CHAPTER 1

Envisaging Reflection, Reflective Practice and Guided Reflection

Reflection begins with paying attention and telling stories. So, I shall begin with a story of a conversation I overheard one morning on the train between two women:

> *Sitting in the train the other day a woman hobbles on. Finds a seat to put her leg up. She says to her mate 'They just don't care anymore. She didn't look properly at my foot. She wasn't interested. Told me it was probably a corn. Wasn't listening to me. Told her the pain was in me 'eel. In the end she said 'Your 10 minutes are up got to see someone else'. Her mate rolls her eyes 'Bloody awful ain't it, chiropody on the NHS'.*

The woman's comments reflect her dissatisfaction with her care. You might accept her word that the chiropodist wasn't listening to her and ponder the reason for that. Had the chiropodist's practice become so time routine requiring little thought and engagement with the patient? Was the woman just a task to do? The bottom line is that every professional, no matter what discipline, must take responsibility for ensuring effective person-centred practice. This requires practitioners not only to be reflective after the event but also, more significantly, to reflect within practice, to have a finger on the pulse of practice. To be a reflective practitioner.

Experience

Listening to the above conversation was an experience. Life and practice are made up of a continuous stream of experiences. Most are taken for granted, reflecting the way things are. Yet experience is a rich learning opportunity when paid attention to.

O'Donohue [1, p. 26] writes

> 'Everything that happens to you has the potential to deepen you. This potential is actuated through reflection as a self-inquiry into experience to find meaning, gain insight and prompt action that will deepen you'.

Practitioners live practice through a succession of experiences. Most of these experiences are taken for granted as normal. They do not disturb the practitioner's smooth flow of practice. However, sometimes something disturbs the practitioner, leading to a breakdown of its smooth running. The practitioner feels uncertain or anxious about what is happening. The

experience becomes conscious and leaves a trace in the mind. It is these types of experiences that most often trigger reflection. However, as the practitioner becomes increasingly reflective, then all experiences become available for reflection, challenging and opening up one's normal practice to scrutiny in light of realising one's vision. Experience is made manifest through our stories of everyday practice.

Reflection

My interest in reflection was triggered by Margaret Clarke's paper 'Action and reflection: practice and theory of nursing [2]. It turns upside down the relationship between theory and practice. Learning through reflection on experience is practice-based, informed as appropriate by theory, rather than theory-based to apply to practice. For a practice discipline such as nursing, it made absolute sense.

The words *reflection* and *reflective practice* are often used glibly in everyday discourse as if reflection is simply a normal way of thinking about something that has happened and that requires little skill or guidance. Smyth [3, p. 285] writes

> 'Reflection can mean all things to all people ... it is used as a kind of umbrella or canopy term to signify something that is good or desirable ... everybody has his or her own (usually undisclosed) interpretation of what reflection means, and this interpretation is used as the basis for trumpeting the virtues of reflection in a way that makes it sound as virtuous as motherhood'.

Smyth's words are both salutary and provocative. They remind us to be careful about grasping reflection in any casual or authoritative way. The Compact Oxford English Dictionary [4, p. 86] defines 'reflect' as:

- throwback heat, light, sound without absorbing it
- [of a mirror or shiny surface] show an image of
- represent in a realistic or appropriate way
- bring about a good or bad impression of someone or something [on]
- think deeply or carefully about

Hence, reflection can be viewed as a mirror to see images or impressions of self *thrown back* in context of the particular situation. It is thinking deeply about the way the practitioner has responded and reasons for that response in light of what they were trying to achieve. It is *self-judgmental* – did I act in accordance with my vision? It is *wake up call* because so much of practice is non-reflective, merely a matter of habit and automatic response.

Edward Bear

An image of reflection can be discerned in the story of Edward bear and Christopher Robin [Milne 5, p. 1]

> 'Here is Edward bear, coming down stairs now, bump, bump, bump on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels there really is another way, if only he could stop bumping for a moment and think about it. And then he feels that perhaps there isn't'.

Reflection is creating the space to 'stop bumping' to think about what is happening, why it is happening and ways it might change for the better, and yet recognising that both finding a better way and affecting change may be difficult because we are locked into patterns of behaviour and relationships, including our relationship with the Christopher Robins of this world.

