

Becoming a Reflective Practitioner

Becoming a Reflective Practitioner

Fifth Edition

Edited by

Christopher Johns

Visiting Professor at Christ Church Canterbury and University of Bedfordshire

WILEY Blackwell

This edition first published 2017

© 2017 John Wiley and Sons Ltd.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at <http://www.wiley.com/go/permissions>.

The right of Christopher Johns to be identified as the editor of this work has been asserted in accordance with law.

Registered Offices

John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA
John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial Office

9600 Garsington Road, Oxford, OX4 2DQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Limit of Liability/Disclaimer of Warranty

The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis, or treatment by physicians for any particular patient. The publisher and the authors make no representations or warranties with respect to the accuracy and completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of fitness for a particular purpose. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. Readers should consult with a specialist where appropriate. The fact that an organization or website is referred to in this work as a citation and/or potential source of further information does not mean that the author or the publisher endorses the information the organization or website may provide or recommendations it may make. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. No warranty may be created or extended by any promotional statements for this work. Neither the publisher nor the author shall be liable for any damages arising herefrom.

Library of Congress Cataloging-in-Publication Data

Names: Johns, Christopher, editor. | Preceded by (work): Johns, Christopher.

Becoming a reflective practitioner.

Title: Becoming a reflective practitioner / edited by Christopher Johns.

Description: Fifth edition. | Hoboken, NJ : John Wiley & Sons Inc., 2017. |

Preceded by *Becoming a reflective practitioner* / Christopher Johns ; with contributions from Sally Burnie ... [et al.]. 4th ed. 2013. | Includes bibliographical references and index.

Identifiers: LCCN 2016059300 (print) | LCCN 2016059908 (ebook) | ISBN 9781119193920 (paperback) | ISBN 9781119193937 (Adobe PDF) | ISBN 9781119193944 (ePub)

Subjects: | MESH: Philosophy, Nursing | Models, Nursing | Thinking

Classification: LCC RT84.5 (print) | LCC RT84.5 (ebook) | NLM WY 86 | DDC 610.73--dc23

LC record available at <https://lccn.loc.gov/2016059300>

Cover Design: Wiley

Cover image: © Matt Anderson Photography/Gettyimages

Set in 10/12pt, SabonLTStd by SPi Global, Chennai, India.

10 9 8 7 6 5 4 3 2 1

Contents

<i>Notes on Contributors</i>	xiii
<i>Preface</i>	xvii
<i>About the Companion Website</i>	xxiii
1 <u>Imagining Reflective Practice</u>	1
<i>Christopher Johns</i>	
<u>Reflective Practice</u>	2
<u>Reflexivity</u>	6
<u>A Brief View of Reflective Theories</u>	8
<u>Prerequisites of Reflection</u>	11
<u>The Significance of Reflective Practices for Professional Practice</u>	12
<u>The six Dialogical Movements</u>	16
<u>Summary</u>	17
<u>References</u>	18
2 <u>Writing Self</u>	21
<i>Christopher Johns</i>	
<u>Bringing the Mind Home</u>	21
<u>Writing Self: The First Dialogical Movement</u>	22
<u>Writing Rather than Telling</u>	25
<u>Tapping the Tacit</u>	29
<u>Opening the Reflective Space through the Humanities</u>	30
<u>The Value and Therapeutic Benefit of Writing</u>	30
<u>Summary</u>	32
<u>Endnotes</u>	33
<u>References</u>	33
3 <u>Engaging the Reflective Spiral: The Second Dialogical Movement</u>	35
<i>Christopher Johns</i>	
<u>Models of Reflection</u>	36
<u>The Model for Structured Reflection [MSR]</u>	36
<u>Preparatory and Descriptive Phases</u>	38
<u>Was I Effective in Terms of Consequences for Others and Myself?</u>	40
<u>What Factors Influenced my Response?</u>	40
<u>How Was I Feeling/poise</u>	41
<u>How Were Others Feeling?</u>	43
<u>Conforming to Normal Practice</u>	43
<u>How Does this Situation Connect with Previous Experiences?</u>	43
<u>Values and Attitude</u>	44

<u>The Ethical Demand</u>	44
<u>Deeper Psyche Factors</u>	45
<u>Ethics – Doing What was Right</u>	45
<u>The Ethical Map Trail</u>	46
<u>Stress and Anxiety</u>	49
<u>The Need to be in Control</u>	52
<u>Knowledge to Act in a Particular Way?</u>	53
<u>Anticipatory Reflection</u>	53
<u>What Would be the Consequences of Alternative Actions for the Patient, Others and Myself?</u>	55
<u>What Factors Might Stop me from Responding Differently?</u>	55
<u>‘How Do I Now Feel About the Situation?’</u>	56
<u>Summary</u>	56
<u>Endnotes</u>	56
<u>References</u>	56
4 <u>Framing Insights</u>	59
<i>Christopher Johns</i>	
<u>Single Lines</u>	59
<u>Framing Insights</u>	60
<u>Carper’s Fundamental Ways of Knowing</u>	61
<u>The Being Available Template</u>	64
<u>Summary</u>	67
<u>Endnotes</u>	67
<u>References</u>	67
5 <u>Deepening Insights (The Third And Fourth Dialogical Movements)</u>	69
<i>Christopher Johns</i>	
<u>Third Dialogical Movement</u>	69
<u>Finding Voice</u>	70
<u>Guiding Reflection: The Fourth Dialogical Movement</u>	71
<u>Guidance</u>	74
<u>Co-creation of Insights</u>	74
<u>Dialogue</u>	75
<u>The Reality Wall</u>	77
<u>Power</u>	78
<u>Finding Your Own Way</u>	79
<u>The Guidance Process</u>	79
<u>Inputting Theory</u>	80
<u>Balance of Challenge and Support</u>	80
<u>Six Category Intervention Analysis</u>	81
<u>Energy Work</u>	83
<u>Pulling Free</u>	84
<u>Contracting</u>	84
<u>The Learning Environment</u>	85
<u>A Quiet Eddy</u>	85
<u>Summary</u>	91
<u>Endnotes</u>	92
<u>References</u>	92

6	Weaving and Performing Narrative: The Fifth and Sixth Dialogical Movements	95
	<i>Christopher Johns</i>	
	Introduction	95
	Passing People By	95
	Methodology and Plot	101
	Narrative Form	102
	Creativity	103
	Empathic Poems	103
	Coherence	105
	The Sixth Dialogical Movement	107
	Performance Narrative	108
	Curriculum Potential	110
	Summary	110
	Endnotes	110
	References	111
7	Moving Towards a More Poetic Form of Expression	113
	<i>Christopher Johns</i>	
	Introduction	113
	Veronica	113
	Linda	115
	Summary	118
	Endnote	118
	References	118
8	Reflection Through Art and Storyboard	119
	<i>Otter Rose-Johns and Christopher Johns</i>	
	'Tuning' Exercises	121
	Storyboard	122
	Summary	124
	Endnotes	125
	References	126
9	The Reflective Curriculum	127
	<i>Christopher Johns</i>	
	Introduction	127
	Journal Entry	128
	Imagine	129
	One Month Later	137
	Art and Performance Workshops	137
	Journal Entry 2	138
	Journal Entry 3	138
	Journal Entry 4	139
	Journal Entry 5	140
	Journal Entry 6	140
	Journal Entry 7	141
	Summary	141
	Endnotes	141
	References	142

10	A Teaching Dilemma Journal Entry	145
	<i>Christopher Johns</i>	
	The Actual Session	147
	Three Months Later	148
	Summary	148
	Endnote	149
	References	149
11	Life Begins at 40	151
	<i>Christopher Johns</i>	
	Introduction	151
	Deepening Insight	159
	Grading	160
	Summary	161
	Endnotes	161
	References	161
12	Reflection on Touch and the Environment	163
	<i>Christopher Johns and Jill Jarvis</i>	
	Introduction	163
	Touch	163
	Environment	166
	Commentary	169
	Summary	169
	Endnote	170
	References	170
13	'Opening My Mind': The Ripples of Story	173
	<i>Margaret Graham</i>	
	Introduction	173
	Illustration of Learning	173
	Sharing the Story	174
	Reflection	177
	Ripples Continue	179
	Rippling Outwards	181
	Endnotes	181
	References	181
14	Guiding First-year Nursing Students in Guided Reflection	183
	<i>Christopher Johns</i>	
	Introduction	183
	Michelle's Experience	183
	Lucy's Reflection	188
	Summary	191
	Endnotes	191
	References	191

15	<u>Guiding Third-Year Nursing Students in Guided Reflection</u>	193
	<i>Christopher Johns</i>	
	<u>Introduction</u>	193
	Karen	193
	Next Session	196
	Practice Supervision	199
	Next Session	199
	<u>Summary</u>	203
	<u>Endnotes</u>	203
16	<u>A Tale of Two Teachers</u>	205
	<i>Christopher Johns</i>	
	<u>Introduction</u>	205
	<u>Endnotes</u>	212
17	<u>Teaching Teachers about Teaching</u>	213
	<i>Adenike Akinbode</i>	
	<u>Narrative: PGCE Science at the Beginning of the Academic Year 1</u>	213
	Teacher Education	216
	<u>Narrative: Work with Student Teachers, Beginning of Autumn term</u>	218
	<u>Narrative: PGCE Science at the Beginning of the Academic Year 2</u>	218
	<u>Chaos Theory</u>	219
	<u>Narrative: PGCE Science at the Beginning of the Academic Year 3</u>	220
	<u>Endnotes</u>	222
	<u>References</u>	222
18	<u>Reflective Teaching as Ethical Practice</u>	223
	<i>Adenike Akinbode</i>	
	<u>Excruciatingly Busy</u>	224
	<u>Reflection</u>	226
	<u>The Session on Water</u>	227
	<u>Reflection</u>	228
	<u>Managing Behaviour</u>	230
	<u>Reflection</u>	231
	<u>Summary</u>	231
	<u>Endnote</u>	231
	<u>References</u>	232
19	<u>A Reflective Framework for Clinical Practice</u>	233
	<i>Christopher Johns</i>	
	<u>The Burford NDU Model: Caring in Practice</u>	233
	<u>Vision</u>	234
	<u>The Internal Environment of Practice</u>	238
	<u>A System to Ensure the Vision is Realised Within Each Clinical Moment</u>	238
	<u>Narrative Notes</u>	245
	<u>A Reflective System to Live Quality</u>	248

