

SUPPORTING A TRANSFORMATIONAL PROCESS WITH THE ART OF DYNAMIC FACILITATION

By Veerle DeBock

How can 'Dynamic Facilitation' help us manifest our new visions for organizations and systems?

Let us first take a closer look at what we mean by "a new vision". A powerful and renewing vision requires us to create space for all the individuals in an organization or community. We need to listen to all the voices, including the whispers. Participants are welcome as they are: thus, it is important to acknowledge and welcome all the different personality parts in each individual, which can express themselves for example as anger, fear, depression, joy, faith.

As facilitators, we are required to stay as fully present as possible. It is an ongoing reminder to open our mind, our heart and our will. When we let go of preconceived ideas and judgments, our mind is open. Welcoming all our own feelings and emotions as well as all the feelings and emotions of the participants is an indication of an open heart. When we do not try to change or even influence what the participants think and talk about, our will is open as well.

Those three steps are the phases of 'Theory U' as described by Otto Scharmer. When we have successfully opened our mind, our heart and our will, we arrive at the phase of 'Presencing'.¹ A great deal of knowledge and insight, thinking and intuition coalesces with the catalyst of 'Presencing'. The invitation is to sense, to tune in and to act from our highest future potential. When we as

¹ Otto Scharmer. *Theory U, Learning from the Future as it Emerges*. Berrett-Koehler Publishers, San Francisco, CA: 2009 (<http://www.ottoscharmer.com>).

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facilitators tune into this way of being, we support the group to also reach the stage of Presencing and to discover the future that wants to emerge.

This brings us to another level of our how-statement. Let us fine-tune our questions: How can we apply Dynamic Facilitation to act from our highest future potential? How can we create the space for transformation to unfold within the inner and outer community of an organization or system?

To explore these questions, I offer a report on two meetings in a nursing home in Belgium. This organization hosts up to 75 elderly people.

There is a high level of teamwork and competence in the staff's ability to be with the elderly, more specifically, the elderly with the condition of dementia. They strive for authentic contact and connection with their clients.

During my career in the nearby hospital, I have worked closely with the administrator of this nursing home. The administrator has invited me 'now' in the role of process designer and facilitator.

This organization's current struggle is how to cope with the turn-over of their highly skilled employees. The particular issue 'now' is the leaving of one of their beloved and deeply appreciated head nurses.

Two meetings are described below: the first one, a meeting with a group of seven core members, people who help design the desired outcomes in the nursing home. This first meeting is the preparation for an eventual second meeting, with all the employees affected by the leaving of this head nurse.

First meeting with the core group

The group of seven core players are all people who have leadership positions in the nursing home. The group is positioned in a half circle. As their facilitator, I will be listening, reflecting, and taking notes of all the

contributions. We start with a check-in using a Circle format². I ask each participant to present him or herself and to share what their intention is for this meeting.

The 'purge' phase of the first meeting

After the check-in, I address the participant who is clearly holding the most energy in this particular moment. This is the head nurse of a small unit. She collaborates intensively with the head nurse who is leaving.

She offers the following: "They will want too much at once. I am concerned for my team and for my two assistants."

I ask her who she refers to with 'they'. We often use generalizations when we speak. DF is an ongoing invitation to be specific and concrete. She specifies: "The others in our nursing home, the administration, this group here around the table, the family members." Since she is addressing me as the facilitator, she can explore her concern more deeply, and dare to be authentic.

She adds: "Some of us are missing the mark with regard to communication and flexibility. Some of us do not have the right attitude towards being with residents with the condition of dementia. I perceive an overall lack of commitment."

I ask her if she already has a solution in mind. It is one of the principles of DF, and also part of its magic, to welcome solutions right from the very start of

² **Circle Practice** is as old as humankind but modern humans had lost sight of it. Christina Baldwin and Ann Linea have brought this ancient form of gathering back to modern life. We are reminded of the practice of sharing our concerns as members of communities sitting in a circle; of the honour it offers to each participant and the responsibility it requires from everybody. Circle practice combines thoughtful speaking from the heart and the mind with listening deeply. (You can connect with Christina Baldwin and Ann Linea on www.peerspirit.com).

a meeting. Her solution in this moment now is: “I need first of all more stability.”