Perhaps, it is easier to conform and take pain killers for the sore head! Perhaps, we need an altogether different Christopher Robin to show us the way.

The reflective practitioner is someone who lives reflection as a mindful way of being within everyday practice where every action is focused on living one's vision of practice. The gateway to becoming a reflective practitioner is through reflection on everyday experiences.

Defining Reflection

I describe reflection as –

> 'Being mindful of self, either within or after an experience, as if a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to reveal, understand, and be empowered to resolve contradiction between their envisaged their vision of practice and actual practice as revealed through reflection. In this process, the practitioner gains insight to develop their knowing in practice towards realising their vision of practice as a lived reality'.

Pinar [6, p. 184] picks up the idea of reflection as a mirror

> 'We are not mere smudges on the mirror. Our life histories are not liabilities to be exorcised but are the very precondition for knowing. It is our individual and collective stories in which present projects are situated, and it is the awareness of *these stories* which is the lamp illumining the dark spots, the rough edges'.

Reflection opens up *these stories* as a learning space. The learning space is resolving contradictions. Senge [7, p. 142] terms contradiction as 'creative tension' – the tension between our vision (where we want to be) and our current reality (where we actually are as recalled through reflection). Our recall may be smudged due to our subjective perspective on their experience. Guidance will help the practitioner to clean the reflective mirror to see reality more clearly (Chapters 8 and 9).

Activity

Next time you are at work, look into the self-mirror and ask yourself:

- 'Why am I responding as I am?'
- 'Am I responding in tune with my vision of practice?'
- 'Am I being effective?'
- 'Could I respond in different, perhaps more effective ways?'

These are reflective questions any serious practitioner would naturally ask self as they go about their practice that open the doorway to self-inquiry. As a consequence, do you become more sensitive to your practice? You are stepping along the reflective journey.

Vision

At the core of reflection is holding a vision of practice. It sets up contradiction and creative tension. Vision is the practice rudder to steer practice in a certain direction. It gives meaning and purpose to practice. It shapes one's attitude. It energises practice.

A vision is ideally developed with colleagues so that everybody pulls in the same direction. However, holding a personal vision is essential to contributing to a shared vision. As Senge writes [7, p. 231]

> 'If people don't have their own vision all they can do is 'sign up' for someone else's. The result is compliance, never commitment'.

In reality, practitioners are often at a lost to say what their vision is as if practice is concerned with 'what I do' rather than 'what I believe'. As such, vision is a rare thing beyond such taken for granted rhetoric of 'individualised care' or 'person-centred practice'. Indeed, practitioners may scoff at the need to have a vision or take offence that someone might suggest what their vision should state or that somehow they are deficient or incompetent in some way.

An inquiry into a vision of practice would expect to be professionally informed. The Royal College of Nursing UK[i] define nursing as –

> 'Registered nurses use evidence-based knowledge, professional and clinical judgment to assess, plan implement and evaluate high quality *person-centred* nursing care. Compassionate leadership is central to the provision and co-ordination of nursing care. They have high levels of autonomy within nursing and multi professional teams'.

The RCN represents professional nursing in the UK and, as such, it is reasonable to accept this definition as the primary focus for practice. This position is supported by the Nursing and Midwifery Council, the regulatory nursing body in the UK who state[ii] –

> 'Kindness and respect mean different things to different people. That's why it matters to be *person-centred*. Being *person-centred* means thinking about what makes each person unique, and doing everything you can to put their needs first'

These statements clearly point towards person-centred practice as being nursing's vision. Yet many practitioners do not explicitly hold a vision or merely pay lip service to an ideal such as person-centred practice but have never inquired into its nature. It is easy for any practitioner to believe that they are person-centred. Indeed, it would be difficult to admit they were not. Yet if practitioners were to be observed, the contradictions between a vision of person-centred practice and its reality would be evident. Thus, learning through reflection is learning to become a person-centred practitioner whatever that means as something lived. It is complex when viewed against the bigger picture of society. Issues such as gender, culture, diversity, race, climate change, politics, refugees, poverty, ageing population and health all impact on everyday clinical practice and education. As Rolling Thunder [8, p. 7] writes

> Mankind's strength and ultimate survival depend not upon an ability to manipulate and control but upon an ability to harmonize with nature as an integral part of the system with life'.