	<u>A System to Ensure Staff are Enabled to Realise the Vision as a Lived Reality</u>	<u>250</u>
	Organisational Culture	252
	Summary	255
	Endnotes	255
	References	256
20	The Standards Group	259
	<i>Christopher Johns</i>	
	Standards of Care	259
	Standards Group	262
	Triggers for Standards	263
	Confidentiality	265
	The Value of Standards of Care	267
	Endnote	268
	References	268
21	Trudy	269
	<i>Christopher Johns</i>	
	Session 1	269
	Session 2	270
	Session 3	272
	Session 4	273
	Session 5	274
	Session 6	275
	Summary	277
	Endnotes	277
22	Reflective Leadership	279
	<i>Gerald Remy</i>	
	In the Beginning	279
	Five Smooth Stones	283
	Four Years On: What is the Condition of My Harp?	285
	Distinguishing the Sheep from the Wolves	286
	The Future	288
	References	289
23	'People are not Numbers to Crunch'	291
	<i>Christopher Johns</i>	
	Introduction	291
	The Story of Three Blind Mice and the Movie Star	292
	Endnotes	298
24	Smoking Kills	301
	<i>Christopher Johns and Otter Rose-Johns</i>	
	Some thoughts on narrative performance	301
	Smoking kills	301
	Context	302
	Part 1	303
	Part 2	303

Notes on Contributors

Christopher Johns

Formerly Professor of Nursing at University of Bedfordshire, where I continue to supervise PhD students using reflexive narrative. I am also Visiting Professor at Christ Church Canterbury. My academic work is focused on developing reflective practice from clinical, educational and research perspectives reflected in many journal, book and chapter publications, conference presentations and performances. I have convened the International Reflective Practice Conferences since 1993. In 2011 I convened the first Reflective Practice Gathering as a more congruent approach to reflective conferencing through dialogue. *Becoming a reflective practitioner* was first published in 2000. My latest book is *Mindful leadership* published by Palgrave in 2015. My other books are: *The Burford NDU Model: caring in Practice* (1994); *Being mindful, easing suffering* (2004); *Transforming nursing through reflective practice*, second edition with Dawn Freshwater (2005); *Engaging reflection in practice: a narrative approach* (2006); *The good, the wise, and the right clinical nursing practice*, with Charlotte Delmar (2008); *Guided reflection: a narrative approach for advancing practice*, second edition, 2010.

I live in Cornwall with my wife, Otter, and Jerry, our Labrador Retriever. We offer bespoke workshops and consultancy for those interested in developing reflective practice and leadership from any perspective.

c.johns198@btinternet.com

Otter Rose-Johns

My background is in nursing, community and hospice, the latter developing an art room for patients to use for expression. My interests are reflective and mindful practice and using art as a means of discovery, teaching and learning. I have exhibited and performed widely including in Sweden, the United States and Japan. I have recently finished a year-long mentoring course at the Newlyn School Of Art, Cornwall and I have been working with another 14 artists in a group called Drawing Down The Feminine, a travelling show, next due to exhibit in Plymouth. I work with mixed media and intuition, and my work includes wrapping, scratching, covering and scraping. I peel back the layers, almost like getting rid of the ego to find the core of the art and enhance meaning to the piece on which I am working.

Margaret Graham

I am a qualified nurse and lecturer at the Department of Nursing and Midwifery Education and Health Sciences, Faculty University of Limerick, Ireland. I lead and coordinate reflective practice within undergraduate programmes. Exploring how we create dialogical learning spaces with students through reflection, fostering transferable learning to practice is central to my work. I have been a member of a community of inquiry with Professor Chris Johns as Guide in constructing my doctoral thesis. Insights gained through my journey of self-inquiry and transformation, sustain my commitment to the potential of developing practice through reflexive narrative methodologies.

Adenike Akinbode

I am currently working in a university school of Education. My first career was teaching in primary schools and a secondary school after completing my PGCE. Reflective practice has been a research interest for some years. I conducted research for my masters degree into supporting student teachers' reflective practice development. I then went on to self-inquiry through reflective practice for my doctoral research.

Gerald Remy

I am a 53-year-old Afro-Briton who was raised with six siblings in a deprived neighbourhood in southeast London. I grew up with Catholic teachings in a black ghetto environment of crime and violence. I was educated by the code of the streets; the school curriculum lacked cultural competence, so I was inspired by black antisocial leaders in my neighbourhood. My father was hard-working, honest and charismatic. My mother was a strict disciplinarian, but she was my main motivator. As a youth, optimism was stifled because the power of the ghetto gripped and rendered me powerless to achieve. On becoming an adult I was almost lost to every tender feeling until I met my wife and, with our five children, life began to have meaning and purpose. I was energised by a spiritual calling and underwent a transformation to the amazement of my friends and family, turning to Christianity. This prompted me towards self-improvement and I re-educated myself to university degree level in the sciences. Fortunately, I was able to evade the stereotype of black delinquency and became a medical professional in the NHS and am now I am now a respectable State Registered Dietitian in my twentieth year of dietetics. I moved from London to Buckinghamshire in 2004 and became a manager and therapy lead, responsible for a large team of medical professionals in a large public organization, and completed a master's degree in leadership with distinction. The masters gave me insight into the world of reflective practice, which has influenced me ever since and impacted on my team, who now see reflective enquiry as a meaningful requirement for great quality care.

Jill Jarvis

Jill worked as a hospice staff nurse at the time of writing her story as part of her BSc Nursing Studies.

Clare Coward

Clare worked as a psychiatric staff nurse at the time of writing her story as part of her BSc Nursing Studies.



Preface

There are no facts, only interpretations.
Friedrich Nietzsche¹.

Imagine. Otter visits her father in intensive care following a triple heart bypass. A staff nurse is attempting to put some TED compression stockings on his legs. The nurse does not introduce herself. Otter, who is a trained community nurse, anxiously asks ‘What are you doing?’ ‘All patients have them,’ the nurse responds. ‘That’s not how to put them on,’ Otter says, ‘Here let me show you. But wait, Dad’s legs are so swollen and he has arterial disease. I don’t think he should have them anyway.’ Leaving the nurse, Otter approaches a doctor who confirms Dad should not have the TED stockings applied. Later a ward sister when challenged says ‘All staff are taught to apply TED stockings.’

You can draw your own conclusion about this experience but clearly a case of poor professional artistry. Facts aren’t enough. Every situation requires interpretation.

Healthcare professions are practice disciplines in changing times. As such, professional education must be primarily concerned with enabling practitioners to develop professional artistry – that knowing necessary to practice. In the uncertain world of practice such knowing is largely intuitive, informed as appropriate by theory or technical rationality. Indeed, theory has always to be applied to inform the particular situation within an organisational context with its own particular mores and resources. Professional practice is a string of experiences, with each experience as a potential learning opportunity. Reflection on experiences is the gateway to developing professional artistry. Such learning ultimately leads to mindful practice and the development of wisdom.

However, education and clinical practice are dominated by a technical rational approach that seeks certainty, predication and control. Hence, as Schon (1983) has illuminated, a tension exists between technical rationality and professional artistry. Whilst reflective practice within curriculum has become normal, it is usually accommodated from a technical rational perspective, thus limiting its learning impact. This book explores this tension and advocates that professional artistry must be the focus of professional healthcare education through a truly reflective approach.

In her introduction to the exhibition catalogue ‘Drawing down the feminine’ Kate Walters writes – ‘*this world which seems to me to focus on the surface of things. So I became more alert and looked about myself.*’

These words resonate in relation to education: *this education which seems to me to focus on the surface of things.* No depth. This *surface* is grounded in the technical and rational that fails to value or nurture the intuitive. Take nursing as an example. It is fundamentally concerned with the relationship between nurse and patient. Nothing about this relationship can be assumed to be certain or predictable. Everything is an interpretation depending on context. As such the practitioner’s response to the patient is largely intuitive gleaned through understanding the patient’s experience and needs and informed as appropriate by

In Chapter 17, I imagine how two teachers with differing teaching methods educate nursing students about stroke. John takes a theory-driven line typical of the dominant technical rational approach. Jane takes a reflective approach that embraces performance and with it, cross-discipline teaching. At Bedfordshire I involved drama and dance teachers as co-supervisors for reflexive narrative doctoral students. Their involvement opened up the performance potential as a profound learning space. Performance engages and empowers people. It is an embodied learning that is necessary for practice disciplines where the body has to learn rather than the mind simply think.

Much reflective practice teaching in universities is carried out by people who are not reflective. As a consequence they apply inappropriate technical rational approaches to the teaching of reflection. This whole book is itself a treatise on the need to create reflective learning environments if we are to practise reflective practice critically rather than as a superficial problem-solving technique. Of course, it has value even at that level if it enables practitioners to pause and reflect on what they are doing in terms of best practice. But much of what we do and the way we think about what we do is culturally prescribed. So, if the value of reflective practice to develop professional artistry is to be more than a technical rational approach to the doing of reflection, the reflective teacher, like the reflective practitioner, must lift this cultural veil to understand and shift the norms that govern teaching of teachers.

In Chapter 17, Adenike, herself a teacher of teachers, relates the classroom to chaos theory – that nothing is certain or predictable despite previous experience, and that order evolves around meaning. In other words, order is inherent and unfolds. This means the teacher does not have to worry about ‘controlling’ the classroom. Indeed the more she tries to control the classroom the more difficulty she will have with control. It is the same with the clinical health environment: order manifests itself around meaning. Hence, the attempt to control the healthcare environment is counter-productive. Things work just fine or even better when left to unfold naturally around meaning such as the intention to care.

So when Adenike writes – ‘I view the idea of teacher as “strange attractor” as a valuable way to understand what takes place in the classroom’ we can see its parallel – ‘I view the idea of nurse as “strange attractor” as a valuable way to understand what takes place in the clinical environment.’ Hence, the way the nurse teacher performs role models how the nurse might perform. Reflection lifts this dynamic into mindfulness, hence processes become more significant than outcomes or, put another way, get the process right and the outcomes naturally emerge. In Chapter 18 Adenike explores a range of issues that face her as a reflective teacher, notably emotional ethical issues. It is so easy to get caught up in the classroom tension – mindfulness falls away and the teacher resorts to learned ways of dealing with her anxiety. Hence the pivotal idea of poise as clinician or teacher and as a hallmark of mindful practice.

