each other, whatever our status or rank, for our well-being, and that we are all co-creators in the processes of cosmic emergence” (Spangler, 2008, p. 6) we will have the opportunity to walk fully into our heart-space to create a healthy system for all entities.

“It is the realization that good ideas, love, spiritual energy, grace and goodness can come from anywhere and are not dependent on age, rank, position, status, evolution or form. Mostly it is an understanding that when it comes to creating wholeness—to being part of a holistic universe—we are all partners together and we each have something important to contribute.”
Spangler (2008, p. 6)

Part IV: Creating Policy for a Healthy Global Society

With the following steppingstones in this section: the web of life, re-envisioning through shared vision—life through interruption, and new model, we will begin to explore how facilitated dialogue leads to the desired goal of social change. As stated earlier, the goal is to provide a theoretical framework and ideally a blueprint for a practical framework to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience.

The Web of Life

“The properties of the parts are not intrinsic properties but can only be understood only within the context of the larger whole.”(Capra, 1996, p.29)
In essence “systems thinking means putting it into the context of a larger whole.”
(Capra, 1996, p.30)

As Senge (1990) discusses organizations as systems, we will look at societies as systems. As we look at how to create healthy societies, we have to look at a society as a *part* that is a whole but a part nonetheless in the larger context of a larger whole. By looking at the interactions of all the parts, that are whole within themselves, we have a better chance of gaining insight into the relationships of the parts and their manifestations in the context of the whole. Senge (1990) would look at this as the relationship of the invisible manifestations of networks. As we look at societies as they are, through a systems thinking lens, we have an opportunity to “make full patterns clearer, and to help us see how to change them effectively” (Senge, 1990, p. 7). Taking this approach allows

us to move away from the model of “focusing on snapshots of isolated parts of a system, and wonder why our deepest problems never seem to get solved” (Senge, 1990, p. 7).

When looking at the interrelatedness of individual societies—a web of individual wholes that are parts of a larger whole—and their relationships, what is revealed is that the “overall consistency of their interrelations determines the structure of the entire web” (Capra, 1996, p. 39). In essence it reveals what *is* so we can begin to think about how to create a living systemic healthy alternative.

Re-envisioning Through Shared Vision—Life Through Interruption

A healthy society, “a group of interacting, interrelated, or interdependent components that form a complex and unified whole” (Anderson & Johnson, 1997, p. xiii) is what we would like to see manifest through a new way of being. A route to this manifestation is through viewing and paying attention to a systems structures. A structure, according to Senge (1990) is what a system is built upon. These structures “leave evidence of their presence, like fingerprints or tire marks, even if you can not see them...they explain all events and trends that we see happening in the world around us” (Gerber, 2013, p. 4).

By being aware of and sensitive to a systems structure, we can be more fluid in our process and more open to a multidimensional “way” of creating a healthy society. I say multidimensional—as it is my assumption that the interrelated relationships of the whole or “universal web” would need a multidimensional approach to interrupt and give life to a new system and new system structure.

In order to create a healthy society, we have to move past reacting to the symptoms or indicators of a society that is not conducive to a healthy life experience. We should look at the patterns “trends or change of events over time” (Gerber, 2013, p.5). This provides us with an opportunity to anticipate where we can find unhealthy areas of the web and start asking questions as to what are the root causes of the webs degeneration and how we can make it healthy for all humans to have a healthy life experience.

Part V: Conclusion

The goal of this proposal is to offer an alternative way of creating a healthy society by exploring how facilitated dialogue can lead to the desired goal of social change. By offering the steppingstones discussed throughout this document—namely transformative learning, critical reflection, cultural humility, brought together in the sections of the web of life, re-envisioning through shared vision—life through interruption, and new model, we have the opportunity to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience. And, ideally, this document can serve as a living blueprint for a practical application for the creation of a healthy society.

Significance and Contribution of the Study

This work will allow space for new vessels and new voices to expand the way in which we discuss and create healthy societies. With the previously discussed stepping-

stones: the web of life, re-envisioning through shared vision—life through interruption, and new model, we will begin to explore how facilitated dialogue leads to the desired goal of social change. As stated earlier, the goal is to provide a theoretical framework and ideally a blueprint for a practical framework to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience.

CHAPTER 3
RESEARCH DESIGN AND METHODS

Research Study

It was my experience during this 3-year community project—in September 2006, in collaboration with the Ingham County (Michigan) Health Department, the National Association of County and City Health Officials, and the W.K. Kellogg Foundation, the Town of Amherst Municipality (TOA) initiated a Social Justice Project. This projects objective was to engage members of TOA in the process of facilitated dialogue, where by they discuss the impact of social determinants on the health outcomes of the Amherst community at large. Facilitated dialogue served as the mechanism through which participants could recognize and discuss how to change formal and informal policies, practices, procedures, that contributed to the varied health outcomes and life experiences of individuals within its community based upon their social identities (ethnicity, gender, socio-economic status, class, national origin, etc.)—that I observed the difference between dialogue and facilitated dialogue.

Autoethnography

“...challenges canonical ways of doing research and representing others and treats research as a political, socially-just, and socially-conscious act.” (Ellis, Adams, and Bochner ,2011, p.1)

Autoethnography, “which is both process and product, uses tenants of autobiography and ethnography” (Ellis, Adams, and Bochner ,2011, p.1). It “is a form of self-reflection and writing that explores the researcher's personal experience and connects

this autobiographical story to wider cultural, political, and social meanings and understandings. It differs from ethnography—a qualitative research method in which a researcher uses participant observation and interviews in order to gain deeper understanding of a groups culture—in that autoethnography focuses on the writer’s subjective experience rather than the beliefs and practices of others. As a form of self-reflective writing, autoethnography is widely used in many disciplines...as a method in living educational research” (Lichtman, 2014, p.7).

As a reflective person by nature, choice, and practice, autoethnography is ideal for researchers like myself—in that it’s unconventionality allows for the author to write a personal narrative, from their perspective, “in first person—making themselves the object of the research” (Ellis & Boucher 2000, p.744). It allows the researcher to “do autoethnography—as we retrospectively and selectively write about epiphanies that stem from, or are made possible by, being part of a culture and/or by possessing a particular cultural identity” (Ellis, Adams, and Bochner ,2011, p.13).

Selection of Participants

In conventional research, participants are selected through various methods. However, in an autoethnography, the researcher is the story. The researcher is the participant. She, the researcher, writes her story—her “evocative narrative” (Ellis, Adams, and Bochner, 2011, p.744) based upon her experience.

Data Collection

This qualitative study is the personal narrative of the researcher. As stated earlier, unlike other qualitative studies that rely heavily on traditional data collection such as

interviews and participant observation, autoethnography “is a self-reflective writing process that focuses on and explores the writer’s personal subjective experience rather than the beliefs and practices of others and connects this autobiographical story to wider cultural, political, and social meanings and understandings” (Lichtman, 2014, p.7).

Varied data sources in autoethnography include personal memory, observation of self, and the back and forth process of self reflection. Each of these is evidenced throughout, with the more obvious examples in the form of vignettes—informed by personal reflection, specific conversations, workshop interactions, personal encounters, and written reports to the funders.

Data Analysis

Data analysis of an autoethnographic piece is the process of “editing for re-presentation in some way to bring the reader closer to experiencing situations” (Grbich, 2007, p.5). This process of writing and editing allows the writer to notice the “physical feelings, thoughts, and emotions” (Ellis & Bouchner, 2000, p.737) of the experience. As the writer connects with their truth of the experience, they share a space of vulnerability and connectivity with the reader on a visceral level. The reflexivity of this process and its “editing for re-presentation” (Grbich, 2007, p.5) is in a sense “emotional recall to try to understand an experience as a story” (Ellis & Bouchner, 2000, p.737). Exploring the lived experience through the process of reflection (Rossman & Rallis, 2003, p. 97) allows for conversation with self, heart, memory, self observation, and asking questions of each through personal reflective dialogue—then listening for what is revealed.

This ongoing conversation with the “data” is truly a gift to the researcher as it allows for the space of full presence and openness to insights revealed—those personal aha moments as one reflects, writes, and edits. This part of the research process can take great time, care, and attention in order to notice what the data is saying. But, it also takes patience and compassion with the process to step away from the data for a while sometimes to let it breathe. This presents a fresh look to the researcher. Because, at this point, the researcher may have had enough time away from the data to recognize forgotten nuances and experiences that have come to life primarily through previously unnoticed or forgotten memories or observations. Now, the researcher has an opportunity to be with the data analysis process in a way that honors feeling “emotion, intuition, personal experience, embodiment, and spirituality” (Ellis & Bouchner, 2000, p.747). This autoethnographic practice of engaging with the data fully describes my analysis process—which involved listening to the soundtrack of *Something’s Got to Give* (to let my head and heart know that it was time to write, reflect, breathe, feel, and edit); finding a large, fully clear table (in a room with loads of sunlight) on which to write, sitting quietly for a moment to take in where I was, reading my notes where I left off, stilling myself, breathing deeply, shutting out the rest of the world, writing, reflecting, stopping, starting, let my work sit for a while (sometimes a very long while), coming back to it, reflecting, allowing my heart to connect with the experience and the memories, and writing some more. This deeply intimate, mindful, caring, and sometimes spiritual process brought all of who I am to the table, heart cracked wide open—with all of my quirks, wholeness, imperfections, compassion, vulnerability, and clarity (as I am no more

clearer than when I am writing). It should be said from the outset, yet connecting back to the defining section of autoethnography, that by all accounts, this qualitative data collection and analysis process breaches the traditional conventions of the canonical process. Additionally noted, this autoethnographic data collection process allows for equally valid methods of conceptualizing, sharing, and expressing the lived experience—through the personal narrative of the writer/researcher.

Limitations and Trustworthiness

“A story’s generalizability is constantly being tested by readers as they determine if it speaks to them about their experience or about the lives of others they know.” (Ellis & Bouchner, 2007, p. 751)

The perceived limitations of this study, if measured by traditional standards of research, would lie in that it is personal narrative. Traditionally speaking, the fact that it is a “small-scale” study, it could be perceived as limited in size, scope, validity, statistical significance, and quite possibly viewed as not generalizable. Ellis & Bouchner (2007) argue that it depends on how one defines these terms—as “validity means that our work seeks verisimilitude; it evokes in readers a feeling that the experience described is lifelike, believable, and possible” (Ellis & Bouchner, 2007, p. 751). What about reliability? “There’s no such thing as orthodox reliability in autoethnographic research since we always create our personal narratives from a situated location, trying to make our present, imagined future, and remembered past coherent” (Ellis & Bouchner, 2007, p. 751). Generalizability you ask? “Of course, though again not in the usual sense. Our lives are particular, but they also are typical and generalizable” (Ellis & Bouchner, 2007, p. 751).

Autoethnography in itself could be argued as a limitation. I note this—as its “emphasis...on subjectivity, description, and interpretation contrasts with the scientific emphasis on objectivity, analysis and measurement” (Denscomb 2003, p. 106) and is in complete contrast with those that favor positivism and the production of empirical data (Denscomb 2003, p. 96). And, although autoethnography “is self-consciously non-positivist—and proud to be so—there is a danger that this can be turned against it and be treated as a weakness rather than a strength by those who do not share its stance” (Denscomb 2003, p. 106). However, autoethnography “has been useful for some writers as an umbrella term covering styles of research that do not rely on measurement, statistics, or other things generally associated with the scientific research method” (Denscomb 2003, p. 96).

Creswell, (2003, p.186-187) argues that most data collection processes can be called into question based upon the varied and unique limitations that they each possess. However, it should be strongly noted that such limitations do not predict whether or not the value or validity of varied data collection processes or the meaning derived from them are not valid. The perceived limitations of autoethnography cannot be viewed as less valid or not as valid as other types of data collection processes.