I allow a moment of silence; this helps this participant to become clearer and me as a facilitator to check inside myself. By carefully writing down all the contributions on the different flipcharts, we assist this process of introspection. When as a participant, we see our words written down, this helps us to self-reflect and fine-tune what we want to express.

The head nurse comes up with another concern: “I perceive a great deal of expectations and I experience strong tension in my shoulders and my neck.” She mentions some data to clarify this concern: “I am used to being the head nurse of a small working unit. Working with a small unit of residents and employees is safe yet in a sense it is also limiting. I am scared of the expectations others may have of me, when I become the head nurse of a much bigger unit and this evokes tension in me.”

Another participant is very eager to speak. I gently ask her to wait while I check back in with the first person that spoke. Is this complete for her, or is there more she wants to say? She replies: “For now, it feels complete.” In this practice, we listen deeply to the participant who has the metaphorical talking piece before continuing on to the next participant. As a facilitator, we make space for everyone who wants to contribute, and make sure that every voice is heard.

I address my attention to the second participant, who offers: “I have a concern that if we combine two units, there will be a great deal of confusion.”

I ask, "Do you already have a solution in mind?" She replies: "We have to review the roles of those who hold leadership positions." She adds that this is all she has to contribute for now.

The 'yuck' stage of the first meeting

After several more contributions, the issue becomes clear. All of the participants have heard what has been spoken thus far, and there is a sense of despair. How can we move on? How can we reconcile all the different perspectives?

Somebody phrases the despair as another concern: "How do we keep our capacity? It often feels that often our capacity as a team is linked to certain employees and not necessary to the team as a whole. There seems to be a difference between competence and theoretical knowledge. How do we keep our competence and our capacity independent of the persons who are currently on staff?"

This is an example of the vitality of creative expression and complex thinking. This participant starts with a how-statement, followed by a concern, moving into data clarifying the concern, and finally giving rise to another how-statement. I wrote most of his contributions on the sheet with concerns. The last how-statement was recorded on the problem-statements sheet.

We know that it is not so important on which flipchart we write the different contributions; the most important fact is that we write them down carefully and then check with the participant if what we have written resonates. The charts reflect the non-linear, dynamic process of this method; afterward, we can re-organize the final document to create something more orderly.

This is another aspect of Dynamic Facilitation. While the facilitator is often the one suggesting the "how can we..." questions, in response to the various solutions, concerns and data participants have already been exploring, it is also the case that a how-can-we... question can be offered by a participant. In either case, the sheet with the how-can-we... questions is a tool for tracking the emergent flow of the process of the meeting. A new "how can we ..." question marks a shift in the dynamic process. This shift can emerge through a solution, a concern or a piece of data.

When we return to our process, the last how-statement immediately gives rise to another concern: "Training is not always sufficient to establish the right attitude." The connection between the different contributions is not always immediately apparent, and this adds to the juice of the meeting.

The 'group flow' stage of the first meeting

We gently move into the next stage of our process. This stage is characterized by alternating phases of convergence and divergence.

In our meeting a solution is evoked: "Maybe we need to give everybody a voice and create a meeting where we listen to everybody." This is a moment of slight convergence. There is still a huge amount of hesitation in the participant who has offered this, and the group is clearly not ready for this convergence. The result is a great deal of confusion. A little later on, another participant wonders: "Could it be in the best interest of all our residents, to give everybody a voice?"

When I ask this participant if she has a particular solution in mind, she offers a drawing. She draws a circle in the middle representing a resident of the

nursing home, and two other circles representing the head nurse and the assistant head nurse. Around those two outer circles she adds all the different people who are affecting and engaging with the resident. These people are the family members, the administration, the physicians, the nurses, the nurse-assistants, the logistics assistants, the physical/movement therapists, occupational therapists, the volunteers. This drawing represents the different levels of connection and communication organized around the resident. Everyone is included, and the head nurse and the assistant head nurse receive an important role in this concept.