In Chapter 19, I turn my attention to creating the reflective clinical environment in which reflective practitioners can flourish. This is based on my work developing the Burford NDU Model of nursing: caring in practice. Experience, such as depicted in ‘People are not Numbers to Crunch’ (Chapter 23), illuminates the mechanical approach to assessment based on set questions, an approach that is insensitive and unreflective. Applying a person-centred vision, practitioners need to tune into the person to identify and focus on his or her health needs. Unequivocally, this must be the basis for care. Reflective systems of quality, staff development and communication are designed to support this focus against a background of leadership and learning culture.

In Chapter 20, I pick up the idea of a reflective quality system through developing standards of care, imagining an actual standards group. Setting standards may be

time-consuming yet its value is immense, begging the question, how much effort should be devoted to ensuring quality as something lived rather than having quality judgement imposed through systems such as CQC? Surely any professional should be actively involved in ensuring quality of her performance? In Chapter 21 I examine the idea of clinical supervision as both a quality and developmental process through my supervision of Trudy over six sessions. In doing so I endeavour to portray its reflexive movement.

In Chapter 22, Gerald Remy reflects on his leadership. The need for strong leadership is acknowledged with the NHS Forward Review² at a time of radical change. However, it needs to be the right type of leadership. Gerald was part of a learning community of ten aspiring healthcare leaders. I emphasise community for at least five reasons. Firstly, from a leadership perspective, creating community is fundamental requirement for any leader. Secondly, I believe that learning through community whereby others in a similar aspiring boat are available to each other through a period of time (in this case 28 months) enhances learning through reflection. Community creates the conditions for dialogue for a group of learners aspiring to similar goals. This idea permeates many of the chapters in the book and reinforces the need for guides to be themselves leaders and skilled at guiding others to learn through reflection. Indeed this ability to guide learning in others is a prime quality of leadership.

Thirdly, there is the question of whether learning can be sustained without guidance, especially in a hostile culture that puts constant pressure on the practitioner to conform to organizational norms that are previously learned ways of being. The ability to sustain learning, against the grain so to speak, is reflected in the extent to which reflection has become inculcated within the practitioner's community rather than being merely an individual thing. Gerald suggests he has achieved that to some extent, although it remains precarious as he continues to hold creative tension. Of course, in terms of the efficacy of reflective learning, this issue of sustained learning at depth is of vital concern; it underlines the necessity of, first, a clear understanding of the nature of reality (organizational norms that govern everyday ways of relating) and, secondly, being able to detach self from the anxiety of transgressing these norms. Living this tension is akin to playing a subversive and dangerous game of survival where guidance is vital.

Fourthly, Gerald's chapter opens up a dimension on expressing learning through metaphor. Gerald, like all NHS staff, has been socialised into the transactional culture that governs healthcare organisations. Hence the idea of being a servant-leader or a transformational leader is immediately at odds with this culture. It raises the question 'How can one come to appreciate and separate self from this culture whilst being immersed within it, a culture where one's every action has been socialised towards being transactional from either a subordinate or managerial perspective?' Gerald used the metaphor of David and Goliath to see and work with this tension. If the tension is not addressed then learning is limited, and yet one can see how difficult it is to unlearn learned ways of knowing (embodiment) to begin to respond differently and without coercive fear.

Fifthly, Gerald highlights the significance of one's background in shaping the person. To become a leader from a servant-leader or transformational perspective required Gerald to look back at his upbringing in order to understand how his background influences who he is now and whom he seeks to become. He recognises the tension between a Goliath within and a David within, and accepts the need to vanquish his Goliath through his David. Anybody learning through reflection will need to consider their background – perhaps using the Influences Grid in Chapter 3, Table 3.4 (how does my background influence the way I respond within this particular situation/ experience?).

Chapters 23, 24 and 25 offer three performances. Performances are stylised narrative written to intentionally open a dialogical space towards social action. By focusing on unsatisfactory situations they intend to disturb an audience into action. 'People are not Numbers to Crunch' is my reflection on accompanying Otter for an angiogram. Here, performance intends to expose the unsatisfactory behaviour of nurses who do not introduce themselves and treat Otter as if she is an object and myself as an outsider beyond their gaze. The performance is set against a CQC report of care at this particular hospital. Hence, I reflect not so much as a clinician but as a relative. 'Smoking Kills' was initially written as an educational performance for young people based around my care for three men dying of lung cancer in a hospice. The performance has many themes that can be adapted for different audiences. I developed the performance to focus on the way that tough men dying can problematise the hospice approach. Later I added the supervision scenario to illustrate unsatisfactory guidance. 'Anthea: An Inquiry into Dignity' is based on an experience shared by a staff nurse in guided reflection (personified as 'Kate' in the actual performance). I then developed the performance based on Anthea's discharge home raising controversial issues for audience to discuss. All these performances are powerful teaching tools. They can involve students in their performances and give teachers and students pointers to constructing their own, as I suggested in Chapter 16.

Throughout the book I usually refer to practitioners rather than specific healthcare practitioners. An exception is the particular focus on teaching nurses in Chapters 14–16. I generally use 'her' to represent people. I also use a different referencing format for performance-related chapters.

Endnotes

- 1 Wicks, Robert, "Friedrich Nietzsche", *The Stanford Encyclopedia of Philosophy* (Fall 2016 Edition), Edward N. Zalta (ed.), URL = <http://plato.stanford.edu/archives/fall2016/entries/nietzsche/>.
- 2 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Reference

Schön D (1983) *The reflective practitioner*. Avebury, Aldershot.

About the Companion Website

This book is accompanied by a companion website:



www.wiley.com/go/johns/reflectivepractitioner

The website consists of:

Powerpoint images for chapters 24 and 25



experiencing. It is also judgemental, distinguishing between good and bad. If healthcare is concerned with understanding and responding to the experiences of people who require care then it is first necessary for the practitioner to understand herself.

My description of reflection is always evolving –

Being mindful of self, either within or after experience, as if a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand, and become empowered to act towards resolving contradiction between one's vision of desirable practice and one's actual practice to gain insight within a reflexive spiral towards realising one's vision of practice as a lived reality and developing professional identity and artistry.

Contradiction

The learning potential of reflective practice is the contradiction between one's vision of practice and one's actual practice as recalled. Contradiction is usually experienced as a 'disturbance' that things are unsatisfactory in some way. However, because contradiction is so normal, it may not be noticed, or simply shrugged off. As such, much of experience is unexamined.

To explore contradiction it is necessary for the practitioner to have a vision of her practice. A vision gives purpose and direction to clinical practice. It is constructed from a set of values that are ideally constructed and shared with colleagues. In this way everyone pulls in the same direction. The practitioner must inquire into her vision. For example, if the vision states words such as 'caring', 'holistic' or 'excellent', then what do these words mean as something lived? Vision is thus a moveable feast.

Yet, It is one thing having a vision of practice it is another thing to realise it as something lived (Rawnsley 1990).

The practitioner must first seek to understand the nature of the contradiction. Only when practitioners truly understand themselves and the conditions of their practice can they begin to realistically change and respond differently. To understand, the reflective practitioner creeps 'underneath his habitual explanations of his actions, outside his regularized statements of his objectives' (Pinar 1981: 177).

The practitioner must then act towards resolving the contradiction. If people were rational they would change their practice on the basis of evidence that supports the best way of doing something. However, we do not live in a rational world. There are powerful barriers that limit the practitioner's ability to respond differently even when they know there is a better way to respond. Fay (1987) identifies these barriers as tradition, authority or force, and embodiment. These barriers govern the fabric of our social world. Their influence lies thick within any experience. They are evident in patterns of talk that reflect deeply embodied and embedded relationships that serve the status quo (Kopp 2000). Reflections are stories of resistance and possibility; chipping away at resistance and opening up possibility; confronting and shifting these barriers to become who we desire to be as health care practitioners.

Barriers to rational change (Fay 1987)

- Tradition: a pre-reflective state reflected in the assumptions and habitual practices that people hold about the way things should be.
- Force: the way normal relationships are constructed and maintained through the use of power/ force.
- Embodiment: the way people have been socialised to think, feel and respond to the world in a normative and pre-reflective way.

Fay (1987: 75) writes from a critical social science perspective,

The goal of a critical social science is not only to facilitate methodical self-reflection necessary to produce rational clarity, but to dissolve those barriers which prevent people from living in accordance with their genuine will. Put in another way, its aim is to help people not only to be transparent to themselves but also to cease being mere objects in the world, passive victims dominated by forces external to them.

In other words, reflection is concerned with empowerment. The language of a critical social science may be intimidating with its rhetoric of oppression and misery, yet it can be argued that nursing's largely female workforce has been oppressed by patriarchal attitudes that renders it docile and politically passive, and thus limits its ability to fulfil its therapeutic potential. If so, then realising desirable practice would require an overthrow of oppressive political and cultural systems. The link between oppression and patriarchy is obvious, considering nursing as women's work, and the suppression of women's voices 'knowing their place' within the patriarchal order of things. Images of 'behind the screens' where women conceal their work, themselves, and their significance (Lawler 1991) and images of emotional labour being no more than women's natural work, therefore unskilled and unvalued within the heroic stance of medicine (James 1989), are powerful signs of this oppression.

Maxine Greene (1988: 58) writes,

Concealment does not simply mean hiding; it means dissembling, presenting something as other than it is. To 'unconceal' is to create clearings, spaces in the midst of things where decisions can be made. It is to break through the masked and the falsified, to reach toward what is also half-hidden or concealed. When a woman, when any human being, tries to tell the truth and act on it, there is no predicting what will happen. The 'not yet' is always to a degree concealed. When one chooses to act on one's freedom, there are no guarantees.

Reflection opens up a clearing where desirable practice and the barriers that constrain its realisation can be *unconcealed* and understood, where action can be planned to overcome the barriers whatever their source, and where the practitioner is empowered to take necessary action to resolve contradiction. No easy task, for these barriers are embodied, they structure practice and patterns of relating. Fear is a powerful deterrent to being different. It suppresses practitioners from speaking their truth. The commitment to the truth is evident in Greene's words. Yet how comfortable are people in their illusions of truth? Is it better to conform than rock the boat? Is it better to sacrifice the ideal for a quiet life and the patronage of more powerful others? Better to keep your head down than have it shot off above the parapet for daring to reveal the truth?