An additional category to discuss around limitations and trustworthiness is the issue of credibility and trust. Credibility, described by Polkinghorne (1993) is in a positivist sense, an “expression of the epistemological enterprise of establishing objective knowledge represented as regularities” (as cited by Elliot, 1999, p. 217). However, “with the development of critical and postmodern perspectives, ideas about what precisely constitutes good research have become blurred” (Rossman & Rallis, 2003, p. 64). Stiles

(1993) describes trustworthiness as being critical to good research practice (as cited by Elliot, 1999, p.119). Practices such as the “disclosure of the researcher’s orientation and preconceptions, explication of the social/cultural context of the research, description of the internal processes of the investigators, close engagement with the material, repeated cycling between interpretation and data, grounding of interpretations with examples, and asking for descriptions rather than explanations” are said to ensure trustworthiness and rigor in qualitative research (Elliot, 1999, p. 219). However, Rossman and Rallis (2003, p. 63) say that this is not enough. That “for a study to be trustworthy it must be more than reliable and valid, it must be ethical”. That is why I have done my very best to articulate and anticipated perceived, and real ethical considerations that this study may have.

In spite of and quite possibly because of these traditionally identified research limitations, there could be much to learn about the idea of the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) leading to social change—particularly given the current need of research that explores facilitated dialogue in this particular context.

Researcher

“It doesn't even occur to most authors that writing in the first persons an option. They've been shaped by the prevailing norms of scholarly discourse within which they operate.” (Ellis & Bouchner, 2007, p. 734)

The Road to Discovery

“I consider writing as a method of inquiry, a way of finding out about yourself and your topic.” (Richardson, 1994, p. 516)

My Orientation

From the time I chose autoethnography as my method of research—around the idea of can the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) lead to social change—I realized that I would have to start thinking critically about my position as researcher and simultaneously freely about the constraints about my role as researcher. I knew that I may have to straddle the schizophrenic line of writer and academician. The academician part of my being knew that I was going to have to be reflective about my personal history and its deeper connection to this study. As writer and seeker, I by nature, gravitate to the overarching ideas that guide this research and have great interest the theories in which they are grounded. They reflect my own personal values and for this reason, I find myself very connected on a personal level—as I should be from and autoethnological perspective.

Being aware of my place in the research, I realize that I need to place, up front for the reader, that I am aware of the theoretical notion of subjectivity and how I need to acknowledge and seek to understand my feelings/emotions (Reger, 2001) and/or my multiple identities or I's (Peshkin, 1988) that emerge through the research process. I know that I will have to be vigilant about my personal values and their connection to this research. I also know that they make this study richer from the perspective of personal narrative.

By nature, (for the most part) I am one that observes and reflects for a period before I take action. Having this practice, I am aware when I have a visceral response that I (for my personal growth) need to be aware of and respond to it internally. I know from

that sensation alone that a trigger has been activated (that spark of interest, curiosity, and growth). Knowing myself, I know all the personal signs and feelings that come with that. As a being, researcher, and writer, the journey and practice of knowing myself is something that is very important to me—professionally and personally.

So, when emotions emerge in the research environment as a result of any encounter with the research process—this sensation alerts me that my subjectivity has been triggered and that one of my multiple identities had emerged. The “sensations...I...experience” (Peshkin, 1988, pp.18) allow me the opportunity to internally pause, notice, and acknowledge (to myself) what I am feeling during the course of my research process. When and where I do have these moments, I know that I will have to reflect on the particular incident to gain insight to the reasons why. This process expands my knowing and the beauty of the qualitative research process—in that it opens the researcher up to a greater awareness of the experience and the reader to a greater connectivity with the writer.

Who I am and Why

“The personal biography of the researcher and the roles she takes influence the research.” (Rossman and Rallis, 2003, p. 49) and “There is no way in which we can escape the social world in order to study it. Put simply, a relationship always exists between the researcher and those being researched.” (Hamersley and Atkinson as cited by Rossman & Rallis, 2003, p.49)

As a seeker, educator, being, woman, mother, and one who believes that intrinsically, at the heart of all human beings, is the desire for a safe, healthy, and secure, society; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one’s family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to

expand one's knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is the core desire of each human; a safe, healthy, secure, and light filled life experience; one could say that I have very strong opinions about healthy societies and life experiences. Knowing this, I have found that following Peshkin's (1988) methodology of uncovering subjectivity throughout the research process useful because it allows me to notice that I bring multiple identities to the research process. Peshkin (1988, p. 18) engaged in what he called a "subjectivity audit" in his research. He felt as though it was important for researchers to be sensitive to their subjectivity throughout the research process. Peshkin developed a method that involved observing his feelings or reactions and recording his sensations as he was feeling them. As a result he recognized that he brought multiple identities to his research; he also realized that his identities might change based on contextual conditions. Being aware of the methods that Peshkin has used to identify his subjectivity throughout the research process has allowed me to see that my opinions—about the idea of can the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) lead to social change? In essence, how (in the context the facilitated dialogue process) the participants experience and what was learned translates into their experience with reflection, transformation, and change—are a result of my purposeful journey as a being, what I feel are the core desires of human

beings, how I see the world and my part in it, my knowing, and connection to the overall process.

Checks and Balances

Subjectivity “can be seen as virtuous” (Peshkin, 1988, p.18).

When I think about what I can do to limit the negative impact and maximize the positive potential that my worldview—dynamics, or product of my experiences—can have on my research, it inspires me to move beyond thinking of them as having a negative effect. The emotions that emerge throughout the research process can add to the richness of the voice of the research—once reflected upon. I do not view this voice as something that needs to be discarded. The struggle of finding an authentic voice (Reger, 2001) on the subjectivity-objectivity continuum (Rossman & Rallis, 2003) or within the reason-emotion dichotomy (Reger, 2001) can be a challenge when “researchers are taught that emotions distort knowledge and interfere with collection of reason-based information” (Reger, 2001, p. 606). The process of reflection allows me the opportunity to place the product of my experiences into context. However, I am acutely aware of the fact that hegemony dictates their place in my research.

The act of reflection allows me to see the potential of what my worldview can bring to my research.

In following the thinking of (Heshusius, 1994; Peshkin, 1988; Reger, 2001), I have chosen to identify some methods that would allow me to deconstruct my frame of reference and identify my subjectivity. These actions can assist me in understanding the possible impediments that could potentially stand in the way of my research. They could also assist me in broadening my outlook. For example, I can engage in active listening to

my inner voice. I can use active reflection during the research process to help me identify instances in which I am not being fully open to the experience. This active state of reflection can also serve as tool to make me aware of prejudgment and it can guide my reading of situations and my reaction to them.

Learning from Reflection

What I have learned and would like to continue to learn about myself in the research process is my known and/or unknown biases, identified and unidentified personal impediments that may emerge as a result of the research process, and those underlying feelings that are connected to each one. Each of these components is an integral part in my research and cannot be easily separated from the research process itself. Knowing this however, I can note how and when I respond to situations that arise during the course of this study. In reflection for example, I can pose the following questions: why do I think that what I value can have a positive impact on others? Why do I place a value on creating healthy societies and life experiences? What do others value as a healthy life experience and society? Why do they value what they value? What type of impact do they think their values will have on others? Why do they think that what they value will have a particular type of impact on others? It is possible that I can view the interconnectedness of these dynamics as having value and possibly being useful to my study?

Openness to Learn

Openness to learning in the process of this study can add an additional dimension to my research. Inviting and welcoming surprises that shake up any views that I may not be aware of and making them visible to me, is a way of being open to learn. A way of

unmasking these views would be to ask questions that I would not normally ask. This would provide an opportunity to seek out differences of opinions.

Watching, listening, and paying attention to what emerges from the study—without placing value or judgment on it—can add to the richness of the study because I would not be ignoring what has been revealed just because I may not value it. I would be paying attention to something that I would otherwise unknowingly toss out, ignore, or not value.

Learn from the Past

The process of sitting and reflecting on the data that will emerge will provide me with the opportunity to deepen my awareness of these now-visible views that I have and use them as an opportunity to open myself to others. I can look at how I came to understand and therefore learned to assign value. Reflection through writing and discussing my research with a colleague can assist me in unpacking newly revealed views shaped by my life experiences.

Do Not Get Stuck in the Past

Life and the practice of research have made me aware that conflicting values and views can exist—knowingly and unknowingly. I have learned that (consciously and/or unconsciously) time and energy can be spent defending my views from those that challenge my own. Versus time spent practicing being open and leaning into the internal feelings of the (sometimes) discomfort of the learning/reflective process. I have learned that I may place myself in the position of having to recapture and redirect the energy that I have used in my defense of these views that challenge my own versus softening and being open. This process of growth is not a waste of energy or time—it is an opportunity

to expand. I see it as a learning process. Once I have learned to be open and not resist what is being revealed, my research can be more insightful, light filled, heartfelt, and alive.

Closing Notes

“Les, when you know better, you do better.” (personal communication, Dr. H.S. Sauslberry)

I am a being that operates from the heart space—love, light, reflection, growth, transition, process, and practice. These aspects of life—the process of life, and practicing the art of life—I value. Not only for myself but also for all. I am aware that I am entering this study with a bold assumption—the assumption that intrinsically, at the heart of all human beings, is the desire for a safe, healthy, and secure, society; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one’s family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to expand one’s knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is the core desire of each human; a safe, healthy, secure, and light filled life experience.

This assumption could affect the way that I conduct my study. However, this is where the use of reflection and the awareness of the “I” (Peshkin, 1988) has proven to be valuable.

The goal of this research is not to confirm the views that I have, but to explore them and come away from the research with a better working knowledge of what I view to be true. I am conducting this autoethnographic study with the understanding that there

is not one truth or knowing but many—based on each personal history (Rossman & Rallis, 2003). My assumption is that this process will afford me the opportunity to see how individuals construct their own knowledge and how it plays out to potentially form healthy societies.

Observing the Participant-Not to be Confused with Participant Observer

“The researcher’s self-knowledge and knowledge of the topic develops through experimentation with point of view, tone, texture, sequencing, metaphor, and so on.” (Richardson, 1994, p.52)

Catbird Seat

As an observer of participant (and a well-respected and trusted part of the organizations community), I found myself privy to private interpersonal and operational dynamics within the environment that I was studying. This afforded me the opportunity to gain insight into my study from another perspective that frankly, I was not ready or willing to see. My relationship with the policy makers, leadership, administration, as well as frontline employees, provided me with access to all aspects of the political system in which they worked and privileged to information that would not necessarily be directly relevant to the research study itself, yet insightful. In this unique role, I found myself thrust inside the policymaking mechanism—the “belly of the beast” so to speak and no longer on the periphery where I could live in the safety of my “Truth”¹. From this

¹ Truth “is the absolute...that which reveals and is accord with...the governing principles of’ the web of life “it is eternal, the same today as yesterday...it exists as the core of every living being” and its surrounding energy. “The basic principle of truth is that the mind of every individual is unified with it eternally...and as individual awareness expands and embraces the concept of the” universal “truth, understanding unfolds” (Vanzant, 1998, p.24).

vantage point that I was given, I now saw the “tTruth”² of the study before my very eyes—one that did not sit well with the ideal “Truth” that I thought would so neatly unfold before me. The study, at that point, revealed a “tTruth” with which I had to face. The “tTruth” that is revealed through the unique process of qualitative research—a process that captured the unique story of the writer and her life experience told in her own voice.