This drawing is an example of a collective 'aha' for the group. They all love the drawing and feel very connected with what it represents.

Although many concerns still surface in the further course of our meeting, by the end of our assigned time together we have achieved a wonderful sense of open-ended exploration. We have experienced how when differences are welcomed, they become a rich resource for greater creativity.

Participants have appreciated engaging with an attitude of taking responsibility and listening empathically to one another.

They have also begun to create a common dream, with communication as an important ingredient. This communication includes all the employees, all the residents, the physicians that work with them, the family members of the residents and the administration.

Participants are taking a stand for commitment and realizing it is time to change old patterns. It is an old pattern to work top-down. Instead, they want to invite a bottom-up approach. How can they include everybody and listen even to the whispers? How can they make the dream represented by the

drawing real? How can they create a sense of 'we, the people' within their organization?

The members of this core group want to co-inspire this common intention and prepare for a meeting with the whole team.

All the participants are delighted and empowered through our exchange, AND, there is still some hesitation to move on and invite all the employees into a comparable process. Their concern is that the group might arrive at a result or solution that is still unknown.

They decide, however, to jump into the abyss of the 'unknown' and take the risk.

The group receives a written harvest of their meeting a few days later. This document covers a whole landscape with data, information, perspectives, stories, beliefs, solutions and concerns. It can provide a rich source for on-going inquiry and creative ideas.

The second meeting with the whole department

In this second meeting, all the employees of the two wards affected by the leaving of the head nurse are invited to participate. The group consists of sixteen participants in total; five of them were part of the core group that attended the first meeting.

I begin with a short introduction to the process. Participants are invited to address me as the facilitator. I clarify the importance of taking turns, as this enables me to listen deeply to each contribution. I will try to reflect their contributions back to them and then take notes; I ask them to carefully witness whether I am accurately capturing what they have shared. I point to the fact

that we do not include names in the written reflections. I underline that they are all welcome as they are, with all of who they are, including also their feelings and emotions.

A skilled facilitator does not exert any control over the content and can welcome the 'unknown', while at the same time creating a safe container that supports emotional safety and creative contributions.

I check in the moment if my mind is open. Am I curious, without any judgment attached? Is my heart open? Can I be touched by what is unfolding? Is my will open? Can I create space for my inner witness, without feeling the urge to change what is happening 'now'?

I am ready to start our meeting.

The 'purge' phase of the second meeting

One of the nurses in the group holds a great deal of the energy. I go inside and feel guided to start with her. She holds a great deal of questioning around the purpose of this meeting. 'Purging' is a term we sometimes use in Dynamic Facilitation as shorthand for the process of drawing out a participant. The principle is that we stay with one participant until he or she feels fully heard. As this participant is holding a lot of energy, being fully heard will more easily enable her to contribute afterwards.

Instead of trying to convince her about the usefulness of what we are doing here, I simply ask her what really matters for her 'now', in this moment. Her issue is around the stress her work is causing her. She easily arrives at the first how-statement: "How can I do my work in a relaxed way?" This illustrated another magical principle in DF; we invite participants to focus on what they

want to achieve and how they would like to do things differently, instead of residing for too long on what is currently not working.

The nurse automatically adds that this 'of course' is her responsibility. She continues: "I want to perform my work relaxed and I acknowledge that 'I' can take control of my life and my work situation."

I propose the how-statement: "How can we hold space for self-responsibility in a balanced way?" Another participant expresses her thoughts: "I see two different kind of responsibility. One aspect is the acute medical problems and the other aspect is the daily care for our residents." This participant extends the theme of self-responsibility to responsibility in general, within their working situation. This brings out another question: "How can we define good care?"

Another moment of silence unfolds. This is a huge question for employees in a nursing home. The silence allows us to gather momentum for further sharing. It is a stillness where the self-organization in the group unfolds.