From a person-centred perspective practitioners strive to harmonize with persons in relationship. Just as practitioners strive to grow through reflection so practitioners strive to enable persons to grow through their health-illness experience.

Mandy[iii] reflects on having a vision for practice

> 'In one reflective practice workshop Chris shared his experience of constructing the Burford model vision. This was a sharp wake up call. I recalled that the department had its own philosophy but if I was challenged as to its contents I would have failed miserably. Once back in the department, I eventually found the operational policy buried away in a filing cabinet. Included in its contents is the department's philosophy of care; however, it did not state who had devised it and when. I asked one of my colleagues who had worked in the department for many years as to the origin and author of the philosophy she looked at me blankly and said "I am sorry, I did not know we had one duck".
>
> In my next management supervision, I raised this issue with my manager who also was ignorant of these facts but thought it might have been based upon the acute services philosophy. I compared the department's philosophy with one of the acute inpatient wards, only to discover that it was exactly the same. Johns [9] draws attention to the difficulties caused by having an

> imported philosophy imposed on a practice: it denies articulation of the practitioner's own beliefs and values and is easily forgotten. What then is the point in having a generic philosophy devised by someone else, locked away in a filing cabinet? Non-whatsoever. Reflecting upon this, I established that the team believes that we provide a high standard of individualised care for patients within the department. However, we lack evidence to validate this. By not having a philosophy of care constructed on our collective beliefs and objectives of our practice, how do we know where we are going and the rational for the journey?

Running in Place

We can only know person-centred practice as something lived. Beck describes this as 'running in place' [10, p. 123] –

> 'Suppose we want to realize how a marathon runner feels: if we run two blocks, or two miles, or five miles, we will know something about running those distances, but we won't know anything about running a marathon. We can recite theories about marathon running, we can describe tables about the physiology of marathon runners, we can pile up endless information about marathon running but that doesn't mean we know what it is. We can only know when we are the one doing it. We can only know our lives when we experience them directly, instead of dreaming about how they might be if we did this or have that. This we can call running in place, being present as we are, right here and right now'.

Life is paid attention to through reflection. Through reflection, practitioners learn quite quickly they are not running in place. Indeed, they have not given that much thought, locked into non-reflective modes of practice.

Take the example of caring. Frank [11, p. 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. Caring cannot be known as a technical or abstract thing. The practitioner knows self as caring only within the moment. It can be scrutinised and developed through reflection.

Reflective practice *is* person-centred/holistic practice[iv]

- Learning is embedded in practice; thus, learning is practice. There is no division between them. Every moment is a learning experience for both practitioners and persons.
- Learning is grounded in the practitioner's whole experience and then seeks to understand the significance and relationship of issues within the whole that mirrors the person-centred practitioner's approach to persons.
- Learning acknowledges that the practitioner is ultimately self-determining and responsible for her or his own practice in context with their practice environment that mirrors the person-centred practitioner's approach to persons.
- Learning seeks to facilitate the individual practitioners' growth to reach their full practice potential that mirrors the person-centred practitioner's approach to persons.

Knowing in Practice

The fact is, practitioners cannot easily control their experiences. They just happen to confront the practitioner moment by moment.

Salzberg notes [12, p. 76]

> 'No matter how much we want it to otherwise, the truth is that we are not in control of the unfolding of our experience. We can affect and influence and impact what happens, but we can't wake up in the morning and decide what we will encounter and feel and be confronted by during the day'.

The practitioner responds to situations with their knowing in practice. Schön [13, p. 22] terms this knowing as 'professional artistry'. Artistry captures how this knowing is expressed through performance. Knowing in practice is always tentative. It is never certain. Every situation needs to be approached from a position of 'not-knowing' and thus inquired into and interpreted for its meaning and response simply because it has never been experienced before. If knowing is perceived as certain, it closes down possibility.

As Wheatley and Kellner-Rogers [14, p. 69] write

> 'The future cannot be determined. It can only be experienced as it is occurring. Life doesn't know what it will be until it notices what it has just become'.