From the time I chose to conduct a qualitative research study about the Town of Amherst Social Justice Project and the ideas that (1) given the opportunity, at some point of engaging in facilitated dialogue, individuals had the opportunity to recognize themselves and/or their stories in one another—regardless of background (2) facilitated dialogue provided an opportunity for individuals to recognize a shared vision of what a healthy society looks like and what in our society makes for a healthy life experience for ourselves, those that we love, and that which we value (3) the facilitated dialogue process as a mechanism allows individuals to practice—with an open heart—reflection, listening, hearing, empathizing, compassion, courage, connection, and authenticity (4) answer the main research question: can the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) lead to social change, I realized that I would have to start thinking critically about my position as researcher as well as my personal connection to the project—as I held the position of employee of the Town and Director of the Social Justice Project.

I knew that I held a unique position (researcher and employee) and for that reason held it very sacred. It is my position that this dynamic allowed for greater and more in-

² tTruth “is a perceived, unexplored, and unconsciously accepted knowing that diminishes in strength after the gaining of new knowledge and aligning oneself with the consciously explored core of our being” (Saulsberry, 2014).

depth exploration because the core views were so closely related to that of my own (Rossman & Rallis, 2003, p. 77) and the experiences were human experiences that through a reflective process could be seen.

What the Catbird Seat Revealed—Well at This Stage Anyway

In my position, I got a chance to see that the intentions of creating a health society in the context of my research environment did not flow in both directions (from employees to leadership and back). The intentions of employees, as my initial research revealed, were that frontline employees were to model respectful and open behavior to one another and to their directors. What I found was that this modeling of respectful and open behavior went only as far as some employees in the same hierarchical tier. When it came to the dynamics between the employees and their directors, these actions were virtually invisible. When it came to the dynamics of the leadership and some directors, these actions were virtually absent. When it came to the interaction between the leadership and the policy makers, these actions were virtually not seen. My neat little research project was now unraveling at the seams—or so it appeared.

My questions and statements to myself—because I was not able to remove myself as the researcher from the situation—what is happening? Did I document and report the “Truth”? I am sure that I did! What do I do with all of this new information now that this stage of my research is over? Where does it fit in? It appeared as though my research fell apart.

The Calm After the Internal Storm

After I calmed down, and stopped panicking, I realized that the environment I was researching was not static. In a sense, it was a living organism and like

a living organism, it had several interdependent parts functioning at the same time. Therefore, I had to remind myself that my research focused on one cross section, of one interdependent part, at a very specific point in time. But it didn't really because it is never really one cross section, of one interdependent part, at a very specific point in time. It just doesn't work that way. I realized that I was not looking at organizational behavior but unexplored core values of human dynamics. The “tTruth” as the “Truth” had yet to be fully explored. This is what stimulated my interest to explore this aspect of my study—the power of the untapped and unexplored commonality that intrinsically, at the heart of all human beings, is the desire for a safe, healthy, and secure, society; a safe, healthy, and secure, environment in which to live; a safe, healthy, and secure, environment and means to provide for one’s family; a safe, healthy, and secure, means to care for oneself and/or their family; a safe, healthy, and secure, means to expand one’s knowledge; a safe, healthy, and secure, environment and means to maintain and positively influence ones health outcomes; a safe, healthy, and secure, environment and means to positively influence, maintain, and increase ones quality of life; a safe, healthy, and secure, society in which to positively and healthfully exist and coexist with others—this I believe is the core desire of each human; a safe, healthy, secure, and light filled life experience.

Unfinished business

The future goal of this study is to build off of what I have learned about the ideas that (1) given the opportunity, at some point of engaging in facilitated dialogue, they had the opportunity to recognize themselves and/or their stories in one another—regardless of background (2) facilitated dialogue provided an opportunity for them to recognize a shared vision of what a healthy society looks like and what in our society

makes for a healthy life experience for ourselves, those that we love, and that which we value (3) the facilitated dialogue process as a mechanism allows participants to practice—with an open heart—reflection, listening, hearing, empathizing, compassion, courage, connection, and authenticity (4) answer the main research question: can the process of facilitated dialogue (i.e. the process of facilitated dialogue, personal dialogue, personal vision, reflection, transformation, shared vision, social change) lead to social change.

In my knowing and my practice to gain knowledge and expertise in this area, I am open to realize that I have to be aware of the knowing that is “safely” accepted in creating healthy societies. Knowing that solely recognizes the structural, political, human/social and cultural (Bowman & Deal, 2003) aspects. I propose that we look at the entire process as we would a living organism and through a spiritual lens—a process that takes into consideration that elements such as love, information, ideas, “creativity, energy, inspiration, and spirit” (Spangler, 2008, p.3). This model that I call the “transluentractal model” (Saulsberry, 2014)—takes into account that energy, love, ideas, etc. flow to and from multiple sources, in multiple directions, in and out of multiple dimensions, at multiple speeds, to create and recreate and organize itself at the exact moment that it is needed to address the need that has been presented.

I offer that there is a visceral feeling, acknowledged or not, that is this shared vision. This place—this sacred untapped and unharnessed space of limitlessness in our knowing is where we are all resonate at the same vibration. This is where I believe that all things are interconnected. This flow, exchange, creation, re-creation, and elevation of love, energy, ideas, etc. only gets higher when we all make the conscious choice to align

our innate desires for a healthy life expansion. This is the shared vision—the innate desire for oneself, the ones we love, and those that we care for to have a safe, healthy, and secure, light filled life experience, which translates to a safe, healthy, and secure, global society.

It is my knowing that the more align we are as individuals to that innate desire to have a healthy society, the more we observe what that alignment feels like. And, the more we observe the feeling of the alignment, the more we recognize what begins to show up in our lives. And, the more we align, observe, and recognize, the more we expand. The more we expand as individuals, the more we resonate with other expansive light energy—energies to create a healthier global society. This is why I offer that the fluid and free-form framework that we need to discuss creating a healthy society is one that allows the aligning of love, energy, ideas, etc. in a multi-dimensional, multi-directional, and free-form model/process.

Ethical Considerations

“When determining the rightness or wrongness of an action, the Ethic of Consequences asks: What happens as a result of this action? What are the probable consequences to whom and under what circumstances?” (Rossman & Rallis, 2003, p. 71).

Good Practice

Being a researcher, particularly a qualitative researcher, you realize early on, through the literature and through practice, that it is naïve (at best) to believe and virtually impossible to try to separate your values and what you bring *to* the research process and *from* the process itself. That is why I find it necessary to clarify the bias (Creswell, 2003, p. 196). To address where I stand as a human being and as a researcher

and to make it very clear my worldview and its deeper connection to this study from an academic standing, is not only for the reader, but for my growth as well as a researcher.

As a researcher and a human being, it is important for me to be reflective. This practice is very much in line with the practice of autoethnographic research. And through this practice, one has to be aware of their place in the research and the balance of worldview and the research process. At times this can be a very uncomfortable balance to strike—as one’s worldview can be challenged and triggers engaged long before you can see them coming. But, part of the process that can be very beautiful, as well as unnerving is that in this role, one has to embrace the “comfort of ambiguity” (Rossman & Rallis, 2003, p. 84) and move through the research process, while being mindful of their biases, connection, and “deep personal and emotional sensitivity” (Rossman & Rallis, 2003, p. 84) to what emerges through the research process.

Checks and Balances—Managing Dilemmas

Being faced with the canonically perceived ethical dilemmas in this study reminded me that good practice was imperative. In addition to mindfulness, and a commitment to a reflective practice, I also used my “intuition” (Rossman & Rallis, 2003, p. 79) to develop my own standards of ethical practice—in order to address issues that presented themselves during the research process (Rossman & Rallis, 2003, p. 73). However, the decision to do so was within the formal codes of my discipline and informed by the writings of qualitative researchers that articulate their struggles with ethical dilemmas (Rossman & Rallis, 2003, p. 73). My rationale for using intuitive actions, mindfulness, and a reflective practice was that it would make me more cognoscente of

my path to becoming a more expansive, “proficient and ethical qualitative researcher” (Rossman & Rallis, 2003, p. 26).

As a researcher, it is important to me to strive to strike a balance of what is formally required of me—to have the capacity to make reasoned logical decisions as a researcher, while also being mindful of the potential ethical challenges and consequences that may arise during the research. With reasoned logical decisions, we may seek to generate data that is reliable, valid, and generalizable but not in the traditional context of reliability, validity, and generalizability. In autoethnography, “there’s no such thing as orthodox reliability in autoethnographic research since we always create our personal narratives from a situated location, trying to make our present, imagined future, and remembered past coherent” (Ellis & Bouchner, 2007, p. 751) and validity, our research is valid as long as “our work seeks verisimilitude; and evokes in readers a feeling that the experience described is lifelike, believable, and possible” (Ellis & Bouchner, 2007, p. 751) and “though...not in the usual sense. Our lives are particular, but they also are typical and generalizable” (Ellis & Bouchner, 2007, p. 751). We want data that resonates and can endure the test of time and space, and data that challenges us to look and expand further once a study is complete.

Knowledge and Skills Gained

As a researcher, everything that you do provides you with an opportunity to learn and grow—as a human being and as a writer. This research study allowed me to expand—as I explored writing as a method of inquiry (Richardson, 1994) and the conscious choice to trust my “intuition” (Rossman & Rallis, 2003, p. 79) in this process

of inquiry. In essence, I made a point to pay very close attention to the more subtle nuances of the research process.

Summary

The goal of this proposal is to study and offer an alternative way of creating a healthy society by exploring how facilitated dialogue can lead to the desired goal of social change. By offering the steppingstones discussed throughout this document—namely transformative learning, critical reflection, cultural humility; brought together in the sections of the *web of life, re-envisioning through shared vision—life through interruption, and new model*—we have the opportunity to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience. And, ideally, this document can serve as a living blueprint for a practical application for the creation of a healthy society.

CHAPTER 4

FINDINGS

The Social Justice Project

Through the use of sustained facilitated dialogue, the Social Justice Project chose to explore how to create an environment that would foster and sustain equitable social change. It sought to identify policies, practices, and procedures within the Town that affected, manifested as, and/or contributed to the differential health and life outcomes as well as differential daily life experiences for people from different social identity groups. Facilitated dialogue was used as a tool to discuss observations of the Town's formal and informal institutional social practices, policies, procedures, and behaviors as root causes of health outcomes. It was not only used to assess and identify current contributors to the health outcomes of the municipality and to the Town's citizens, but also to identify and discuss potential contributors that influenced the health outcomes of residents and the municipality. The goal of this project and the facilitated dialogue process was also to allow the municipality to discuss and identify ways in which to address the root causes that influence the health outcomes of Town residents and the municipality as a whole.

The project's mission was to have the Town take into consideration that all policies and practices recognize that an individual's health is largely determined by their social identity (race, ethnicity, class, gender, sexual orientation, language, or religion), and that it should be the Town's practice to create policies and activities for Amherst that increase awareness of this issue; improve access to resources for all people; and eliminate differences in health outcomes, so that all are equally served.

Leadership

The departmental and organizational lead for the project was the Director of the Amherst Health Department. The Health Department Directors strong commitment to social justice and long association with the National Association of County and City Health Officials NACCHO positioned Amherst perfectly to be considered for the Kellogg grant. The grant was awarded to the Town but was housed in the Amherst Health Department and administered by the Health Director and myself. The day-to-day operations of the grant, management, logistics of the project, and administration Director responsibilities of the grant were held by me. The design, lead-facilitation, and advising, was provided by our consultant. As the project grew, it was later housed in the Town Managers office—where I took on sole administration of the grant and reported directly to the Town Manager.

Selection

In collaboration with the Director of Amherst Health Department, The Director of the Social Justice Project, Project Consultant, Amherst Town Manager, and Amherst Department Heads, the Social Justice Project began to seek out Town employees from varied backgrounds to create a diverse group in which to conduct dialogues around the topic of health inequity in the context of social justice and root causes. The goal was to identify and assemble approximately 13-18 employees from within the Town Amherst Government to have eight (three hour) dialogue sessions over a period of eight months—to discuss the root causes of health outcomes of varied populations. In this “call for participation” (Bloss, 2007) employees were made aware of the projects objectives, the

facilitated dialogue process, and the time commitment that the team members would be expected to make.