As such, reflection is always in context. Context is the background against which experience is positioned. 'Context refers to the grand societal narratives, those clusters of beliefs and cultural norms that give shape and meaning to the human cultures within which we live' (Dawson (2015: 25). All too often, when people reflect, the background is ignored or alluded to in a superficial way. Hence, reflection can help the *loosening of authority*. Dawson continues

Within this context, personal narratives of becoming, whatever the focus of that becoming, can be viewed as 'a loosening of the authority' of the grand narratives of science and education where the dominant construction of the learning self is the receptor of knowledge.

Of course we can passively accept the grand narratives as our truth. Yet even to passively accept suggests we have become aware of the narratives, and such awareness begins to change them. We would always be restless knowing about them and knowing we were unable to shift them. It is hitting a reality wall that frustrates and gives headaches. Perhaps ignorance is bliss. Better to swim in the shallow waves than drown in the rip currents of critical reflection? Taking reflection seriously leads to these considerations from a critical reflection stance. From a technical rational perspective, reflection is no more than problem-posing and problem-solving.

Empowerment

To reiterate, reflection is concerned with empowerment. This may require guidance as explored through subsequent chapters. Empowerment is enhanced when practitioners are committed to and take responsibility for their practice, have strong values, and understand why things are as they are. However, empowerment is not easy for practitioners socialised into norms that render them docile.

Kieffer (1984: 27) noted that the process of empowerment involved

reconstructing and re-orientating deeply engrained personal systems of social relations. Moreover they confront these tasks in an environment which historically has enforced their political oppression and which continues its active and implicit attempts at subversion and constructive change.

The truth of the situation is stark – if practitioners truly wish to truly live their visions of practice then they have no choice but to become political in working towards establishing the conditions of practice *where that is possible*. The practitioner must come to realise a new reality for herself, rather than have this reality explained to her. For example, many experiences that practitioners reflect on are concerned with conflict that has a fundamental power inequality at their root that manifests itself through different attitudes, beliefs and behaviours. This is not difficult to see or understand providing it is sought, and not just taken for granted as part of the ‘natural’ background of the experience.

Empowerment reflects integrity. It is not easy to be silent when faced with injustice or uncaring. Yet so many practitioner voices are silent or suppressed for fear of sanction.

They lack agency to formulate and attain their goals. They depict their lives as out of their control, shaped by events beyond their control. Others’ actions determine life outcomes, and the accomplishment or failure to achieve life goals depends on factors they are unable to change. To view self as a victim is to experience a loss of personhood and to project the blame for this loss onto others rather than take responsibility for self. Victims are oriented towards avoiding negative possibilities than to actualising positive possibilities.

Bruner (1994: 41) notes that persons construct a victimic self by

reference to memories of how they responded to the agency of somebody else who had the power to impose his or her will upon them, directly or indirectly by controlling the circumstances in which they are compelled to live.

In theory, reflection would enhance the core ingredients of personal agency; self-determination; self-legislation; meaningfulness; purposefulness; confidence; active-striving; playfulness; and responsibility (Cochran and Laub, 1994 cited in Polkingthorne 1996).

Through reflection, the practitioner creates a plot out of a succession of actions, as if to direct to her in the midst of action. Locating ourselves within an intelligible story is essential to our sense that life is meaningful. The practitioner tries to make certain things happen, to bring about desirable endings, to search for possibilities that lead in hopeful directions. Kermode (1966: 813) writes,

Because we act with the sense of an ending, we try to direct our actions and the actions of others that will bring the ending about.

The idea that reflection can help the individual practitioner turn this scenario around is fraught with difficulty. Reflection can so easily be like swimming in the shallow end of a deep swimming pool, literally splashing about with surface issues rather than tackling the deeper political and systems issues necessary to support best practice. However, that is not to say that tackling surface issues is not important, as indeed is developing reflective skills and understanding deeper issues even if they are not amenable to change on an individual level. The need for collective reflection and action becomes vital for organisational change.

Reflexivity

Reflexivity is the practitioner ‘looking back’ to see self becoming in the sense of realising desirable practice set against an analysis of forces that have constrained her, evidenced through a chain of experiences whereby one link of the chain leaves a thread that is picked up and developed by the next link (Dewey 1933). It is a review of one’s journey of learning through reflection whereby the threads are weaved into a coherent pattern expressed as narrative (see Chapter 6).

Span of Reflective Practices

Reflection and reflective practice can be interpreted in different ways. As Smith (2011: 212) writes,

Despite widespread and long standing commitment to the notion of critical reflection across the health and social care professions, it can be difficult to assimilate into teaching because the language is complex, and the same terminology is used in different ways in different contexts so carries different nuances.

Reflective practices span a number of approaches (Table 1.1):

- From *doing* reflection towards *being* reflective.
- From a technical rational to a professional artistry perspective.
- An increasing criticality.

Doing reflection reflects an epistemological approach, as if reflection is a tool or device. *Being* reflective reflects an ontological approach concerned more with ‘who I am’ rather than ‘what I do’. Bulman, Lathlean and Gobbi (2012), in their investigation of student and teacher perspectives on reflective practice, revealed that a focus on being rather than doing was significant. The ontological approach subsumes the epistemological, as if the way we think about and do things must involve we who are to think about things in the first place. *Doing* reflection reflects a technical rational approach whereas *being* reflective reflects a professional artistry approach. Criticality reflects the depth of inquiry into the background that frames experience.

Table 1.1 Typology of reflective practices

Reflection-on-experience	The practitioner reflects on a particular situation after its event in order to learn from it to inform future practice.	Doing reflection	Technical rational	Increasing criticality
Reflection-in-action	The practitioner stands back and reframes the practice situation in order to proceed towards desired outcome.	↓		
The internal supervisor	The practitioner dialogues with self whilst in conversation with another as a process of making sense and response [Casement 1985].			
Being mindful	Seeing things for what they really are without distortion.	Being reflective	Professional artistry	

Reflection-on-experience

When people refer to reflection, they usually refer to reflection-on-experience. Indeed, most theories of reflection are based on this idea of looking back on ‘an experience’; something done after the event. Experience can be thinking, feeling or doing something. As a verb, ‘experience’ is ‘something I encounter and which leaves an impression on me’ (COED 3rd edition 2005: 349). If experience doesn’t make an impression presumably it is not significant in any way, or just routine practice.

Reflection-in-action

Schön (1983, 1987) distinguished reflection-*on-action* with reflection-*in-action* as a way of thinking about a situation whilst engaged within it, in order to reframe it as necessary to overcome some impediment. The practitioner naturally adjusts to minor interruptions within the smooth flow of experience because the body has embodied knowing. However, the practitioner is sometimes faced with situations that require her to stop and reframe the situation in order to proceed. This requires a shift in thinking and contemplating new ways of responding. As such it is problem-solving yet recognising that old ways of thinking are inadequate. Reflection is the practitioner’s unique encounter and conversation with a situation through which, as Schön (1983: 163) puts it ‘he shapes it and makes himself part of it’.

Schön (1987) drew on exemplars from music and architecture, situations of engagement with inanimate forms. His example of counselling is taken from the classroom not from clinical practice. The classroom is a much easier place to freeze and reframe situations in contrast with clinical practice grounded within the unfolding human encounter. It is easy to misunderstand reflection-in-action as merely thinking about something whilst doing it.

The Internal Supervisor

Casement (1985) coined the expression the ‘internal supervisor’ as a continuous dialogue the practitioner has with herself in response to the unfolding situation, ‘What is going on here?’ ‘How am I responding?’ etc. The practitioner is also mindful of intent – ‘What am I trying to achieve?’ It is a more dynamic form of reflection-in-action.

Feedback from students using this model suggests that stages 3 and 4 are similar and hence confusing to distinguish. The same with stages 5 and 6. Gibbs lacks an intellectual edge evident in Boud and Keogh and Walker's approach, notably the process of 're-evaluating experience'. However stage 6 has a practical element that can lead into a new cycle of reflection.

Mezirow (1981)

Mezirow offers a radically different perspective. He viewed reflection as a process leading to emancipatory action. He posited a depth of reflection through seven levels of reflectivity spanning from consciousness, the way we might think about something, to critical consciousness where we pay attention and scrutinise our thinking processes. Thinking is inherently problematic. Hence our thinking is a focus for reflection. Hence I need to think differently to perceive the situation differently, and in doing so, to unearth those assumptions that govern thinking. If reflection is viewed merely as a problem-solving, and we used the same thinking to solve the problem that caused the problem, then we wouldn't get very far. Our solutions would quickly break down. He conceptualised the outcome of reflection as *perspective transformation*,

the process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings. (1981: 6)

Mezirow's focus on understanding assumptions takes reflection into what is generally regarded as a 'critical' domain. The focus on emancipatory action is to rewrite one's own and collective assumptions to govern a more satisfactory state of affairs, however that might be framed.

Balancing the Winds

The above theories all stem from a rational Western cognitive tradition reflected in their words, ideas and language. Put another way, they all come from one direction or 'wind'. My engagement with and exploration of Buddhism and Native American lore gave me wider perspectives and different winds that give a balance between knowing and wisdom (Johns 2005). It is not enough to 'know' reflection. It is deeper than that – it is about developing wisdom, something beyond rational thinking that is not easily defined. Certainly, the idea of mindfulness stems from Buddhism as I view reflection as a contemplative and meditative form tending towards seeing reality clearly. From a native American wind I suggest reading *Earth Dance Drum* to view reflection as a way to connect with all things, gain respect, inner strength and to realise one's vision as reflected in the idea of *bimadisiwin*.

Jones and Jones (1996: 47) write,

Bimadisiwin is a conscious decision to become. It is time to think about what you want to be. The dance cannot be danced until you envision the dance, rehearse its movements and understand your part. It is demanding, for every step needs an effort in becoming one with the vision. It takes discipline, hard work and time. It is freeing, for it frees the spirit. It releases you to become as you believe you must.

Such words stir the imagination. Bimadisiwin is reflection. It is a ritual dance of becoming.

Listen to the drum!
Believe in the vision of you
Practice the vision
Become the vision.

Prerequisites of Reflection

Fay (1987) identifies certain qualities of mind that are prerequisites to reflection: curiosity, commitment and intelligence. These qualities of mind are significant to counter the more negative qualities of mind associated with defensiveness, habit, resistance and ignorance.