Knowing in practice is a *reflexive knowing*. Every reflected-on experience results in tentative insights or understanding that informs future experiences [15] within a deepening hermeneutic spiral of understanding (see Chapter 2). Reflexivity is 'looking back' through experiences to discern the pattern of deepening their knowing in practice towards realizing their vision of practice and expanding their horizon of knowing. As Gadamer writes [16, p. 183]

> 'Our own horizon is constantly in the process of formation, not least through our encounters with the past'.

Schön [13] notes that everyday practice is tacit, complex and indeterminate that defies technical solutions to its problems. He notes (p. 49)

> 'When we go about the spontaneous, intuitive performance of the actions of everyday life, we show ourselves to be knowledgeable in a special way. Often, we cannot say what it is that we know. When we try to describe it, we find ourselves at a loss. Or, we produce descriptions that are obviously inappropriate. Our knowing is ordinarily tacit, implicit in the patterns of action and in our feel for the stuff with which we are dealing. It seems right to say that our knowing is in our action'.

Reflection enables the practitioners to lift this tacit knowing to the mind's surface to explore in the context of the particular experience. Tacit knowing is like a wave flowing just beneath conscious thought, yet it is accessible and obliquely articulated through reflection, where it can be scrutinised and developed.

Knowing in practice, because of its tacit nature, is intuitive and contextual. The reflective practitioner has a sense of knowing what to do. King and Appleton [17] and Cioffi [18] both note that reflection accesses, values and develops intuitive processes. Technical rational knowledge has been claimed as necessary for nursing's disciplinary knowledge base because it can be observed and verified [19]. Historically, professions such as nursing have accepted the superiority of technical rationality over tacit or intuitive knowing [13]. Yet, a technical rational mentality inevitably leads to stereotyping, fitting the patient to the theory rather than using the theory to inform the situation, thus reducing the patient/client to some object and the practitioner to the status of a technician carrying out a prescription irrespective of the person's humanness. A technical rational approach gives dominance to theory and objective facts rather than subjective opinions and feelings. Indeed, feelings may be denigrated as unprofessional and stories as mere anecdotes with little learning potential. From this perspective, reflective practice is likely to be adapted to fit this dominant culture rather than see the potential for reflection to transform both educational and organisational culture. Hence, a radical shift of mind is necessary to accommodate reflective practice. Yet, 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 [20] (I pick this idea up in Chapter 26).

Since the Briggs Report [21] 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 the 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 of their clinical nursing knowledge [22]. Has it improved in the past 30 years? I see no evidence to support that.

☐ Tick the box 'I am not a robot'.

Developing a Reflective Attitude

Learning through reflection requires a 'reflective attitude'. Fay [23] identified certain qualities of mind that he considered pre-requisite to reflection: commitment, curiosity and intelligence. These are significant to counter more negative qualities of mind associated with defensiveness, habit, resistance and ignorance.

Commitment

Commitment is energy that sparks life. Yet, for many practitioners, commitment for their practice has become numbed or blunted through working in non-challenging, non-supportive and generally stressful environments, where work satisfaction is making it through the work with minimal hassle. These practitioners are unlikely to appreciate 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 without commitment. When those things are people, then the significance of commitment is only too apparent. Commitment is fuelled by vision, which helps them face up to difficult situations simply because realising their vision matters to them. 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 [24].

Curiosity

Curiosity is self-inquiry, questioning who I am and what I do. It is the opening up of possibility. As Gadamer [16, p. 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 that are taken for granted as normal. They get stuck in a non-reflective habitual groove going through the motions.

Through reflection, the practitioner becomes innately curious in taking nothing for granted and exploring new ways of being and responding towards realising one's vision. Curiosity moves the practitioner away from an uncritical, pre-reflective state of being, where aspects of practice were not questioned but simply taken for granted [25].

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. Curiosity helps us pay attention as if each new experience is to be explored for its meaning and response. As Loori [26, p. 74] writes –

> 'When we truly pay attention, we see each object or situation for the first time- and it always seems fresh and new, no matter how many times we've encountered it before. We break free of our habitual ways of seeing'.

Intelligence

Intelligence opens the practitioner to new ideas in contrast with being ignorant, where new ideas are viewed as a threat and dismissed. Intelligence is about being a thinking person questioning the very basis for practice. Intelligence is tuning into one's intuition and a deeper awareness of self rather than a reliance on abstract knowledge.

Krishnamurti writes [27, p. 89]

> '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'.