Eighteen of the nineteen nominees chose to participate in the Social Justice Dialogues. This included employees from the Health Department, Senior Center, Police Department, Town Managers Office, Public Works, Information Technology, Planning, Library Service, Human Resources, Human Rights, Accounting, Comptrollers Office, and Leisure Services and Supplemental Education. Demographically, the teams' composition was predominantly white, female, 40—60 years of age on average.

The charge of this group was to develop recommendations for change and present them to the Town Government Department Heads and Amherst Town Manager. Department Heads of Town Government were also assembled to discuss the root causes of health inequity. The Social Justice Team, in collaboration with the Town Manager and Department Heads, created an action plan to guide departmental and municipality wide action to address the root causes of health outcomes.

The Structure

There were multiple tiers to this three-year dialogue process. One, in a series of facilitated dialogue sessions, representatives from each municipal department meet as a group to discuss health outcomes in the context of social justice. This group met more frequently. Their having to navigate between direct interactions with the community and direct interactions within their department was seen as crucial to their understanding how health outcomes are determined. The second was the meeting of the Department Heads and Town Leadership. This group was charged with discussing the same topics, yet from a different vantage point. Third, there was a series of community dialogue sessions held

for residents to provide yet a different perspective of social justice and health equity in the Town of Amherst and to raise awareness around these issues. The idea of having a multi-tiered facilitated dialogue series was to allow recommendations to emerge from each group and for these recommendations to be refined and presented to the leadership—the Town Manager. The idea being that the recommendations would create a shift in policy, practices, procedures, and behaviors within the Town government and each department.

Dialogue Process Timeline

Over the period of three years, there were three different phases of the dialogue process. There were the initial dialogues separated into two groups—one with department heads and municipal leadership and one employee dialogue group that originated from departmental recommendations of individual employees. The task was to discuss health disparities as they related to social determinants of health outcomes. Both groups were asked to examine the dynamics of the internal experiences of employees within the Town government, the dynamics of external experiences with the Town government and the Town of Amherst community as a whole, and how these cumulative experiences translated to health outcomes—due to one's social identity. At the end of year one, the employee dialogue group (comprised of employees recommended by their departments) put forth a list of recommendations to the government leadership. The primary recommendation was to form a Social Justice Committee—thus the second phase of dialogue—The Town of Amherst Social Justice Committee.

This committee was comprised of now volunteer members of the first employee group as well as volunteer employees that were drawn to the topic and wanted to take

part. This group continued the work of the original employee dialogue group and became the oversight body—if you will—of the policies, practices, and procedures of the municipality as it related to social justice. By there being representation from each department, this unique body had its finger on the pulse of the municipality as a collective, to discern, discuss, and address issues related to social justice and health equity.

The third phase—the external phase of the dialogues—was with governing bodies and the community at large. However, for the purpose of this discussion we will primarily focus on the second dialogue phase—the Town of Amherst Social Justice Committee and on the periphery we will discuss the department heads, and government officials.

The dialogue process (with Town employees) consisted of eight meetings of the Social Justice group between Spring 2008 and Fall 2008. The series of meetings were dedicated to three areas of root causes of health outcomes: socio-economics and class; race/ethnicity; gender; and how each are intersected by institutionalization, discrimination, and/or exploitation (Bloss, 2007). Dialogue sessions were between 2.5 or 3 hours in length. These sessions eventually lead to a series of recommendation discussions, on how the Town of Amherst “might respond, in the form of actions it could take or strategies it could apply” (Bloss, 2010, p.247) to address the needs of the municipality and its community.

In October 2008, the Social Justice Project began with a one-day workshop for members of the Social Justice Group, senior staff—Town of Amherst Department Heads, and Town leadership. The senior staff participated in a morning workshop and the Social

Justice Team along with senior staff met in the afternoon. “One purpose of this workshop was to build a relationship between the team members and senior staff around the issues that the team had been wrestling with for the previous...months” (Bloss, 2007, p. 39). The second reason was for the Social Justice Team to present the recommendations to the Town Manager and the Department Heads. A third was for the Department Heads and Town Manager (senior staff) and the Social Justice Team to discuss what recommendation(s) would be most feasible and effective to put into action after that meeting.

In August and September, the team met to translate the recommendations into a category that they deemed most valuable, politically palatable, effective, feasible, and cost effective. The recommendations that emerged from the dialogue categorically fell within one common theme—Training and Education. Each recommendation under this theme was placed into an implementation strategy where each had an action step, leading party responsible for implementation, timeline, and level of priority.

After the Social Justice Team completed its first phase of internal dialogues, recommendations from the team were made to the Town Manager and Department Heads in October 2008. One of the major outcomes of that presentation and meeting of Senior Staff and Team members was that an Amherst Town Employee Social Justice Committee be formed. This was the Social Justice Team number one recommendation. The Amherst Town Employ Social Justice Committee was officially formed by the Town Manager. It was comprised of thirteen committee members. The committee represented an

approximate 50/50 split (previous dialogue members and new dialogue members) with the addition of a representative from the Fire Department.

The Amherst Town Employ Social Justice Committee met for the first time on 7 May 2009. The group met once a month for one and a half hours. The forming of this group began phase—III of the Social Justice Project. The task of the third internal dialogue phase, conducted by The Amherst Town Employ Social Justice Committee, was to create a mission statement, make their own recommendations, and take the recommendations from the first two phases of the internal dialogue meetings and prioritize them. The result being, each recommendation having its own committee to address the recommended change in policy and practice.

- Amherst Employee Social Justice Committee Mission
- Social Justice Policy
- Social Justice Training

The Facilitated Dialogue

Over the course of three years, representatives from each Town department participated in a facilitated dialogue process. During this process they engaged with a range of social issues by way of personal narratives and qualitative and quantitative data. From a macro perspective, employees reviewed bodies of work that discussed the huge gap in the health outcomes of individuals from varied social identity groups and they engaged with data that examined the positive influence that social policy makers have on the paradigm shift through an “upstream” approach (the earlier stages of a process versus the later manifestations). On a more micro level, employees discussed the more local implications that Amherst social policies (behaviors, practices, and procedures) have on

health outcomes in the Amherst and the extent to which the Town was open and committed to identifying, implementing, and supporting social policies that have positive health outcomes for all.

The Process

- The dialogue sessions were “built around a specific sequence of inquiry—activities and questions leading to a focus question to which the group generated multiple answers” (Bloss, 2007, p. 40) that were then reframed by the Team into recommendations for identified actions. These recommendations went through a very deliberate process where the Team discussed, put into common themes, narrowed down each theme category, refined each category, and distilled into a three final recommendations—that were agreed upon by the Social Justice Team.
- Each of the dialogue sessions (a minimum of eight, over an eight month period, for approximately 2.5 to 3 hours each), that were “built around a specific sequence of inquiry—activities and questions leading to a focus question to which the group generated multiple answers” (Bloss, 2007, p. 40), focused on the identified social determinants of health: socioeconomic, class, ethnicity, and gender—and how each intersected with institutionalization, exploitation, and discrimination (Bloss, 2007).

Dialogue Questions

With this facilitated dialogue process, the Town of Amherst Social Justice Team discussed questions that were developed “with an emphasis on the kinds of trigger

information” (Bloss, 2007, p.40) to stimulate conversation around the root causes of health outcomes. The questions were also designed to engage the Team in dialogue that allowed them to wrestle with the diversity of social identities within the group itself and how that may have an impact on the larger conversation of health disparity and the social determinants.

Internal Dialogues

Each internal dialogue was structured around one root cause always maintaining the common thread of their link to health disparities. The format of the dialogues was that participants were presented with a series of questions that focused on the topic for that day. The focus questions (as they related to Socio-economic or Class Exploitation, Racism and Institutionalized Racism, Gender Exploitation and Discrimination) for each dialogue were as follows:

Socioeconomics and Class:

“What have you heard about Socio-economic or Class Exploitation as how it relates to Social Justice and Health Disparities?”

“How does what you have heard and understood coincide with your experience?”

“What experiences have you observed in the Town of Amherst related to this experience?”

“What experiences of social justice practice have you observed related to this issue?”

Race and Ethnicity:

“What have you heard about Racism and Institutionalized Racism as how it relates to Social Justice and Health Disparities?”

“How does what you have heard and understood coincide with your experience?”

“What experiences have you observed in the Town of Amherst related to this experience?”

“What experiences of social justice practice have you observed related to this issue?”

Gender:

“What have you heard about Gender Exploitation and Discrimination as how it relates to Social Justice and Health Disparities?”

“How does what you have heard and understood coincide with your experience?”

“What experiences have you observed in the Town of Amherst related to this experience?”

“What experiences of social justice practice have you observed related to this issue?”

In phase—I of the project, all senior staff was excluded from the dialogue process. It was viewed important to do so in order to circumvent the dynamics of interdepartmental hierarchies playing out in the dialogue setting. However, there was one exception. In the early stages of phase—I, the Director of the Health Department insisted upon participating in the dialogues. Her rationale being that this project was hers. The Social Justice Project Director—SJPD and the Social Justice Project Consultant were successful in helping this individual see that her presence could “inhibit the team’s candor in discussing issues of race, class, and gender discrimination, especially as they might be experienced within the department itself” (Bloss, 2010, p. 247).

To further build a safe environment for sharing, the group agreed upon what they informally called the “Vegas” rule—meaning that what happened in the meetings stayed in the meetings. Team members felt that they could be far more candid without the fear

of “meeting their story out in the street” (Love, personal communication, 2009). So, it was unanimously decided that all individual stories and comments would be confidential.

External Dialogues

In addition to the Town of Amherst’s internal dialogue process, multiple community dialogues took place. These varied social identity groups within the Town looked at how the community could create a safe space for continued dialogues to discuss health inequity and social justice as it related to issues of race, gender, and class. The goal of creating community collaborative bodies was to look at how policies, practices, and procedures within the community—that perpetuate disparities within the Amherst and do not support social justice as well as health and social equity—could be discussed in an intentionally created safe facilitated dialogue space in order to begin the healing of hurts that manifested from experiences of race, gender, class, and inequity.

From the beginning, the dialogue groups focused on root causes of health disparity and inequity. By doing so, the group was able to maintain its focus upstream—on the identified social determinants of health (i.e., race, class, gender, ethnicity, etc.).

All findings and data from the community collaborative body dialogues helped to inform the next steps, recommendations, and “trigger information” (Bloss, 2007, pp.41) for the Social Justice Project. Opening the dialogue process up to the community at large provided a space for varied social identity groups in Amherst to share their life experiences, as it related to social justice and health outcomes. This allowed the Town an opportunity to have its social policy process to be informed by the life experiences of key populations. Thereby reflecting the lived experience of the community in the Towns work towards social justice.

Each community dialogue was structured around a specific constituency to explore their experience with the various root causes. The format of the dialogues was that community members were presented with a series of questions focused on their experience in their community. The focus questions generated discussion around Socio-economic or Class Exploitation, Racism and Institutionalized Racism, Gender Exploitation and Discrimination—even though these topics were not explicitly stated in the following questions:

“What is the experience of members of the _____ community in Amherst?”

“What is good/helpful/useful about the experience of members of the _____ community in Amherst?”

“What are difficulties/barriers faced by members of the _____ community in the Town of Amherst?”

“What are special challenges of members of the _____ community in Amherst?”

- o The experience of elders
- o The experience of young people
- o The experience of young adults

“What are experiences of members of the _____ community with services from Amherst Town government?”