Commitment

Commitment is energy that sparks life. Yet, for many practitioners, commitment to their practice has become numb, or blunted through working in non-challenging, non-supportive, and generally stressful environments, where work satisfaction is making it through work with minimal hassle. These practitioners do not enjoy reflection. They turn their heads away from the reflective mirror because the reflected images are not positive. They do not want to face themselves and accept responsibility for their practice. Things wither and die if not cared for. When those things are people, then the significance of commitment is only too apparent. Commitment harmonises or balances the conflict of contradiction – it is the energy that helps us to face up to unacceptable situations. The small child is ambivalent about learning to walk; he stumbles and falls, he hurts himself. It is a painful process. Yet the satisfaction of developing his potential far outweighs the bumps and bruises (Rogers 1969).

van Manen (1990: 58) writes,

Retrieving or recalling the essence of caring is not a simple matter of simple etymological analysis or explication of the usage of the word. Rather, it is the construction of a way of life to live the language of our lives more deeply, to become more truly who we are when we refer to ourselves [as nurses, doctors, therapists].

Curiosity

Curiosity is self-inquiry, questioning who I am and what I do. It is the opening up of possibility. Gadamer (1975: 266) writes,

The opening up and keeping open of possibilities is only possible because we find ourselves deeply interested in that which makes the question possible in the first place. To truly question something is to interrogate something from the threat of our existence, from the centre of our being.

Curiosity is fundamental to the creative life and yet many practitioners are locked into habitual patterns of practice. Often, when things get overly familiar, we take them for granted and get into a habitual groove.

O'Donohue (1997: 122–3) writes,

People have difficulty awakening to their inner world, especially when their lives become familiar to them. They find it hard to discover something new, interesting or adventurous in their numbed lives.

Curiosity is turning over pebbles, wondering what lies on the other side, while open to the possibilities of viewing the same thing from different perspectives.

Intelligence

Being intelligent, the practitioner is open to self in response to new ideas, keen to explore their value for practice rather than be defensive in viewing new ideas as a threat. Intelligence moves beyond abstract knowledge into a deeper awareness of self that Krishnamurti terms intuition.

Krishnamurti (1996: 89) writes,

There is an intelligent revolt [against environment] which is not reaction but comes with self-knowledge through the awareness of one's own thought and feeling. It is only when we face experience that we keep intelligence highly awakened; and intelligence highly awakened is intuition, which is the only true guide in life.

Put another way, reflection nurtures intelligence and intelligence nurtures intuition, the very essence of professional artistry.

The Significance of Reflective Practices for Professional Practice

Reflective practice is the gateway to appreciating and developing the nature of professional identity and artistry. For a practice discipline nothing can be more significant. These issues are not theoretical, they can only be gleaned within practice. Take the example of caring. Frank (2002: 13) writes,

Caring is one of those activities that people know only when they are involved in it. From within, and only from within, caring makes sense. To try and explain care leads to the circularity expressed in statements such as 'caring for this person requires doing this, and I do this because I care for this person'. Philosophy teaches that, for some activities, there is only practice.

It follows that if we accept Frank's position, we can only know caring from within caring – the professional artistry perspective. Caring is therefore not a thing that can be known as an abstract idea. The practitioner knows herself as caring only within the moment.

Through reflection the practitioner comes to understand the nature of reality, the background against which she practices, and to empower her to take action, by herself or with others, to transform the background as necessary to realise desirable practice. It is the quest of any professional who takes herself seriously.

Consider

- What does it mean to be a nurse or any other health professional?
- What vision of your practice do you hold? Is it valid?
- What knowledge/ knowing is significant to being an expert nurse, or any other health professional?
- Identify one thing you would change in your practice environment to help realise desirable practice? Is that possible?

Clearly for anyone aspiring to be a nurse or to enable others to become nurses, these are vital questions to consider. So, as we mindfully practice and as we reflect on our practice we ask these questions. It becomes the focus for our inquiry and learning.

The nature and significance of knowledge and knowing is contestable. Schön (1987: 1) writes,

In the varied topography of professional practice, there is the high, hard ground overlooking the swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solution. The irony of this situation is that the problems of the high ground tend to be relatively unimportant to individuals or society at large, however great their technical interest may be, while in the swamp lie the problems of greatest human concern. The practitioner must choose. Shall he remain on the high ground where he can solve relatively unimportant problems according to prevailing standards or rigor, or shall he descend into the swamp of important problems and non-rigorous inquiry?

Schön posits two types of knowledge – technical rationality (research-based theory) and professional artistry (knowing in action). He suggests that professional artistry is the more significant type of knowing because it is the knowing with which the practitioner responds to the situations of everyday practice. However, both types of knowledge are important for the practitioner to draw on. Indeed, through reflection, technical rationality is critiqued for its value to inform and subsequently assimilated into professional artistry.

Every experience is different. We may have had similar experiences but not this particular one. We draw parallels but they are not the same. Subtle differences between this experience and previous experiences demand subtle shifts of response that cannot be known outside the unfolding moment. We have to be mindful, to read the particular signs or we may get it wrong. These signs are often subtle, requiring perception, imagination and intuition. There are no prescriptive solutions. Knowing in action is intuitive drawing on tacit knowing. The practitioner might not be able to say exactly why she responded as she did, yet she can attempt to articulate it as a story. In doing so, she makes her tacit or intuitive knowing more explicit. It is this intuitive knowing that reflection feeds and accelerates with its focus on the whole picture and encouraging the practitioner to become integral to the experience rather than outside it (Dreyfus and Dreyfus 1986; Dreyfus 2004)¹. The Dreyfus model of skill acquisition offers a reflective framework for practitioners to mark their growth of expertise (see Table 1.2).

King and Appleton (1997) and Cioffi (1997) endorse the significance of intuition within decision making and action following their reviews of the literature and rhetoric on intuition. They note that reflection accesses, values and develops intuitive processes.

Table 1.2 The expert in the Dreyfus and Dreyfus model of skill acquisition

Pattern recognition	A perceptual ability to recognize relationships without pre-specifying the components of the situation
Similarity recognition	An amazing human ability to recognise 'fuzzy' resemblance despite marked differences
Common sense	A deep grasp of the language culture so that flexible understanding in diverse situations is possible
Skilled 'know how'	The practitioner can respond without resorting to rule-governed behaviours
Deliberate rationality	The expert practitioner has a web of different perspectives that cases them to view a situation in terms of past situations

¹ See also Benner 1984; applying the Dreyfus model to nurse education.

Aristotle drew a distinction between practical wisdom and theoretical wisdom. Practical wisdom does not result in knowledge which is determinate and universal; indeed, it does not result in propositional knowledge at all but in discriminations and actions.

Technical rationality (or evidence-based practice) has been claimed as necessary for nursing's disciplinary knowledge base because it can be observed and verified (Kikuchi 1992). Historically, professions such as nursing have accepted the superiority of technical rationality over tacit or intuitive knowing (Schön 1983, 1987). Yet, a technical rational mentality is likely to lead to stereotyping; fitting the patient to the theory rather than using the theory to inform the situation. As Visinstainer (1986: 37) writes,

Even when nurses govern their own practice, they succumb to the belief that the 'soft stuff' such as feelings and beliefs and support, are not quite as substantive as the hard data from laboratory reports and sophisticated monitoring.

People are not objects. It is unimaginable for any nurse to face clinical practice with a technical rational mindset simply because each clinical moment is a unique human-human encounter.

In a culture of 'evidence-based practice' practitioners are exhorted to 'evidence their practice'.

Consider

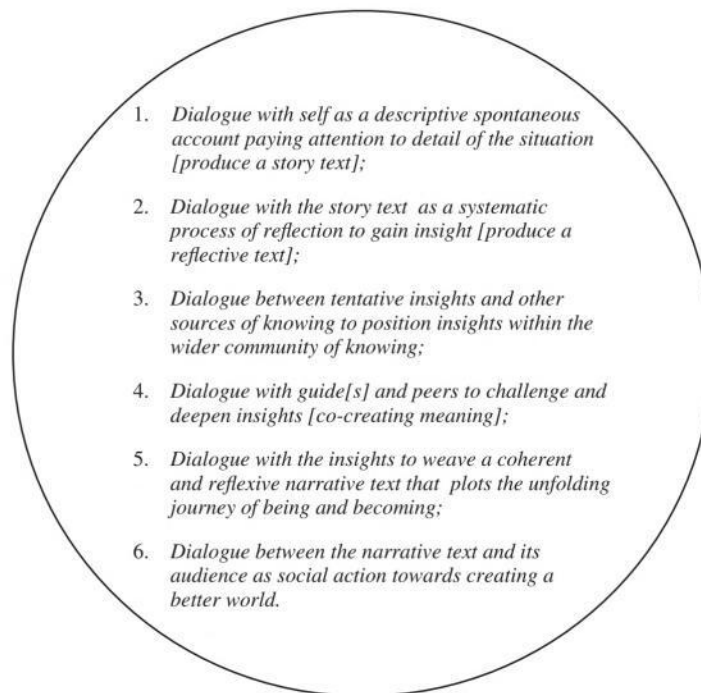
- What research-based theory do you use in practice?
- Do you consider its authority to inform the situation or do you take its authority on face value?

Since the Briggs Report (DHSS 1972) emphasised that nursing should be a research-based profession, nursing has endeavoured to respond to this challenge. However, the general understanding of what 'research-based' means has followed an empirical pathway, reflecting a dominant agenda to explain and predict practice. This agenda has been pursued by nurse academics seeking academic recognition that nursing is a valid science within university settings. Whilst abstract knowledge has an important role in informing practice it certainly cannot predict and control, at least not without reducing the patient and nurses to the status of objects to be manipulated like pawns in a chess game. The consequence of this position in nursing has been the repression of other forms of knowing that has perpetuated the oppression of nurses through neglect of or refusal to acknowledge their clinical nursing knowledge (Street 1992). Has it improved in the past 20 years? I see no evidence to support that. We who plough the professional artistry field reap poor reward in academic acclaim. Professional artistry is subjective and contextual, yet is often denigrated as a lesser form of knowing, even dismissed as 'mere anecdote' by those who inhabit the hard, high ground of technical rationality. People get locked into a paradigmatic view of knowledge and become intolerant of other claims because such claims fail the technical rationality injunction as to what counts as truth.