One of the participants shares: "I want to care for the residents the same way I care for my parents."

This is a beautiful example of bringing a personal process into our work praxis. At the same time, this comment evokes a great deal inside of me. What if someone does not care in a responsible way for their parents? What happens with all the unresolved issues someone might still carry towards their parents? Yet I continue to hold space, both for myself and for whatever is ready to unfold in the group. Listening deeply, I take all sides, trust and focus on the emergent process, and get my self out of the way.

I return to the participant who spoke about her parents, and ask: "Is there more you want to share?"

She continues: “We need to have respect for our residents, as if they were our father and mother.”

Then another participant adds: “For me, there is a difference between the residents and my own parents. I took care of my mother. However, I was unable to create enough distance emotionally to also treat her bedsore.” This participant is allowing her feelings to be part of the conversation.

Another participant perceives the energy and adds: “Emotional aspects are important as well.” This evokes a concern in someone else: “Yes, and there is also an important professional aspect to good care.”

There is a subtle way in which we encourage participants to rephrase arguments into concerns. We often change ‘but’ into ‘yes, and’. I ask this participant if she has a solution for her concern. She begins to say: “It is important to reflect on the care we offer... “ She hesitates. I wait, and then ask if what is important to her, is how the care would feel *to her*. She nods; this empathic guess has enabled this participant to connect more fully with what she wants to say. She restates that for her, good care is the care that she would want for herself.

Another participant concludes: “Good care has to do with creating the right distance, with respect and empathy, with space and connection.” This feels like a tangible convergence. At the same time, it is important as a facilitator to continue to welcome divergence even when a strong beautiful convergence appears to unfold. This can allow an even deeper level of convergence to emerge.

This is becoming such an amazing process. I feel fortunate and grateful. Our question around good care becomes more specific. A nurse phrases it as follows: “How do we define good care professionally?” As the facilitator, I keep

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actively inviting solutions. "How would *you* do so?" She responds: "In a very practical way, I would use Mr. and Mrs. as long as the resident did not give me permission to use their first name. I would certainly not use names like 'honey' or 'sweetie'."

This participant has brought in a very practical solution. Almost without a break, the flow in the group moves on to link the idea of professional care with communication with family members. This again demonstrates the non-linear nature of the process, as another participant expresses: "Within good care, the communication with family is not always easy. Good care means protecting and creating safety for the resident. This is a safety that includes the resident, the other residents and all the employees."

Thus we have arrived at another how-statement: "How can we engage family members professionally?" In turn, a concern arises: "Often family members make remarks and comments." The group energy rises. A great deal of feelings and emotions surface. Family members obviously cause a great deal of stress.

The 'yuck' stage of the second meeting

In the Dynamic Facilitation manual, Rosa Zubizarreta uses a metaphor for this stage, of an artist facing a blank canvas. We are stuck and have no idea how to move forward – except that instead of a blank canvas, we are collectively facing a room of full chart paper, with many different ideas and perspectives written on them. Yet if we are patient, a creative movement arises.

One of the nurses connects deeply inside: "Sometimes I have no clue how to handle angry family members." This participant is inviting the group into a

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feeling of despair and being overwhelmed. She does not know how to handle angry family members. I gently ask if there is a specific story she wants to share.

She relates a specific recurrent problem with the son of one of their residents: "Already for several years, we have ongoing issues with Mr. X regarding the care we offer his mother. We tried so many ways and nothing seems to work, there are always new conflicts and problems."

I ask her to go inside: "How does it feel when this family member attacks you over what you consider being good care? Where do you perceive that inside you, in your physical body?"

She offers that she perceives tenderness in her upper belly and that this spreads towards her heart. She mentions that she perceives fear.