- o Health services, Police, Fire, other
- o Experience in business establishments – shopping
- o Education – experiences in schools
- o Food – availability of food staples needed by the community

As similarly noted by Bloss (2007), “in retrospect, each of these focus questions could have been expressed more simply: As a political body or a community, what do we

need to do to eliminate X as a root cause of health inequity?” However, doing so could very well have polarized the process—given the enormity of the charge of eliminating class discrimination, racism, or gender discrimination (Bloss, 2007).

Dialogue Stimulated Through Inquiry

For every dialogue, the group entered into a conversation that was stimulated by what (Bloss, 2007) calls “trigger information”—documentary films, qualitative and quantitative data, current events in the media, written materials, team members’ sharing of their personal narratives, and varied dyad/triad/group exercises. These resources were used not because they were the best to stimulate dialogue but because they provided a “balance of factual and experiential stimulation to the team members” (Bloss, 2007, p. 41).

Dialogue Materials

- Statistics related to the link between mortality within a populations and social determinants of health
- The correlation between health outcomes regionally, nationally, and globally and social isolation, geographic location, socioeconomic status, ethnicity, gender, and education. Customization of written materials, film presentation, data, experiential exercises, sharing of personal narratives, discussion of current events, and discussion of regional, national, and global trends to keep the group engaged and to accommodate their schedules as adult learners—materials were designed and timed in a way to keep the team engaged
 - o 15-20 min presentation of material segments

- o Inter-dialogue reading materials
 - o 30 min documentaries
 - o 15-20 dyad/triad exercises where each team member had approximately 3 min to share their narrative within the group to the remaining dyad/triad members and then as a group discuss the similarities, differences, and ah ha moments of their life experiences and life observations as it related to the identified social determinants
- Current events assignments (observe media topics as you go through your day)
 - Group generated sharing of materials—news clips, radio programs, articles, personal interactions, ah ha conversations within their life that related to topics being discussed within the group
 - Developing exercises to address the expansion of knowing as members worldview began to be challenged, shift, and expand

Making Sense of a New Way of Knowing

At the end of each session and at the close of each section of material, the facilitator would make sure to address the members new way of knowing, and how that material or session effected the group or individual team members. The facilitator would assist in the processing or the digestion (if you will) of new material—as each member was experiencing having his or her worldview challenged. An intentional environment was created in the very beginning of each session and ground rules were set (and revised) by the group to create a safe environment for each member to feel open to express their growth, fears, and moments of expansion. But, it was clear that these moments of

expansion and contraction were at times very challenging to members. So, time was allotted to “unpack” and process these feelings and to ground each member before they left each session.

Opportunities to process were built into the dialogue process. Opportunities to share what was learned, what was challenged, how information related, how information did not relate, and what information was placed in an internal parking lot (if you will) until it was personally acceptable for that member to process that information. This process was valuable as it created an opportunity to make a tangible link between old information and new information and how it related to the health outcomes of those from varied social identity groups.

Challenges? or Opportunities for Organizational and Personal Growth

“Leslie, the only thing constant in life is change. If you can accept that then you will be just fine.” (Marjorie Delores Saulsberry, personal communication, 1976)

Unintentional Challenging of Organizational Culture? or Normal Human Behavior

When the idea of this project was initially proposed, it was met with resistance. Not great resistance by the majority who actually ended up participating. But it was met with resistance nonetheless. Going into the process as the project director, (who had their hands in multiple aspects of the project—design, implementation, evaluation, facilitation, participant observer, etc.) it would be very easy to be invested to the degree that counter resistance would be the normal reaction. However, there was a need for a *response*, not a reaction—as that would be counterproductive in a project that was very high profile, unique, provided great opportunity for personal and organizational growth, engaged

individuals in topics that venture into very uncomfortable territory, and quite frankly was and is bigger than one person. So, what was needed was to look at this project simply from a human perspective.

What was needed was to ask basic questions of the project and to have a dialogue with the actual project process itself. What was needed was to ask these basic questions throughout—as an additional layer to the informal formative evaluation process. Questions such as, was the resistance to the project itself or what it represented? Was the resistance actually grounded in something concrete or was it in fact something very normal—human fear of the unknown? Was the project challenging safely sleeping yet thought to be healed life experiences? The questions were informal and undocumented but very evident as the dialogues moved forward—as this process of asking these types of questions allowed the each individual to discover the “root causes” of their discomfort around these topics.

As the grant was secured and the planning was on its way, the resistance revealed an unintentional challenging of the organizational culture. The status quo in the day-to-day operations, expectations, informal institutionalized policies, practices, behaviors, and procedures were now being examined through dialogue. Voices that had not been given a voice before were now given a platform. Topics that had not been given validation to be given time to discuss were now being supported by top leadership. In fact, the top leadership was in great support of the project. So much so that it was given the time, resources, and validation to be made a priority. However, within sections of the second tier of leadership, it was met with great resistance. And, from a human perspective, this is

highly normal—as the challenging of dormant lying experiences can prove to be a very uncomfortable experience.

Intentional Challenging and Shifting of Worldviews

As the charge of the grant was to look at topics that have a history of being very sensitive and politically charged topics—(topics that have a living and breathing collective consciousness and energy) that have traditionally been challenging to discuss—by default we were going to intentionally challenge the organizational culture and individual worldviews. Okay let me say this, any topic that challenges our comfort zone and that we carry some sense of known or unknown unresolved feelings or trauma around is a sensitive and uncomfortable process to go through. So, it can be said that the areas that we were given to explore (negative or disproportionate life experiences related to socio-economic status, gender, ethnicity, and class) are known to create some discomfort, as there is a collective, historical, and personal trauma, guilt, and/or shame, around them. So, it stands to reason that they were meant to intentionally challenge the worldview, shaped by life experiences of each individual that comprises the organization.

Now, in order to heal a collective consciousness or trauma (a known or unknown mental/physical/emotional/spiritual memory or imprint linked to negative life experience), we must first start with a personal dialogue with ourselves, and our own way of knowing. Before the collectively agreed upon story can be dismantled and rewritten, we must first start with engaging with our own story that was written for us, and own that we at some point agreed upon contributing to its authorship. Once we began that process of deconstructing the way in which we arrived at this personal story, we can begin to

recreate our personal truth and rewrite a healthier collective truth. But, it all starts with the personal and collective dialogue.

Commitment “C” Institutionalized Policy Change or
“c” Informal Appeasing (Until it all Goes Away)

As the project entered its final year of implementation and ideally its first year of sustainability, the key force behind the project, the top leadership, left that leadership position. This unintentionally provided the perfect opportunity to see if the project had really become part of the entire organizational culture. It was clear that the team—which had become the Town of Amherst Social Justice Committee—was invested. It was clear that there was second tier leadership that was invested. But, was this enough to see full organizational change and sustainability of the projects recommendations and initiatives? Was their commitment with a “C” or was there commitment with a “c”. It was not until the end of my contract would we really see the level of true investment—as I was the remaining key factor in the project once the top leadership left.

What was seen was that for a few months after my departure, the committee still met. But, as time went on, the meetings started to dissipate. Until one day, the committee was only in name and a photograph that hangs in the corridors of the Town of Amherst Town Hall.

What happened, you may ask? From my assessment, a few key points come to mind. (1) There was not enough time in the implementation phase of the project to really create a sustainable organizational shift and consciousness (2) the key leadership that supported the project and was instrumental in the project flourishing left their roll prematurely—a change in administration (3) the funding of the project—which was

external—was ending (4) as the administrator, I was the last key figure that held the project together formally—that was my role, for others time was allotted for them as it was supported by the previous administration and made a priority.

With that said, if one were to look into the organization now, they would see that on an individual bases and department bases, a mixture of lowercase and uppercase “c” “C” commitment. As an organization, there is “c”ommitment. This is evidenced in the resources that are allocated to create the desired outcomes of a healthy community that takes all into consideration within the Town of Amherst.

Lessons Learned

- You have to meet people where they are—meaning, you have to take into consideration where a person is in their openness, growth, knowledge, awareness, and willingness to be vulnerable
- People can shift their world view under the right circumstances for them—as we began to discuss topics such as race/ethnicity, gender, socioeconomic status, and class, what was observed was that (after measuring the audience) to meet people where they are and allow them the prime opportunity to begin to view these topics in a more informed way we must be strategic in how we present the topics. Thus, we chose to introduce gender inequity first as the majority of our participants were women. We later introduced class, as Amherst has an all too knowing phrase “Town/Gown” where the topic of class is very prevalent in the community. Once participants began to share their stories around gender, class, and socioeconomic

disparities and once they began to see the common threads, we introduced race and ethnicity—as the majority of our participants were not people of color.

- Individuals really wanted and appreciated a forum to discuss issues (such as social determinants of health) that had an impact on their daily life experiences. The common theme was gratitude for the opportunity and formal opportunity initiated by the Town municipality
- The most glaring lesson learned was that if there is not support from leadership, then the likelihood of sustainability around an effort like this very minimal—virtually nonexistent
-

Conclusion

The Town of Amherst Social Justice Project set out to create dialogue around social determinants of health (race/ethnicity, gender, class, socioeconomic status). This three-phase project, which took place over a three-year period, engaged three different levels of the community. Within the municipality, dialogues took place within leadership and with employees. The third phase took place within the community.

What was taken away was that indeed, people are open to changing their way of knowing and their worldview. However, to do so, you must meet them where they are in their growth, openness, and awareness. Additionally, change “C” or “c” can happen but which one depends on the support of top leadership.

Three years later, remnants of the project can be viewed. It can be observed in passing conversations, past individuals personally carrying on what they learned during the dialogue process (in their personal lives and their professional lives), and articulated

desire for continued work in these areas (by community members, top municipality leadership, employees, and municipality leadership). The Social Justice Project was a unique opportunity for those to experience in a workplace and in a community what they so seldom do—someone taking the time to formally say, I see you, I hear you, you are worth being acknowledged as a human being and you are worth being validated.

CHAPTER 5

ANALYSIS AND SYNTHESIS

Dialogue, Reflection, and Transformation—In Practice

Back Story

As a graduate student, funding was always a problem. Especially when raising a family on my own. This particular semester was no exception. I had applied for just about every position that came my way but never quite getting anything solid. At one point, I held four jobs so I could care for and be present for my son—as each position (janitorial, office assistant, house cleaner, and TA at the university) had flexible hours and casual environment that allowed me to have him with me so we could be close and have time together. Each position also afforded me means to pay my bills.

Knowing of my situation, one of my professors mentioned a job to me. She said that she thought I would be great in the position, so she sent me an email with the job description. Upon reading it, my heart became heavy once again, as I knew that I was not going to be thought the best person for the job. The opportunity was in the field of public health. I had the programmatic and managerial skill set but not the formal sector knowledge. So, I didn't apply for the job.

Several months went past and my professor asked me if I had applied. I told her no and why. She said that she had been a part of the interviewing process for the first round of applicants and that they did not make the cut. So, they reopened the position and she strongly suggest that I apply because I “would be great in the role.” So, I followed her suggestion and sent in my documents.

A Phone call from Paris

“To realize one's destiny is a person's only obligation.” (Coelho, 1988)

A bit of time went by and I had not heard anything about the position. Actually, I didn't think about it much after I applied. Then one day out of the blue, I got a call. It was my professor. “Carla?” I said with surprise, as I saw her name pop up on the phone. “Hey Leslie.” “How are you?” I said. “Good. I'm in Paris and this is the first time I have been able to get a line out since I have been traveling. I heard from the hiring Director and she said they have not been able to reach you by the number on your resume. They want to offer you the position but they want to do an informal interview first. Call them or go by to set up an interview. I'll talk to you when I return.”

I set up the interview, went by, and it was clear that I was not versed in all things public health, but also clear that I was very skilled in what they needed most, someone to take the lead in conceptualizing, managing, evaluating, coordinating, and bringing together stakeholders (even when they did not want to be in the same room with one another—but that part comes later on).