Evaluating Reflection

Reflective practice has been criticised for its lack of definition, modes of implementation and for its unproven benefit (Mackintosh 1998: 556). Mackintosh singled out the Burford reflective model for criticism. She writes,

The benefits of reflection are largely unaddressed by the literature [*that is, beyond unsubstantiated claims*], and instead the underlying assumption appears to be that reflection



The hermeneutic circle

Figure 1.1 The six dialogical movements of reflexive narrative construction.

out ripples over the whole surface of the pool. The pool represents the whole of one's understanding and informs the splash whilst at the same time the splash provides new information to deepen the whole pool's understanding in an every increasing deepening of the pool's understanding. Whilst this learning process may seem complex at first glance, I shall review it as one movement at a time commencing with the ideas of bringing the mind home and writing self.

Summary

Reflection has generally been accommodated into educational and practice organisations from a technical rational perspective with little evidence of its efficacy in terms of better practice or more competent practitioners. As such, it is an awkward fit. As I shall explore, reflective practices need compatible environments in which to flourish. It is a chicken and egg situation. Can reflective practices cultivated against the grain turn the grain to create compatible environments? Or can compatible environments be created beforehand? I suspect it is a mixture of the two, whereby reflective practices by their nature quickly realise the paucity of the environment to support it and hence begin to turn the grain.

In Chapter 2 I explore the first dialogical movement of writing self.

References

- Akinbode, A. (2014) Transforming self as reflective teacher: journey of being and becoming a teacher and teacher educator. Unpublished PhD Thesis. University of Bedfordshire.
- Bailey, J. (1995) Reflective practice: implementing theory. *Nursing Standard* 9.46, 29–31.
- Beauchamp, C. (2015) Reflection in teacher education: issues emerging from a review of current literature. *Reflective Practice* 16.1, 123–141.
- Begley, A.-M. (1996) Literature and poetry: pleasure and practice. *International Journal of Nursing Practice* 2, 182–188.
- Benner, P. (1984) *From novice to expert*. Addison-Wesley, Menlo Park.
- Boud, D., Keogh, R. and Walker, D. (1985) Promoting reflection in learning: a model. In D. Boud, R. Keogh and D. Walker (eds.), *Reflection: turning experience into learning*. Kogan Page, London.
- Boyd, E. and Fales, A. (1983) Reflective learning: key to learning from experience. *Journal of Humanistic Psychology* 23.2, 99–117.
- Brodersen, L. (2001) Creatively capturing care: poetry and knowledge in nursing. *International Journal for Human Caring* 6.1, 33–41.
- Bulman C, Lathlean J, and Gobbi M. (2012) The concept of reflection in nursing: qualitative findings on student and teacher perspectives. *Nurse Education Today* 32 (2012), e8–e13.
- Bruner, J. (1994) The remembered self. In U. Neisser and R. Fivush (eds.), *The remembering self: construction and accuracy in the self narrative*, Cambridge University Press, Cambridge.
- Casement, P. (1985) *On learning from the patient*. Routledge, London.
- Cioffi, J. (1997) Heuristics, servants to intuition, in clinical decision making. *Journal of Advanced Nursing* 26, 203–208.
- Cochran, L. and Laub, L. (1994) *Becoming an agent: patterns and dynamics for shaping your life*. State University of New York Press, Albany.
- Dawson, J. (2015) *Resurgence and Ecologist* pp. 25–29.
- Dewey, J. (1933) *How we think*. J. C. Heath, Boston.
- Department of Health & Social Security (1972) *Report of the Committee on Nursing (Chairperson, Professor Asa Briggs)* HMSO, London.
- Dreyfus, S. E. (2004) The five-stage model of adult skill acquisition. *Bulletin of Science, Technology & Society*, 24, 177–181.
- Dreyfus, H. and Dreyfus, S. (1986) *Mind over machine*. Free Press, New York.
- Eifried, S., Riley-Giomariso, O. and Voight, G. (2000) Learning to care amid suffering: how art and narrative give voice to the student experience. *International Journal for Human Caring* 5.2, 42–51.
- Fay, B. (1987) *Critical Social Science*. Polity Press, Cambridge.
- Finlay, L. (2008) Reflecting on 'Reflective practice'. A discussion paper prepared for PBPL CETL (PBPL paper 52) www.open.ac.uk/pbpl.
- Fordham, M. (2008) Building bridges in homelessness, mindful of phronesis in nursing practice. In C. Delmar C and Johns C (eds.), *The good, the wise, and the right clinical nursing practice*. Aalborg Hospital, Arhus University Hospital, Denmark, pp. 73–92.
- Fordham, M. (2012) Being and becoming a specialist public health nurse net weaving in homeless health care. Unpublished PhD thesis. University of Bedfordshire.
- Foster, L. (2013) Narrative self-inquiry to capture transformation in mental health nursing practice. Unpublished PhD thesis. University of Bedfordshire.
- Frank, A. (2002) Relations of caring: demoralization and remoralization in the clinic. *International Journal of Human Caring*. 6.2, 13–19.
- Gadamer, H.-G. (1975) *Truth & method*. Seabury Press, New York.
- Gibbs, G. (1988) *Learning by doing: a guide to teaching and learning methods*. Further Education Unit, Oxford Polytechnic, now Oxford Brookes University.
- Goldstein, J. (2002) *One Dharma*. Rider, London.

- Graham, M.M. (2015) Becoming available becoming student kind: a nurse educators reflexive narrative. Unpublished PhD thesis. University of Bedfordshire
- Greene, M. (1988) *The dialectic of freedom*. Teachers College Press, Columbia University, New York.
- James, N. (1989) Emotional labour: skill and work in the social regulation of feelings. *Sociological Review*, 37.1, 15–42.
- Jarrett, L. (2008) From significance to insights. In C. Delmar and C. Johns (eds.), *The good, the wise, and the right clinical nursing practice*. Aalborg Hospital, Arhus University Hospital, Denmark, pp. 59–72.
- Jarrett, L. (2009) Being and becoming a reflective practitioner, through guided reflection, in the role of a spasticity management nurse specialist. Unpublished PhD thesis, City University.
- Johns, C. (ed.) (1994) *The Burford NDU Model: caring in practice*. Blackwell, Oxford.
- Johns, C. (1996a) The benefits of a reflective model of nursing. *Nursing Times* 92.27, 39–41.
- Johns, C. (1996b) Visualising and realising caring in practice through guided reflection. *Journal of Advanced Nursing* 24, 1135–1143.
- Johns, C. (1996c) Using a reflective model of nursing and guided reflection. *Nursing Standard* 11.2, 34–38.
- Johns, C. (2005) Balancing the winds. *Reflective practice* 5.3, 67–84.
- Johns, C. (ed.) (2010) *Guided reflection: a narrative approach to advancing practice (second edition)*. Wiley-Blackwell, Oxford.
- Johns, C. (2015) *Mindful leadership: a guide for the health care professions*. Palgrave Macmillan, London.
- Johns, C. and Freshwater, D. (eds.) (2005) *Transforming nursing through reflective practice (second edition)*. Blackwell, Oxford.
- Jones, R. and Jones, G. (1996) *Earth Dance Drum*. Commune-E-Key, Salt Lake City.
- Kermode, F. (1966) *The sense of an ending*. Oxford University Press, New York.
- Kieffer, C. (1984) Citizen empowerment: a developmental perspective. *Prevention in Human Services*, 84.3, 9–36.
- Kikuchi, J. (1992) Nursing questions that science cannot answer. In Kikuchi, J. and Simmons, H. (eds.), *Philosophic Inquiry in Nursing*. Sage, Newberry Park.
- King, L. and Appleton, J. (1997) Intuition: a critical review of the research and rhetoric. *Journal of Advanced Nursing* 26, 194–202.
- Kopp, P. (2000) Overcoming difficulties in communicating with other professionals. *Nursing Times* 96.28, 47–49.
- Krishnamurti, J. (1996) *Total Freedom*. Harper, San Francisco.
- Lawler, J. (1991) *Behind the scenes: nursing, somology and the problems of the body*. Churchill Livingstone, Melbourne.
- Mackintosh, C. (1998) Reflection: a flawed strategy for the nursing profession. *Nurse Education Today*, 18, 553–557.
- Maddex, E. (2002) Shedding the armour: my leadership journey. Unpublished MSc Leadership in Health Care Dissertation. University of Bedfordshire.
- Mezirow, J. (1981) A critical theory of adult learning and education. *Adult Education*, 32.1, 3–24.
- Novelestsky-Rosenthal, H. and Solomon, K. (2001) Reflections on the use of Johns' model of structured reflection in nurse-practitioner education. *International Journal for Human Caring*, 5.2, 21–26.
- O'Donohue, J. (1997) *Anam Cara: spiritual wisdom from the Celtic world*. Bantam Press, London.
- Okri, B. (1997) *A Way of being free*. Phoenix House, London.
- Parker, M. (2002) Aesthetic ways in day-to-day nursing. In D. Freshwater (ed.), *Therapeutic nursing*. Sage, London.
- Pinar, W. (1981) 'Whole, Bright, Deep with Understanding': Issues in qualitative research and autobiographical method *Journal of Curriculum Studies* 13.3, 173–188.
- Polkingthorne, D. (1996) Transformative narratives: from victimic to agentic life plots. *The American Journal of Occupational Therapy*, 50.4, 299–305.

- Rawnsley, M. (1990) Of human bonding: the context of nursing as caring. *Advances in Nursing Science* 13, 41–48.
- Rogers, C. (1969) *Freedom to learn: a view of what education might be*. Merrill, Columbus, OH.
- Sangharakshita (1998) *Know your mind*. Windhorse, Birmingham.
- Schön, D. (1983) *The reflective practitioner*. Avebury, Aldershot.
- Schön, D. (1987) *Educating the reflective practitioner*. Jossey-Bass, San Francisco.
- Smith, E. (2011) Teaching critical reflection. *Teaching in Higher Education* 16.2, 211–223
- Smyth, J. (1992) Teachers' work and the politics of reflection. *American Educational Research Journal*, 29, 267–300.
- Street, A. (1992) *Inside nursing: a critical ethnography of clinical nursing*. State University of New York Press, Albany.
- Vaught-Alexander, K. (1994) The personal journal for nurses: writing for delivery and healing. In D. Gaut and A. Boykin (eds.), *Caring as healing: renewal through hope*. National League for Nursing Press, New York.
- Van Manen, M. (1990) *Researching lived experience*. State University of New York Press, Albany.
- Visinstainer, M. (1986) The nature of knowledge and theory in nursing. *Image: The Journal of Nursing Scholarship* 18, 32–38.
- Wilber, K. (1998) *The eye of spirit: an integral vision for a world gone slightly mad*. Shambhala, Boston.
- Wheatley, M. and Kellner-Rogers, M. (1999) *A simpler way*. Berrett-Koehler, San Francisco.