What I am encouraging her to practice now is Focusing³. Focusing is bringing our attention inside, to the bodily felt-sense. The bodily felt-sense includes all what we feel and know about a given experience. As we pause in the 'now' moment, new material can surface and eventually create new possibilities. The new material in this moment is fear. What this participant is doing is important for the whole process. Something shifts in the group process and people become more ready to share from an open mind and an open heart. The practice of Focusing is enabling this participant to invite her inner guests into the meeting. As she does so, she becomes more aware of her feelings.

³ Focusing is the practicality of Eugene Gendlin's theory of the implicit. You can read more in his book and on the Focusing website (*Focusing*. Bantam Books: New York: 1978. <http://www.focusing.org>).

As facilitators, we continue to reflect back what the participant shares as they Focus.

The 'group flow' stage of the second meeting

We now arrive at another phase of our process. As facilitators, we hold space in this stage of 'group flow' for ongoing divergence, as well as for spontaneous convergences that can always be questioned, disconfirmed or re-confirmed.

The how-statement arising is: "How can we handle criticism?" One of the participants reflects on this last how-statement. She responds: "Even if how we care evokes reactions in other people, that does not mean we are offering poor care."

We are now circling back to our exploration of good care. How can we define good care in a way that allows us to care for all our residents, AND, for ourselves?

This is a beautiful example of the spiral dynamic of this meeting. The process moves in spirals, with the group encountering the same inquiry again and again: what actually is 'good care'? The group reaches a deeper level: new material comes to the surface that the group is now able to handle. This is the beauty and the magic of this meeting, as we easily return to our most important issue. What really matters for us: "How can we offer good care?"

The new, previously hidden concerns that are now surfacing in our conversation regarding good care, have to do with the accusations of family members. One of the nurse-assistants offers: "Family members can become very upset. It makes sense to me that they do not always agree with how we care for their parents. They are not always part of the decision making in our

care model.” Our how-statement becomes: “How can we handle accusations from family members?”

One of the nurse-assistants speaks for the first time this meeting. I immediately listen to her. It is important to check to see if we have heard every voice, and to actively invite people who have not yet spoken.

This participant expresses a concern: “When I am accused, I often need a time-out.” I ask her if there is more. She continues: “I know that guilt is not useful, and still it is often present whenever I am accused of something.” We are seeing here how, as participants feel received, they relax and soften, and deeper level of sharing and listening emerges. .

One of the core members, who also attended the first meeting, expresses the need for honest communication. She says: “And, it is also important to check with our colleagues. To report what happened. To honestly consider if a fault happened. If a fault happened, we need to be honest and gain clarity. What are the consequences, how can we break through the vicious cycle within the team and with the family?”

Another silence unfolds; this is important. This is such an uneasy space to explore: we are so scared to make mistakes; we work with human beings; we simply are not allowed to make mistakes.

Another how-statement surfaces: “How can we learn from our mistakes?” Is there a way we can say to ourselves: “Mistakes, so fascinating?”

A nurse acknowledges: “I learn through my mistakes and I try to communicate about my mistakes.” She continues: “Mistakes are dangerous when we try to hide them.” When I ask if there is more, this surfaces: “Sometimes we are not aware of our mistakes.”

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Another pause happens. Again, this is another opportunity to allow the flow of the meeting to happen. It is a moment where it is of major importance not to manage the process as a facilitator, and instead to hold space and trust in the self-organizing potential of the group.

A nurse speaks from a place deep inside: "I experience guilt when I lose my patience."

This creates an unexpected wave of feelings in the team. Many participants begin to speak at once. One of the participants says: "She never loses her patience, this is so odd that she feels guilty when she loses her patience!"

Again silence unfolds. The wave is very powerful. In this particular moment, one of the participants asks for a break.

Coming to completion in the second meeting

We have surfed on this wave of exchanging and engaging for two hours. A break is an opportunity for everyone to integrate, to move, to recollect.

We all prepare ourselves to bring the wave of this meeting to completion. Time to emphasize again how very important it is as a facilitator to be present, so we can allow magic to happen in our meetings.