I was hired on the spot and asked if I could stay for a few hours to discuss the project and fill out my paperwork. I stayed that day and for three more years. That phone call from Paris provided me with an amazing opportunity. *One* job to care for my family, work that I loved, and the beginning of a journey to where I am now—my newfound passion.

Introduction

By make up or maybe by being my mother and father's daughter, I do my best to align myself with the positive energy of what I am gifted to experience. I sit in the vibration, sense, hear, listen, feel, and still. Most opportunities, I am called in on a very high energetic level and by a source far higher than myself. Coming into any new opportunity (career being no different), this process precedes me, moves with me, and guides me—when I listen very closely. It allows me to connect with others on a soul level. To hear and sense their energy so I can know (on a heart level) where to begin. In this process of connection, I listen to, watch, and sense what people are saying (verbally and nonverbally). I gather all the information that could potentially influence the situation (or in this case, the project) that I am walking into. What I find most often? Is that people don't (for whatever reason) listen to or hear one another. This can be seen in repeated conversations, past documents addressing the exact situation multiple years later, and repeated problems that arise. People are just not present with one another. This environment was like so many other environments that I have walked into professionally. How so? They are all fear- based. What I mean by fear based is this. When we choose to move through our lives consciously unconscious, that is fear-based—as living this way “frees” us from being personally accountable in our decision making and it gives us the appearance that life is easier. When we consciously or unconsciously allow ourselves to give in to our lower selves, that is fear-based. When we seek the “easier” path of reaction vs a heartbeat of reflective response, that is fear-based. When we choose (consciously or unconsciously) to operate from a place of or create an environment of unexamined

negativity, harm, shame, blame, and guilt, that is fear-based. This particular project—even though it was new to the Town—was no exception. It was being created in a fear-based environment with all fears trappings.

The Grant

In September 2006, Amherst, MA along with three additional cities—New York, Houston, and Louisville received a Kellogg grant to explore the idea of social change (in the context of health outcomes) through the process of facilitated dialogue. The awarded grant was to be housed in the health departments of each city. As the health departments of each city were as large as if not larger than our entire municipality of Amherst, we decided to look at the situation a little bit differently.

Amherst (TOA) decided to initiate—in collaboration with the Ingham County (Michigan) Health Department, the National Association of County and City Health Officials, and the W. K. Kellogg Foundation—a Town wide Social Justice Project (involving community, Town employees, and Town leadership). The objective was to engage members of TOA in the process of facilitated dialogue, where they had the opportunity to discuss the impact of social determinants on the health outcomes of the Amherst community at large. In doing so, I found that the intimate and often times reflective process of facilitated dialogue, “provided a foundation from which members of the TOA could identify, examine, and develop a plan for changing behaviors, policies, and practices that contribute to differential and inequitable life outcomes and daily life experiences for people from different social identity groups (race/ethnicity/national origin, gender, socio-economic class, sexual orientation, ability, language) that are manifested in differential health outcomes” (Love, 2007).

The dialogues provided an environment for community members, employees, and leadership to discuss their life experiences and how they related to the goals of the project. The dialogues showed that a paradigm shift needed to take place and a new way of constructing and conceptualizing healthier policies, practices, and procedures needed to be considered. Utilizing dialogue was an attempt at facilitating this paradigm shift. The identified need came from within the TOA itself. And, in order to achieve the goal of change, the solution had to come from the same source.

Clarifying Dialogue

Dialogue may have different meanings for different people (Bloss, 2007)

In the context of social justice and health equity, the Town of Amherst Social Justice Project explored the idea of dialogue used as a tool for social change—the idea being that when you create and provide an environment for consciousness, reflectivity, and the full engagement of the heart (through dialogue), personal transformation and social transformation has an opportunity to take place. The dialogue methodology used for this project was a facilitated dialogue model. As (Bloss, 2007, p.34) states, dialogue, for the purpose of this work is defined as “a facilitated process designed to elicit, gather, and synthesize the collective wisdom of a group of people in answering a specific question, through the broadest possible participation and achieving the broadest possible participation and achieving the broadest possible ownership of the resulting decisions.”

Bohm (1996, pp. 6) gives “meaning to the word “dialogue” that is somewhat different from what is commonly used....”Dialogue” comes from the Greek word *dialogos*. *Logos* means “the word”, or in our case we would think of the “meaning of the word”. And *dia* means “through”—it doesn’t mean “two”. A dialogue can be among any

number of people, not just two. Even one person can have a sense of dialogue within himself, if the spirit of the dialogue is present. The picture or image that this derivation suggests is of a *stream of meaning* flowing among and through us and between us. This will make possible a flow of meaning in the whole group, out of which may emerge some new understanding. It's something new, which may not have been in the starting point at all. It's something creative. And this shared meaning is the "glue" or "cement" that holds people and societies together".

I believe that dialogue, specifically facilitated dialogue is crucial for the transformative learning process. Dialogue allows us—if we are open—to question our fundamental assumptions (Bohm, 1996). It provides us with a way by which to consciously and actively engage in the deconstruction and reconstruction of our epistemology—as our knowing is a social construct thus “can be dismantled and remade by human effort” (Brookfield, 2000). Facilitated dialogue allows us to engage with ourselves and others in the world with a sense of empathy and humanity. And though “dialogue may mean different things to different people and certainly not all forms of dialogue can be expected to succeed in serving as such a vehicle for change” (Bloss, 2007, p.34), facilitated dialogue does provide us with an opportunity to move past our own biases, challenge our way of thinking and engaging with the world in a more light-filled way—as it does not allow us to stay in our own constructed reality. Facilitated dialogue—depending on how you experience it—pulls you, pushes you, guides you, forces you, gentles you, loves you, or a combination of them all *through* our stagnation

(as you are not left to the crafty devices of your ego). The facilitator guides you through the process that offers the opportunity of transformation.

Getting Out of Our Own Way

There are many challenges that could impede the goal of a dialogue. A few that one should be mindful of are hierarchies, power dynamics, social stratifications, voice (those that have and those that have not), trust, and lack of an intentionally created safe environment. In a dialogue setting, if these and other nuances are not anticipated nor addressed in the planning over the course of the dialogues, then the ultimate goal of the dialogue may not be reached. Defusing or managing these types of dynamics in the dialogue setting is essential for us to move beyond where we are in our thinking.

If there were two great obstacles that were observed during this project, I would have to say that they were fear and ignorance, with ignorance being defined as an unawareness and lack of knowledge. Yes, there were the usual suspects—hierarchies, power dynamics, social stratification, voice (those that have and those that have not), trust, and to some—the feeling that there was not a safe space for new world-views to emerge and be supported. However, the more subtle and less talked about nuances that retarded the growth of individuals was ignorance and fear; and legitimately so— as these dialogue topics are very socially and politically charged issues from which the layman generally shy away from discussing critically.

How did we move past the obstacles of fear and ignorance? By creating a safe environment built on the foundation of mutually generated and agreed upon ground rules, and the unanimous agreement of trust. This allowed the conversation to open up, flow, and expand.

Voice

In a dialogue, the goal is not to have one point of view prevail over another
(Bohm,1997)

Everyone has a story. Your story is no more important than mine and mine no more important than yours. Our stories may be different, but they both have a place. They both have value. They both contribute to our learning, growing, expanding, and connecting. Under no circumstances should anyone intentionally be made to feel less than for another to shine in a dialogue setting. This has to be made explicitly clear in the beginning of a dialogue series. It must be maintained for there to be a safe space for all in a dialogue.

Structuring the Dialogues

Dialogues can be set up in many different ways. However, in this project the facilitated dialogues were structured in the following manner. We engaged in a series of facilitated dialogues over period of three years. The goals of the dialogue series were to (1) address a set of questions and (2) generate a series of recommendations.

Over the course of the dialogues, colleagues faced, struggled with, addressed, changed, and held onto their assumptions. Being the Director of the project—I was privy to it all.

My Personal Theory

I could see the multidirectional/multidimensional stages play out in the dialogue setting—*facilitated dialogue* (as a group); *dialogue* (unstructured and interpersonal);

personal dialogue (personal reflection); *dance of heart and soul with ego and intellectual knowing* (the split second of heart and soul connection, recognition and visceral appreciation for someone else's journey); *personal transformation* (where ego or intellectual way of knowing is disarmed, if only for a moment, to allow a new way of experiencing an individual or a situation); *choice of action* (the heart and souls innate process of showing ego and intellectual knowing that old information, beliefs, and ways of viewing an individual or situation are no longer needed. These notions are replaced with what the heart knows to be a different way of experiencing an individual or situation. This process ideally allows one to change how they would act when faced with an opportunity to do so—given the new information; and *social change* (the constant practice of this process to where it creates a new pattern or way of being. And out of this, the way we see and experience one another differently. This new way of seeing and experiencing one another differently, provides us with a new way of interacting with one another socially. This new way of interacting with one another socially—when practiced enough, can create a new consciousness. This new social consciousness, can ideally lead us to social change.

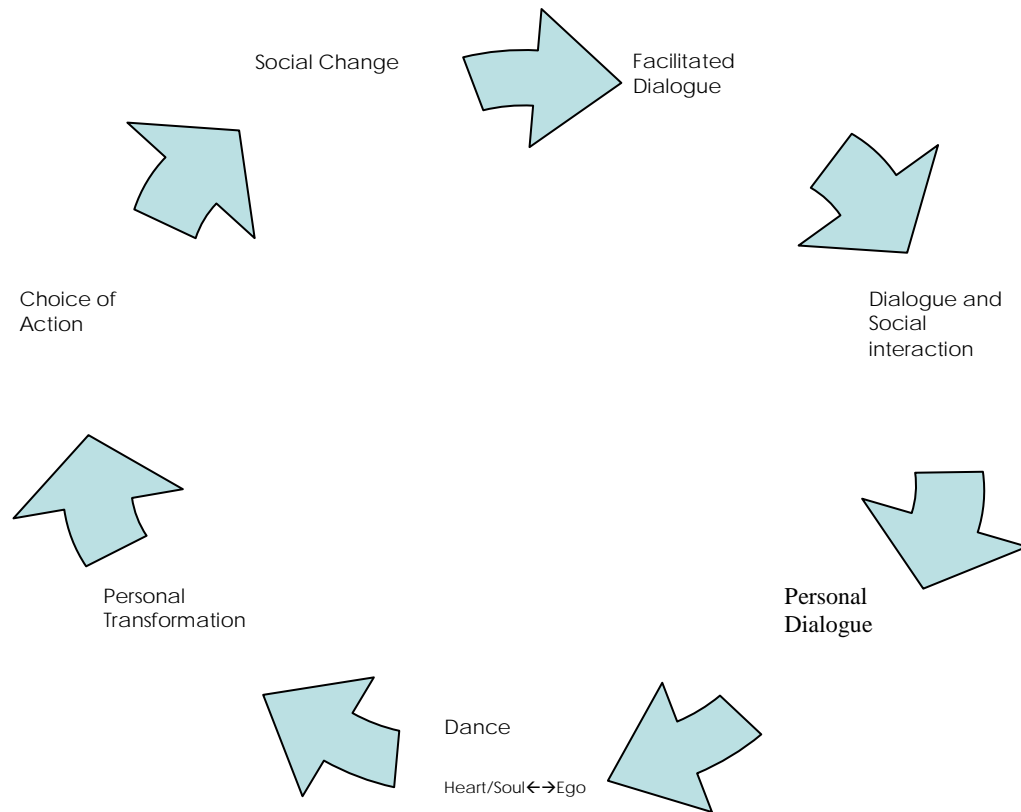


Figure 1. Reflective Transformation.