Chapter 2

Writing Self

Christopher Johns

Writing self is the raw data of experience

Bringing the Mind Home

To write I find a quiet eddy out of the fast current of life, to pause, muse, to clear and let go of the mind and open the body to recall the experience, to create a space where I can get back into the experience with all my senses. Yet in the busy and material world in which we live this may not be easy. Our minds are often full of stuff that distract us. Like a juggler trying to keep eight plates spinning. Generally, people do not take time to slow down and press the pause button. Having the mind full of stuff also offers an excuse not to look at self in any deep way.

As Jones and Jones (1996: 90) write,

We must slow down or we will miss all that has meaning. Meaning is revealed only when you pause, when you stop, when you pay attention. Learn the lesson of the tribal people. Put your busyness on pause, eliminate distractions, and allow the meaning of life and living to return to you. Slow down in order to connect to the meaning of life.

And yet, as Rinpoche (1992: 31) writes,

how hard it can be to turn our attention within! How easily we allow our old habits and set patterns to dominate us! Even though they bring us suffering, we accept them with almost fatalistic resignation, for we are so used to giving into them.

Can we create the space in our crowded minds to bring the mind home?

Susan Brooks recognizes the value of bringing the mind home.

Susan writes (2004),

One of the most priceless skills learnt over the last two years of study on the MSc leadership programme¹ is 'bringing home my mind' – slipping out of the noose of anxiety, releasing all grasping and relaxing into my true nature. By relaxing in this uncontrived, open and natural state we obtain the blessing of aimless self-liberation of whatever arises (Rinpoche 1992). This

is unfolding moment to moment. It always seems remarkable how much detail the body absorbs.

In writing, I draw on all my senses in spontaneous expression. What did things look like, smell like, sound like, even taste like, what did I sense? Paying attention to detail – the colour of the walls, what noises permeated the situation? What time of day? Such things may seem immaterial at the time of writing but on reflection may gain significance- hence the more detail the better. Holly (1989: 71–75) writes,

It [keeping a reflective journal] makes possible new ways of theorizing, reflecting on and coming to know one's self. Capturing certain words while the action is fresh, the author is often provoked to question why ... writing taps tacit knowledge; it brings into awareness that which we sense but could not explain.

At my reflective practice workshops I ask people to write a story about a recent experience for 20 minutes without taking the pen off the paper. It needn't be about clinical practice. *Without taking the pen of the paper* facilitates spontaneous expression. It seems when we write we think less, as if it is the body that speaks. When we lift the pen, we pause, and think and get stuck. Manjusvara (2005: 37) notes, 'as the hand begins to overtake the brain it is amazing how often there emerges a coherent statement of what I had previously been struggling to say'

Skill Box

- Write for 15 minutes about a recent experience. Do not take your pen off the paper or finger off the keyboard. Be spontaneous and descriptive. Write in the present tense as if you are reliving the experience. Draw on all your senses.
- What senses did you draw on?
- Did you capture actual dialogue spoken?

Journal Entry

One student asks 'How do I write?'

I respond 'Just do it. Let it come and flow as naturally as water flowing in a stream.'

'Give me a clue' the student asks.

'Were you at work yesterday?' I respond

'Yes'

'Think of one patient you nursed- now write a story. For example 'Mr Smith is 46. He sits in his chair by the bed. He seems sad. I am frustrated that I do not have enough time to spend with him.'

The pen writes furiously for 20 minutes. Stemming from socialised patterns of learning based on technical rationality, practitioners are overly sensitive about doing it right, as if they will be judged. To dictate how to write and reflect reinforces an instrumental approach. The guide guides them to find their own way, knowing that this way will ultimately be the most productive way.

Practitioners are often surprised by what they have written. Often the writing has gone off on tangents to the extent that people did not write about what they had intended or hadn't yet come around to the specific point. They seem to enjoy this creative form of writing even though it may at first seem alien and difficult to start.

As one nursing student says '*I haven't yet got to the point of the experience.*'

She, like so many other participants, is astonished with the amount she has written. Revealing the storied self. Putting together the pieces of self, of life itself. It is a creative and restorative act.

Tufnell and Crickmay (2004: 41) write,

We come to know more of what matters in our lives, less through an in-tuned search for self, than in conversation, in relationship to what is around us. We rarely know what currents flow beneath what we are doing and feeling. The impulses, instincts and intuitions that impel our thoughts and actions are as animals moving in the shadows of our everyday awareness. As we create we discover events, characters, places, sights and sounds, whose significance we cannot quite define, yet whose presence makes more visible what is moving through our lives. Creating is a way of listening and of trying to speak more personally from within the various worlds we inhabit. It is a way of discovering our own stories, refreshing and reawakening our language and giving form to the way we feel.

Writing is creative. It cannot be prescribed although teachers may try and impose some academic order on your writing (Woolf 1928/ 1945). Pay attention to everything no matter how tangential it is. Do not discard anything. Let the imagination run riot! Writing should be approached with a playful and creative spirit. IT is YOU! In writing, you are writing yourself, your body, nurturing your precious and unique self. In writing you change yourself on a subliminal level. As Ferruci (1982: 42) says, 'it is like cutting a new pathway in a jungle'.

Some practitioners find writing story easy whilst others struggle as if some mind censor constrains the writing potential. If you have never written about self before it may feel strange, even threatening. The reflective mirror is not always kind, especially if we write about things we find difficult for whatever reason. Then we may subconsciously distort our recall and create false impressions of ourselves. Hence, writing is courageous. It requires effort, honesty, and perseverance.

Eleanor Gully (2005: 151) writes,

Reflective practice is part of the way I work with others in my nursing practice. Journaling is both a professional and personal way of making sense of everyday living. It may be called a journey to wholeness and well-being. It is the process of journaling that is by far the most significant act in my practice, for it records the process of my evolving as a human being and connects me with the other in my nursing relationship; it is a journey from the 'I' to the 'we', the consciousness of the collective soul journey of each human being. The journey begins with the self, *the awakening to the self*, in relation to the spiritual path each of us is destined to follow.' [my italics]

Writing Rather than Telling

Some people like to tell their stories whilst others prefer to write them. I advocate writing because writing creates the reflective canvas. It is something substantial to work on. Some practitioners get stuck between telling their story and writing it. It is as if they hit a mental block. Perhaps telling stories is more spontaneous whilst writing is more considered, more cognitive, more self-conscious, even though I advocate spontaneous writing. I sense the presence of an internal censor at work in writing that tries to fit the description into learned ways of writing that denigrate feelings and imagination. Some people will always struggle to write despite advice to just let the words flow in a spontaneous stream.

Writing is confrontational and begins to loosen the self from its bondage. It is much more than a cognitive exercise of recall. It is as if I seek to dwell within the situation as a witness. In this way I tap into the right side of my brain and stir my perception and imagination. It is playful but I may have forgotten how to play, wrapped up as I am in reason and rationality.

Mimesis

The practitioner writes to capture something of the experience through rich description, paying attention to detail and drawing on all the senses in order to capture the reality of their experience as best they can. The attention to recall what actually took place, is the mimetic nature of reflective writing.

Boud, Keogh and Walker (1985: 27) suggest the value of mimetic writing as,

one of the most useful activities that can initiate a period of reflection is recollecting what has taken place and replaying the experience in the mind's eye, to observe the event as it had happened and to notice exactly what occurred and one's reaction to it in all its elements, it may be helpful to commit this description to paper, or to describe it to others. By whatever means this occurs the description should involve a close attention to detail and should refrain from making judgments.

However, mimetic writing should not be naïve (Mattingly 1998). There is a distinction to be made between the actual lived experience and telling the story. The remembering of the story becomes distorted through perception and memory even when written shortly after the event. The reflective practitioner is aware that capturing the exact nature of the experience is elusive because of her subjective partial view. This is natural and is not a problem, not least because the practitioner's subjective partial view becomes a focus for scrutiny through reflection.

I do suggest people write about the experience soon after it happens. My own edict is to write within 24 hours of the experience. Although I have no hard evidence to support this, practitioners say this is useful advice. Of course, I don't always achieve this edict. Sometimes a week or even a month goes past and I haven't written about the experience for whatever reason. I can still recall it clearly and yet I wonder if my recall has become more distorted through time. It might suit some people to write at a later time when the immediacy of the experience has settled. Writing too soon after a situation may not be enough time for the emotional mud to settle and for things to become clearer.

Feelings

Reflection is often triggered by negative or uncomfortable feelings such as anger, guilt, sadness, frustration, and resentment (Boyd and Fales 1983). These emotions create a sense of drama in the mind. These feelings give access to our inner world, often a negative feeling or sense of discomfort about something that has happened during the day. Negative feelings create anxiety. As such, the practitioner may *naturally* reflect either consciously or subconsciously to defend against this anxiety. They may distort, rationalise, project or even deny the situation that caused these feelings. Pema Chodron (2000: 12) writes,

Generally speaking, we regard discomfort in any form as bad news. But for practitioners or spiritual warriors – people who have a certain hunger to know what is true – feelings like disappointment, irritation, resentment, anger, jealousy, and fear, instead of being bad news, are

actually very clear moments that teach us where it is that we're holding back. They teach us to perk up and lean in when we feel we'd rather collapse and back away. They're like messengers that show us with terrifying clarity, exactly where we're stuck. This very moment is the perfect teacher and, lucky for us, it's with us wherever we are.

It seems natural to focus on negative experiences because it is these situations that present themselves to consciousness. Much of experience is not reflected on because it is unproblematic. In other words, much of practice is taken for granted. Paramananda (2001: 58) writes,

Whenever we begin to feel frustrated in what we are doing, we should slow down and pay closer attention to it. Frustration takes us away from ourselves; we become alienated from our experience. When we feel this beginning to happen we need to pay more attention to our experience.