As explained in the introduction of this chapter, Presence is related to the Theory U of Otto Scharmer. It is our ability as facilitators to open our minds, our heart and our will. In this meeting we are becoming aware of habitual patterns from the past that are no longer constructive and we are learning from the future as it emerges.

The group becomes aware of old patterns. One of their old patterns is to invest in the training of specific group members and not in the group as a whole. Participants have realized already in the course of their meeting how good care has to do with creating the right distance, with respect and empathy, with space and connection. And this seemingly beautiful convergence led to a much deeper level where they all realized that in order to create good care, we need one another. This is a powerful 'aha' for the whole group.

We continue after our break with the how-statement: "How can we empower one another as a team? How can we care for one another?"

Many participants are eager to share. I move quickly from one to another.

"Ask for help, when work is hard."

"I can take over a part of your work, when that is needed."

"Let us listen to each other."

"We need humour, laughter that is contagious."

"Trust each other's work."

"Exchange and ask for advice from each other."

"Speak with each other."

I summarize what has emerged as a powerful breakthrough for the group:

"We can care for one another as caregivers. We care for one another by assisting one another when things are difficult, by listening and speaking, by asking for input and exchanging perspectives, by trusting in each other's work—and through humour. What an amazing 'of course'!

I allow the process to unfold further by asking what each person specifically has to offer. We come to completion with a check-out in circle format, with each participant sharing his or her unique gift for the group.

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Each of us has a gift for the group. Our gifts are: trust, respect, and more respect, again trust, help, humour and laughter, empathy, teamwork, flexibility, even more respect, support, encouragement, reliability, listening and more trust.

What a gift! This relates to the universal principle of giving and receiving. Every employee has gifts to offer, as well as needs to express.

I offer a content closure by pointing to the amazing amount of work that the group has done.

Conclusion

The story of this nursing home exemplifies the process of what I have begun to call 'Guest House Facilitation'. In Guest House Facilitation, we bring all of who we are to our facilitation, and allow the process to unfold without any attempt to control. We integrate the art of Dynamic Facilitation with process work; we apply inner and outer listening, as well as a variety of communication skills. The secret is to trust our potential and allow ourselves to be guided: the magic is Presence.

The name 'Guest House Facilitation' is based on Rumi's poem 'The Guest House'⁴. Each participant in our meeting is a visitor to our Guest House; at the same time, we also acknowledge different visitors within each participant and within our own selves. Individual creativity is protected for the sake of the emergence of breakthroughs in the group. We no longer see problems, only opportunities.

Through 'Guest House Facilitation' a transformational process unfolds.

⁴ Rumi. *The Essential Rumi*. HarperCollings Publishers, USA: 1995.

We are connected with something larger than ourselves. We listen deeply and empathically to each participant and at the same time, we move beyond the current field and connect to an even deeper realm. This is the level where the future emerges.

At the end of our meeting, we realize we are no longer the same persons than we were when we started. We have moved through a subtle yet profound change. This is true for all the participants and it is true also for the facilitator. We have connected with a deeper source, with the source of who we really are and what we have come to do in this human reality. It is a connection that links us with a profound field of coming into being, with our emerging potential: what we have to offer, and what we are ready to receive. In our story, the group started from a place of distrust, frustration, even despair. Each participant moved through a transformation. They have reconnected with their humanity and their own unique contribution, and with the humanity and the unique contributions of one another.

In *Becoming what is Changing: Exposition*⁵, the first part of my trilogy, you can read more about how I have applied the art of Dynamic Facilitation within the health care sector. That book describes a journey of evolving consciousness within a hospital environment; it also invites each one of us to bring all of who we are, to the work of transformation.

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⁵ Veerle De Bock. *Becoming What is Changing: Exposition. You are the Perfect Tool to Achieve This*. XLibris Corporation, USA: 2013

Barbara Brennan School of Healing and has helped many trainees to master these same skills. In 2010 she was trained in the practice of Dynamic Facilitation by Jim Rough. Since 2012 she devotes her work exclusively to writing (the trilogy, [Becoming What is Changing](#)), facilitation and coaching.

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