Please keep in mind that I am most certain that there may be many nuances in the process of this theory. It is my posit that this theoretical process is also multidirectional and multidimensional and at sometimes can be static.

Personal Change Evidenced By...

The noticeable benefits of dialogue were, but not limited to, personal growth and transformation, broadening of ones worldview, individuals becoming open to the life experience of others, formal and non formal policy change, departmental collaboration, horizontal and vertical collaboration, and voice given and recognized.

Throughout the dialogue process, colleagues faced, struggled with, addressed, changed, and held onto their assumptions. As they engaged with one another, varied world-views emerged. The more they talked, the more the back and forth conflicting inner dialogue emerged. The more they engaged with written material, documentaries,

research, and proposed questions that encouraged deeper thinking from a more informed place, the more their personal and shared narratives began to change. With each held belief, at some point, one was let go—as it was changed or challenged. Individual beliefs about gender, ethnicity, socioeconomic status, and class began to slowly shift as they began to relate their own life experiences with that of socially marginalized populations.

As the dialogues took place and as they faced, struggled with, addressed, changed, and held onto their assumptions, they also began to view gender, ethnicity, socioeconomic status, and other social determinants of health through a different lens. As they did, a greater awareness grew around the needs of the municipality and the policies that affected the wellbeing of its employees. The group (through the process of dialogue) gained a more informed perspective from which to assess and generate recommendations to town leadership. These recommendations were later implemented and became part of the organizational culture—policies, practices, and procedures.

And upon the formal end you may ask? Personal transformation was witnessed. The seeds of social change were planted and the benefits of the facilitated dialogue process were palpable. What began as personal transformation, lead to group transformation, and ultimately social paradigmatic transformation.

How do I know? Well let me share a couple of stories with you. Okay, now keep in mind that yes, I know from an empirical, quantitative perspective, that there are a lot of variables, dynamics that were uncontrolled for, multiple influences, and the list of other conditions that you need to make a claim like this valid and generalizable. But, from where I sat, and from an autoethnographical view, the stories were transformative.

Heartstrings

One of my colleagues—one of a handful who initially may or may not have wanted to be there (I will neither confirm nor deny)—stands out the most. To clarify this statement, I believe it deserves a little bit of back-story. The Town Manager was very committed to the success of this project. Being that that was his public position, he “strongly” recommended (in an all employees memo) that all Department Heads be in attendance in their dialogue series and for the Heads to offer support to their staff that wanted to be a part of their dialogue series. Well, this one Department Head clearly did not want to participate and thought (did I say out loud) that it was a waste of time—as she had work to do and a staff /department to run.

This colleague, let’s call her “Jane”, was neither the warm nor fuzzy type and by profession (true to stereotype)—she was a numbers cruncher. Jane would come into every session with this look on her face and rigidity in her body. I swear to God this woman's eyes rolled every time she heard the facilitator introduce one of the dialogue topics—such as gender, ethnicity, class, and socioeconomic status and how they related to health outcomes. But, if nothing else, she was there in body every session.

By the end of the project, at the closing celebration, as the cleaning person attempted to sweep the last of us out of the room; Jane came to me, face softened, smile in her eyes, no nonsense sincerity and said, “you know, I have a grandson that is always being labeled and “marginalized” (my word not hers) in his school, particularly by his teaches and emotionally he has suffered. But, after listening, and hearing people share their stories and now having language around what he has been experiencing, I was able to be a voice for him at his parent teachers conference because his parents did not have

the awareness or the voice to address what he was experiencing. He now has someone to stand up for him and give the teachers the language of how their behavior has an impact on him”.

What was nothing less than miraculous? This story culminating with Jane approaching me upon one of the last days of my three year contract with the Town, giving me a hug, and telling me how great of a job I did. Call it what you want—I call it transformation. Can it be measured in an empirical way? I can’t honestly say—as who would have ever thought that there would be a measurement for happiness. What I can say was is that on a soul/heart level, this experience was deeply and noticeably felt. On a side note, I still run into Jane from time to time and I am always met with a kind smile and a warm hello.

I Have to sit Next to Who...Are You Serious?

Invitations sent...check; awards ready...check; caterer secured...check; room reserved...check!

I hired a caterer that was not from the area—one I had hired before for a previous event. It was strategic on my part because her food was “all the buzz” for those employees who had had it at the previous event and anticipated by all of those who had missed it previously. I commissioned a story, about the project, my colleagues, and all of their efforts, by a well known and honored storyteller. The Town Manager attended and gave all that wanted to attend paid time to do so. The three years had come to an end and ALL the departments and their Heads were in attendance, dialogue members (community and municipality) all but one of the organizations that were being honored were in

attendance, and the community came in droves. I catered for 100 people and the caterer anticipated 50 more. I asked for take out containers to be provided at the end of the meal so that people could fix meals to take home.

From what I was told—by community members, Town leadership, employees, and local organizations—what I was trying (going) to pull off had never been done before. NEVER! —from local and institutional memory.

I had arranged a closing ceremony of the Social Justice Project that brought together everyone I had worked with (individuals, departments, organizations, youth) over the three years. You name them. They were invited. If I worked with you, I was going to honor you and the time that you so graciously gave.

It was said—and obviously unbeknownst to everyone but “Pollyanna” (aka me)—that all those I had invited had not gotten along so well together in the past. The beauty of wearing rose colored glasses is that, none of this came to me until after the event (that was absolutely amazing) was over. But, you would have never known. The event went off without a hitch. As I type, I find myself pausing wondering if they were all waiting with bated breath to see what happened.

After the buffet meal, awards, speeches, thank you(s), mingling, nibbling, and last minute conversations—as the cleaning crew were pushing us out the door—it had been done. Those that would never have shown up were present. Those that were storied to have never sat next to each other broke Afghani bread over an amazing meal of onsite grilled lamb, beef, and chicken accompanied by aromatically spiced side dishes, complete with rosewater ice cream, and fragrant tea.

Three years of “courage, compassion, and connection” (Brown, 2010). Three years of sharing, listening, leaning in, reflection, dialogue (personal, interpersonal, and facilitated), making choices based upon new information, back and forth dance between heart and epistemology, and “daring greatly” (Brown, 2010) every step of the way. At the end of it all, people started to see each other.

Oh, and was there policy change? Yes, my making the farmers markets accessible to low-income families by making them EBT/SNAP benefits accessible. There by allowing vendors to sale more goods. My rational? When those that frequent the farmers market run out of cash they stop spending (if that is their only means of purchasing in a cash only environment). If you make a credit/debit/EBT machine available, when they run out of cash, they pull out plastic. Vendors sale more goods, patrons purchase more goods, EBT/SNAP benefits families can access the markets. Plus, I created a bonus bucks program that matched at least \$10.00 of purchased goods on the EBT/SNAP benefits card--\$20.00 of goods for \$10.00. The other policy change (from a seed that was planted), the Town now has a shuttle to run to the Survival Center. The seed that was planted was to collaborate with PVRTA to create a shuttle from the area of Town with the highest concentration of low-income families (based on the free lunch program demographic) to provide access to fresh and health food resources.

Upon the formal end of the dialogues, personal transformation was witnessed, policy change was implemented, the seeds of social change were planted, and the benefits of dialogue, particularly facilitated dialogue, were many. But, specifically, they were transformative. What began as personal transformation, lead to group transformation, and ultimately social paradigmatic transformation.

On a formal note, the outcomes of the dialogue process provided recommendations and a framework to for Town leadership to develop a plan with attainable outcomes with the goal begin to change the organizational culture—policies, practices, and organizational behaviors—that contribute to the measurable differences in life experience, life outcomes, and health outcomes for people of varied social identities.

Transformation, Dialogue, and Reflection—In Theory

“transformative learning cannot take place without critical reflection but critical reflection can take place without accompanying transformation in perspective or habit of mind.”(Brookfield, 2000, p.125)

Transformation and Dialogue...

Kegan (2000) discusses transformative learning from an epistemological perspective, Brookfield (2000) through a critique of ideology and hegemony, and Mezirow (2000) by critiquing assumptions, beliefs and frames of reference. However, I find that my work uniquely moves beyond these insightful analyses of transformative learning. Beyond viewing it through a lens of epistemology, hegemony, power structures, beliefs, and frames of reference. My work attempts to open the dialogue to include time, direction, and dimension into the larger conversation of transformative learning. Where dimension is discussed through the interconnected aspects of ones learning process. I also attempt to introduce into the theoretical conversation the heart and soul connection that takes place during the transformative learning process and how this connection plays a role in the interruption of ego and intellectual knowing—in order for one to experience transformative learning on a soul level.

In my view, transformative learning involves facilitated dialogue; dialogue, social interaction, and social discourse; personal dialogue; back and forth reflective dance between heart and soul—ego and intellectual knowing; personal transformation; choice of action; and ultimately social change; with the knowing that each one of these steps is part of a multidimensional, and multidirectional process—as the process is neither linear, cyclical, nor unidirectional.

Although time is implied in some of the literature, it is not explicitly discussed. However, Tervalon & Murray-Garcia (1998) begin to touch upon the aspect of time—as they argue that the process of gaining cultural humility or “transformative insight” (Mezirow, 2000, p. 20) is a life long process. With this I would agree. Transformative learning is not only a lifelong process it is a process by which one makes a conscious choice to commit.

It is a commitment to challenge and critique oneself (Tervalon & Murray-Garcia (1998), ones knowing (Kegan, 2000), ones beliefs (Mezirow, 2000), and ones ideologies (Brookfield, 2000). Mezirow (2000) describes this in his ten-phase process. I describe it in the diagram above. It is my belief that not only do we experience these multiple phases in the diagram (Facilitated Dialogue, Dialogue, Personal Dialogue, Dance of Heart and Soul—Ego and Intellectual Knowing, Personal, Transformation, Choice of Action, Social Change, Social Change) but we can experience them in a different order, at different times, and from different directions. At times the process can be linear, cyclical, as well as spherical—taking into consideration that the process is one that is living.

The benefit of transformative learning is that it allows one to question and move beyond their “epistemology—the way in which we know and make meaning” (Parks

Daloz, 2000, p. 104). It allows them to place themselves into someone else's knowing (Parks Daloz, 2000) in order to gain a different understanding. Transformative learning provides one with a different way of being in and engaging with this world—as there are “no fixed truths in the world” (Belenky & Stanton, 2000, p. 71).

Transformative learning allows us to engage with this world in an actively, present, and conscious way. It provides us with an opportunity to be more humane with ourselves and with one another. The process itself lends itself to being one that is often times uncomfortable yet freeing. Transformative learning not only produce measurable qualitative outcomes but it also provides one with a mechanism to positively apply when our epistemologies are being challenged. This allows for social and cultural boundaries to be permeated—if only through a visceral, empathetic, and humane way. This connection, that I believe one can experience, moves individuals to a more socially responsible way of being in this world. This consciousness gained through transformative learning allows us the opportunity “to recognize the essential humanity of others, no matter how different” they may be (Parks Daloz, 2000, p. 103).

Dialogue and Reflection...

What I call personal dialogue and the dance between ego and heart/soul, Tervalon & Murray-Garcia (1998) calls cultural humility, and Mezirow (2000) interchangeably refers to it as reflection and critical reflection—all being similar with degrees of variation. Mezirow (2000) discusses the idea of reflection being as one initially being made aware of the concept of reflection. That after that is a part of the individuals' vocabulary and knowing, then the next step is to engage in the act of a personal

dialogue—otherwise known as reflection. A process by which one engages in an internal conversation with oneself to address to gain a deeper understanding of the conflict that is being experience due to the that part of their knowing which is being challenged. This is a process that takes a personal assessment of their worldview and how they came to that particular form of their knowing. It is a process by which one chooses to have an internal dialogue with oneself to challenge their knowing. Reflection, and the basis of critical reflection, cultural humility, and internal dialogue are processes by which we as human beings are able engage in an “ongoing, courageous, and honest” (Tervalon & Murray-Garcia, 1998, p.119-120) assessment of our knowing and that which challenges it. It is making a “lifelong commitment to self-evaluation and self-critique” (Tervalon & Murray-Garcia, 1998, p.119-120).