Senge (1990) argues that we need to deal with emotional tension before we can focus on creative tension, as if emotions smudge the mirror and distort rational thought. Boud, Keogh and Walker (1985) also suggest we need to remove obstructive feelings as part of the reflective process. Some practitioners may find writing helps them work through their feelings, but for other writers, reflecting on events, especially traumatic events, may be distressing. Gray and Forsstrom (1991: 360) write,

The process of 'journaling' may sound simple and easy to execute, but at times it was extremely difficult. Mostly the incidents recorded were identified because there was an affective component. This may be related to feelings of personal inadequacy to cope with the demands of the situation. Alone, it was emotionally painful to journal events that were largely self-critical.

The idea of not being *alone* through guidance is explored in Chapter 5.

I might just write in my journal, 'I'm angry!!' A cathartic explosion to release the feeling. I can then add to this expletive at any time.

ANGRY!

I'm angry at Jane, the junior nurse, because I asked her to help a patient wash, but she ignored me and went to help someone else. I am puzzled why she did this. It made me angry but I couldn't challenge her. I didn't want to make a fuss. I'm still angry, angry at myself for letting her get away with it. Maybe I should have confronted her later. Grrghhhh! [Dog sound optional!]

For novice reflective practitioners, it is more natural to pay attention to things that haven't gone well than things that go well. As a consequence the practitioner may get into a pattern of negative thinking about self and practice. She may despair about her organisation and her colleagues. Not much fun. However, it is significant to experience our anger, our sorrow, our failure, our apprehension; for these feelings are all our teachers when practitioners do not try and defend against them. Then learning is not possible. That's not hard to understand, just hard to do (Beck 19997).

Whilst it may be natural to pay attention to negative feelings because they disturb us, practitioners can be guided to reflect on positive experiences. This is less likely because positive experiences are not viewed as problematic or dramatic enough. Such experiences are often taken for granted. However, I have discerned a pattern whereby practitioners, as they become more experienced with reflection, shift their focus from negative to affirming experiences.

Sylvia Plath (1975: 147) writes in one letter to her mother, ‘the thing about writing is not to talk, but to do it; no matter how bad or even mediocre it is, the process and production is the thing, not the sitting and theorizing about how one should write ideally, or how one could write if one really wanted to or had the time.’ Plath’s words are a reminder about not getting caught up in technique.

Skill Box

- Write two stories. One about a recent negative feeling and one about a positive feeling. See where this takes you. We will pick up and reflect on these stories in the next chapter.

Susan Brooks (2004) reflects on writing a journal,

Having never attempted to keep a reflective journal before, the journey ahead seemed a little daunting as evidenced by the first recorded entry – ‘Today I start my journal. What shall I write? I’m really worried about this whole thing – will I get time to do it – will I want to do it – will I do it right? If I’m honest in it will it matter if others read it? Reflective practice – what is it really? I think I know but I don’t think I’ve ever really done it properly. I feel so uncertain about everything at the moment and a bit scared and threatened. I don’t feel I know anything about myself really and I suppose I just do what I do to fit in. I need to get over this and get on with it – pull yourself together Sue – you know you can do it’.

This first journal entry reveals my initial uncomfortable reactions to the prospect of journal writing. I had doubts about my capacity to write, felt threatened by having to face myself on paper, questioned my ability to manage my internal censors that may inhibit complete honesty and held the naïve assumption that there is a correct way to keep a journal - all classic reactions to journaling (Street 1995). My initial fears were quickly dispelled as the value of my journal soon became evident. After I wrote, it seemed to become a powerful emancipatory tool in giving my innermost thoughts voice. I was the only person with access to the journal and, possibly because of this, it became a very cathartic experience to write. As the process continued, I soon recognised that I did not need to confront all the chaos of my personal or professional life at any one time and became more discriminatory about the events that I considered worthy of deeper reflection and subsequent action (Street 1995). The journal became, in a sense, my autobiography containing both positive and less than positive experiences - a non-hagiographic record of my daily life. My journal had, after just a few months on the course, become a silent but very powerful and challenging teacher – perhaps more persuasive and influential than any human embodiment that I had met. The following entry signifies just how my attitude had changed since that first entry at the start of the course. ‘I read of a teacher today who got very excited about writing his journal. He wrote that he felt especially good about writing for himself instead of someone else. His written thoughts were entirely his own regardless of lack of style, format or academic expression. He had never written like this before and felt that he was really communicating with and understanding himself. That’s just how I feel now and I wish I had started writing like this ages ago. To be unrestricted by structural rigour, academic expectations and the approval of others is so liberating!’

From the practical aspect, a double entry technique was used with the factual account (data collection) of the experience written on the left of the page and the reflective thought (the analysis) on the right (Moon 2002). Both the ordinary and extraordinary events of every day practice were included to prevent selective inattention, particularly to the seemingly mundane, where habitual routinized practice is thought most likely to occur (Heath and Freshwater 2000). I considered myself to be the primary research tool here. If the journal was to accurately and consistently record my own experiential world I needed to maintain a

Table 2.2 The value of writing a story^a

Paints a rich descriptive canvas for reflection Focuses attention on one's practice and recognising significance within the unfolding situation Develops perception Gives voice Enables self to become aware of self and others within the context of the practice environment/ connection with self and with others (empathy) Is cathartic/ healing/ transformative Points to problems and contradictions with values Others can relate to because of its subjective and contextual nature

^a In Chapter 13 Margaret Graham reflects on the value of learning through story based on student feedback.

The subtitle of Rachel Remen's (1996) book *Kitchen Table Wisdom* is 'stories that heal'. She claims that in telling our stories we connect with something vital in us, something healing. She writes 'Whatever we have denied may stop us and dam the creative flow of our lives ... avoiding pain, we may linger in the vicinity of our wounds ... without reclaiming that which we have denied, we cannot know our wholeness or have our healing' (p. 70). The reclaiming is in telling or writing the story.

Writing is the creative flow of our lives. If we do this consistently then it washes away traumatic debris before it can accumulate into a dam. Then we have crisis. Jourard (1971) argues that self-disclosure of upsetting experiences serves as a basic human motive. As such, people naturally discuss daily and significant experiences with others. Talking through a trauma with others can strengthen social bonds, provide coping information and emotional support, and hasten an understanding of the event, the inability to talk with others can be unhealthy.

In reviewing the therapeutic benefit of telling and writing experience, the work of Pennebaker and his colleagues offers good evidence.⁴ The title of his book – *Opening up: the healing power of confiding in others* tells his overall message – the idea of story as 'opening up'. And in opening up, letting go of the tension within.

Pennebaker (1989: 213) writes,

When given the opportunity, people readily divulge their deepest and darkest secrets. Even though people report they have lived with these thoughts and feelings virtually every day, most note that they have actively held back from telling others about these fundamental parts of themselves. Over the past several years, my colleagues and I have learned that confronting traumatic experiences can have meaningful physiological and psychological benefit. Conversely, not confiding significant experiences is associated with increased disease rates, ruminations and other difficulties.

Pennebaker and his various colleagues (Pennebaker, Colder and Sharp 1990; Pennebaker, Mayne and Francis 1997) demonstrated the therapeutic benefit of therapeutic journaling in well-being, notably the benefit of connecting strong feelings to past traumatic events. Smyth et al.'s (1999) review of the literature suggested that emotional expression has a salutary health effect, whereas emotional inhibition has a detrimental health effect. Smyth cites Pennebaker et al.'s (1997: 175) claim that,

Written emotional expression leads to a transduction of the traumatic experience into a linguistic structure that promotes assimilation and understanding of the event, and reduces negative affect associated with thoughts of the event.

Smyth and colleagues reviewed ten studies that demonstrated significant superior health outcomes in participants; psychological well-being, physiological functioning, general functioning, reported health outcomes, but not for health behaviours. Smyth noted that these studies demonstrated that short-term distress was increased but is thought to be related to long-term improvement.

Pennebaker et al. (1990: 536) write,

The present experiment, as well as others that we have conducted, found that writing about transition to college resulted in more negative moods and poorer psychological adjustment by the end of the first semester. Our experiment may have effectively stripped the normal defences away from the experimental subjects. With lowered defences, our subjects were forced to deal with many of their basic conflicts and fears about leaving home, changing roles, entering college.

Indications from this study suggest that the power of confronting upsetting experiences reflects insight rather than cathartic processes. In follow-up questionnaires, for example, the overwhelming majority of the subjects spontaneously wrote that the value of the experimental condition derived from their achieving a better understanding of their own thoughts, behaviours and moods. The stripping away of defence mechanisms means that practitioners may benefit from guidance to support them through the consequences of the writing experience. Perhaps one way practitioners deal with negative experience is to avoid it, to bury it deeper into the subconscious. Writing opens the door to the subconscious with the threat of lifting these buried experiences into the conscious mind. Whilst this may be upsetting, burying experiences has a psychological impact that is not conducive to well-being and effective practice. In other words, health care practitioners have a responsibility to be fit for practice. However, writing about experience and disclosing these experiences are two different issues. Writing is an introvert activity whereas disclosure is a more extrovert activity perhaps more suited to different personalities. Having written the story the practitioner now stands back to reflect on it – the focus for the following chapter.

Skill Box

- *Think of the last time you were at work. Now think about one particular situation. It needn't be dramatic. It can simply be something mundane or ordinary, something you wouldn't normally give a second thought. Before going to see a patient or a meeting or teaching, pause before entering and use your breath to bring yourself fully present to this moment. Write about the impact of that.*
- *First, relax and bring your mind home. Now write a description of this situation for 15–20 minutes. Do not to take your pen off the paper. Do not stop and think about the why's of the situation. Just let the pen or keyboard flow spontaneously, in rich graphic description, paying attention to detail, drawing on all your senses. Just write.*
- *After 20 minutes, pause, and stand back. Read what you have written with an open and curious mind. Ask yourself – 'What is significant in what I have written towards becoming a more effective practitioner, towards realizing my vision of clinical practice as a lived reality?'*

As you do, you enter the reflective spiral. This is the focus for the following chapter.

Summary

Writing self is the raw data of experience. Hence, the richer the description the more data to reflect on. Through writing self the practitioner learns to pay attention, to become aware of self in context of her environment. Writing is also cathartic and healing. As such it is a