Where reflection Mezirow (2000) ends, critical reflection (Mezirow, 2000; Brookfield, 2000; Yorks & Marsick, 2000; Taylor, 2000), cultural humility (Tervalon & Murray-Garcia, 1998), and internal dialogue (Saulsberry, 2013) continue. Brookfield (2000), Tervalon & Murray-Garcia (1998), and Sausberry (2013) argue that reflection is not enough. That it takes more than just being informed—either through experiences or information. It takes one engaging with that newly acquired knowledge and making a conscious choice to take a different action. As Tervalon & Murray-Garcia (1998, p.119) said, “an isolated increase in knowledge without a consequent change in attitude and behavior is of questionable value”. It is my assertion that at this critical point of receiving new knowledge one has a choice—to continue on the same path that has been informed by their acquired worldview or to engaging in the process of critical reflection or internal dialogue and make a conscious choice to change their knowing and behaviors.

I believe that in order for one to move towards personal transformation, ones way of knowing must be challenged—through intentional or unintentional interactions, experiences, encounters, or discourse—in order to arrive at a “transformative insight” (Mezirow, 2000, p. 20). As outlined in the diagram above, it is my belief that in order to gain transformative insight, one has to engage in the process of personal dialogue, multidimensional, and multidirectional reflection—as reflection is neither linear, cyclical, nor unidirectional. During this process, one is beginning to critically reflect upon their own assumptions, beliefs, and frames of reference as well as that of others (Mezirow, 2000). Tervalon & Murray-Garcia (1998) and Brookfield (2000) believe that crucial to this process is one being critically reflective of the power dynamics and hegemony that shapes our way of knowing. Brookfield (2000) suggests that to do this one must first uncover the hegemonic and paradigmatic assumptions that govern ones way of knowing. Brookfield (2000) and Tervalon & Murray-Garcia (1998) refer to this process respectively as ideology critique and cultural humility.

Since assumptions are human generated social constructs, Brookfield argues that they can be “dismantled and remade by human effort” (2000, p.130). Thus, one of the benefits of critical reflection is that one can dismantle and reconstruct one’s own way of knowing while simultaneously being acutely aware of the hegemonic constructs that influences the shaping one’s way of knowing. Simply put, critical reflection allows one to become aware of the power constructs, and the epistemological mechanism and process. Critical reflection gives one the opportunity to deconstruct ideologies (Brookfield, 2000)—if only internally—in order to construct one’s own informed reality through socially diverse discourse.

Social Change

“We often become critically reflective of our assumptions or those of others and arrive at a transformative insight, but we need to justify our new perspective through discourse.” Mezirow (2000, p. 20)

In the context of this work, given the fluidity of the models to be discussed, social change is an idea that embodies openness, humility, holarchy (Spangler, 2008), vulnerability (Brown, 2010), love, and connectedness (Senge, 1990). It is an idea that allows for individuals to be fully present in their being and in conversation with their higher selves in a healthy and spiritually clear way. This allows for each individual to connect not only with the higher form of themselves but also with one another in a higher and light filled way. This connection, this vibration—a visceral, spiritual, “shared vision” (Senge, 1990) if you will—has the potential to be so powerful that it shifts our social consciousness, social actions, social environments, social policies, and our social interactions.

CHAPTER 6

WHAT I HAVE LEARNED AND CONCLUSIONS

Every moment of everyday we are afforded the opportunity to become more light-filled and expanded human beings. The question is, do we seize those well-timed moments full of growth or do we (consciously or unconsciously) continue to cling to the safe space created through the of illusion fear. Given the gift of a split second of time, if we are open, our knowing can change. We can change. But, that's only if we choose. We first have to choose what we know at our core. That we all have the same core desires, to be whole, to have healthy and whole lives, to have healthy and whole life experiences, and to have healthy and whole societies.

It is the goal of this research to offer a living theoretical framework as an alternative way of creating a healthy and whole society by exploring how facilitated dialogue can lead to the desired goal of social change—by way of personal transformation. By offering the practical and theoretical steppingstones of application for the creation of a healthy society, brought together in the sections of the *web of life, re-envisioning through shared vision—life through interruption*, and *new model*, which at the heart of each lies transformative learning and critical reflection—we have the opportunity to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with themselves and one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience.

The Web of Life

“The properties of the parts are not intrinsic properties but can only be understood only within the context of the larger whole.” (Capra, 1996, p.29)
In essence “systems thinking means putting it into the context of a larger whole.” (Capra, 1996, p.30)

As Senge (1990) discusses organizations as systems, we will look at societies as systems. As we look at how to create healthy societies, we have to look at a society as a *part* that is a whole but a part nonetheless in the larger context of a larger whole. By looking at the interactions of all the parts, that are whole within themselves, we have a better chance of gaining insight into the relationships of the parts and their manifestations in the context of the whole. Senge (1990) would look at this as the relationship of the invisible manifestations of networks. As we look at societies as they are, through a systems thinking lens, we have an opportunity to “make full patterns clearer, and to help us see how to change them effectively” (Senge, 1990, p. 7). Taking this approach allows us to move away from the model of “focusing on snapshots of isolated parts of a system, and wonder why our deepest problems never seem to get solved” (Senge, 1990, p. 7).

When looking at the interrelatedness of individual societies—a web of individual wholes that are parts of a larger whole—and their relationships, what is revealed is that the “overall consistency of their interrelations determines the structure of the entire web” (Capra, 1996, p. 39). In essence it reveals what *is* so we can begin to think about how to create a living systemic healthy alternative.

Re-envisioning Through Shared Vision—Life Through Interruption

A healthy society, “a group of interacting, interrelated, or interdependent components that form a complex and unified whole” (Anderson & Johnson, 1997, p. xiii) is what we would like to see manifest through a new way of being. A route to this manifestation is through viewing and paying attention to a systems structures. A structure, according to Senge (1990) is what a system is built upon. These structures “leave evidence of their presence, like fingerprints or tire marks, even if you can not see them...they explain all events and trends that we see happening in the world around us” (Gerber, 2013, p. 4).

By being aware of and sensitive to a systems structure, we can be more fluid in our process and more open to a multidimensional “way” of creating a healthy society. I say multidimensional—as it is my assumption that the interrelated relationships of the whole or “universal web” would need a multidimensional approach to interrupt and give life to a new system and new system structure.

In order to create a healthy society, we have to move past reacting to the symptoms or indicators of a society that is not conducive to a healthy life experience. We should look at the patterns “trends or change of events over time” (Gerber, 2013, p.5). This provides us with an opportunity to anticipate where we can find unhealthy areas of the web and start asking questions, through facilitated dialogue as to what are the root causes of the webs degeneration and how we can make it healthy for all humans to have a healthy life experience.

New Model

It is important to recognize that the models discussed by Senge (1990) and Capra (1996), as critical as they are, are flawed because they are all linear, flat, one-dimensional. They do not take into consideration that elements such as love, information, ideas, “creativity energy, inspiration, and spirit” (Spangler, 2008, p.3) are energies that can organize in many ways, in many directions, in many dimensions, and at multiple speeds. Indeed, this energy, this unharnessed and untapped energy that can create healthy societies is in need of a new framework from which to discuss its limitlessness.

I believe that the framework and model that is needed to discuss the creation of a healthy society is one that is multi-directional, multi-dimensional, takes on the shape that is needed at the moment it is needed, and takes on the speed that is needed across dimensions is the translucenral model—as it takes into account that energy, love, ideas, etc. flow to and from multiple sources, in multiple directions, in and out of multiple dimensions, at multiple speeds, to create and recreate and organize itself at the exact moment that it is needed to address the need that has been presented.

This flow, exchange, creation, re-creation, and elevation of love, energy, ideas, etc. only gets higher when we all make the conscious choice to align our innate desires for a healthy life expansion. This is the shared vision—the innate desire for oneself, the ones we love, and those that we care for to have a safe, healthy, and secure, light filled life experience, which translates to a safe, healthy, and secure, global society. Senge (1990) and Capra (1996) believe that all things are interconnected. I too share the same belief. It is my belief that shared vision is the way in which all things are interconnected—the place where presence, openness, love, heart, compassion, stillness,

empathy, intrinsic knowing, soul recognition, and the open flow of light-life force intersect.

It is my knowing that the more align we are as individuals to that innate desire to have a healthy society, the more we observe what that alignment feels like. And, the more we observe the feeling of the alignment, the more we recognize what begins to show up in our lives. And, the more we align, observe, and recognize, the more we expand. The more we expand as individuals, the more we resonate with other expansive light energy—energies to create a healthier global society. This is why I offer that the fluid and free-form framework that we need to discuss creating a healthy society is one that allows the aligning of love, energy, ideas, etc. in a multi-dimensional, multi-directional, and free-form model/process.

Conclusion

The goal of this living work is to offer an alternative way of creating a healthy society by exploring how facilitated dialogue can lead to the desired goal of social change. The ideas discussed throughout this document—namely transformative learning, critical reflection, *the web of life*, *re-envisioning through shared vision—life through interruption*, and *new model*, provide us with an opportunity to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience. And, ideally, this document can serve as a living blueprint for a practical application for the creation of a healthy society.

This work will allow space for new vessels and new voices to expand the way in which we discuss and create healthy societies. To provide a theoretical framework and ideally a blueprint for a practical framework to better understand how individuals can engage in a more empathetic and conscious way of being and connecting with one another, taking into consideration that we share a common world view that lies at the core desire of each human being—a whole, safe, healthy, secure, and light filled life experience. By offering the steppingstones discussed throughout this document, we can begin to explore how facilitated dialogue leads to the desired goal of social change.

In my knowing and my practice to gain knowledge and expertise in this area of facilitated dialogue leading to a healthy society, I am open to realize that I have to be aware of the knowing that is “safely” accepted in creating healthy societies. Knowing that solely recognizes the structural, political, human/social and cultural (Bowman & Deal, 2003) aspects. I propose that we look at the entire process as we would a living organism and through a spiritual lens—a process that takes into consideration that elements such as love, information, ideas, “creativity, energy, inspiration, and spirit” (Spangler, 2008, p.3). This model that I call the “transluentractal model” (Saulsberry, 2014)—takes into account that energy, love, ideas, etc. flow to and from multiple sources, in multiple directions, in and out of multiple dimensions, at multiple speeds, to create and recreate and organize itself at the exact moment that it is needed to address the need that has been presented.

I offer that there is a visceral feeling, acknowledged or not, that is this shared vision. This place—this sacred untapped and unharnessed space of limitlessness in our knowing is where we are all resonate at the same vibration. This is where I believe that

all things are interconnected. This flow, exchange, creation, re-creation, and elevation of love, energy, ideas, etc. only gets higher when we all make the conscious choice to align our innate desires for a healthy life expansion. This is the shared vision—the innate desire for oneself, the ones we love, and those that we care for to have a safe, healthy, and secure, light filled life experience, which translates to a safe, healthy, and secure, global society.

It is my knowing that the more align we are as individuals to that innate desire to have a healthy society, the more we observe what that alignment feels like. And, the more we observe the feeling of the alignment, the more we recognize what begins to show up in our lives. And, the more we align, observe, and recognize, the more we expand. The more we expand as individuals, the more we resonate with other expansive light energy—energies to create a healthier global society. This is why I offer that the fluid and free-form framework that we need to create a healthy society is one that allows the aligning of love, energy, ideas, etc. in a multi-dimensional, multi-directional, and free-form model/process. Thank you.

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