The practitioner may lack these qualities of mind. However, these qualities of mind are naturally nurtured through reflection, especially with guidance.

Spectrum of Reflective Practices

Reflective practices as a spectrum (Figure 1.1) characterised by three developing themes:

- From 'doing' reflection towards 'being' reflective
- From a technical rational to a professional artistry knowing
- An increasing criticality

'Doing' reflection reflects a technical-rational approach, whereby reflection is viewed as a tool or device. 'Being' reflective reflects an ontological approach rooted in 'who I am' rather than 'what I do'. Bulman, Lathlean and Gobbi [28], 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 acknowledges that the way we think about and do things must involve who we are to think about things in the first place. An increased criticality reflects a shift from reflection to critical reflection whereby the assumptions that underpin practice are understood, challenged and worked towards shifting towards realising one's desired vision.

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 after the event with learning intent towards anticipating future experiences.

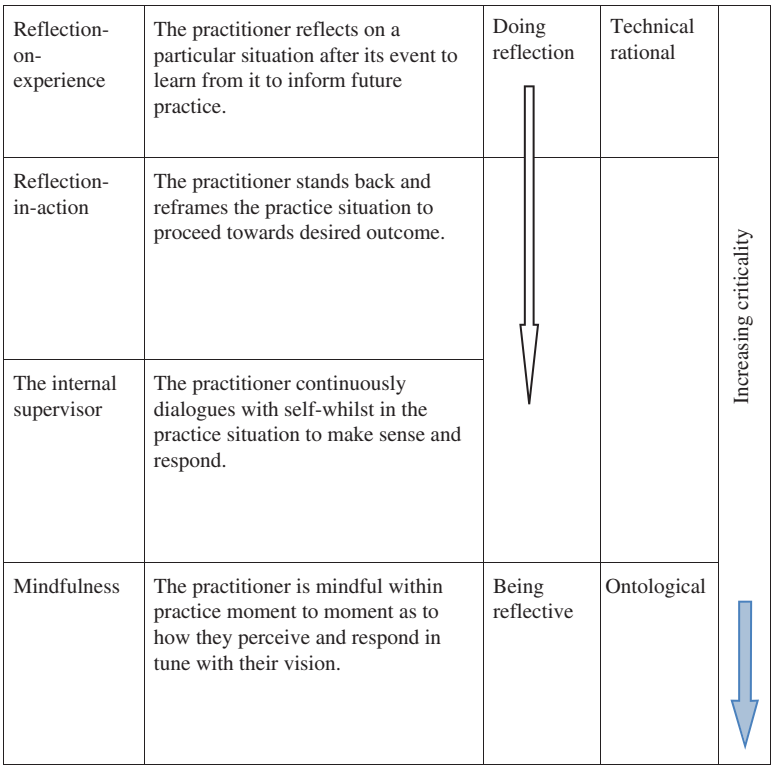

FIGURE 1.1 Spectrum of reflective practices.

Reflection-in-Action

Schön [13, 29] distinguished reflection-*on-action* with reflection-*in-action* as a way of thinking about a situation whilst engaged within it, to reframe it as necessary to overcome some obstruction. The practitioner can naturally adjust 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 the practitioner to stop and reframe the situation 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 Schon [29, p. 163] puts it, 'he shapes it and makes himself part of it'.

Schön [13] 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.

Schön [29] responded to the idea that reflection interferes with action. He acknowledges the difficulty of 'being in the firing line' when the practitioner must respond quickly and intuitively. However, I make a distinction between cognitive thinking and embodied thinking based on the body's tacit knowing. Hence, the quick intuitive response is an example of embodied thinking – the body knows how to respond. Subsequent reflection on the experience, as with all reflection on experience, feeds tacit knowing and the intuitive response even if the practitioner does not recognise it as such. As Schon concluded [29, p. 281], 'there is nothing in reflection, then, which leads necessarily to paralysis of action'.

Perhaps when reflection has not been embodied, as for novice reflective practitioners, an attempt to reflect-in-action can seem to interfere with action as if cognitive thinking gets in the way of intuitive thinking and response.

The Internal Supervisor

Casement [30] coined the expression the 'internal supervisor' as a continuous dialogue the practitioner has with themselves in response to the unfolding situation – 'what is going on here', 'how am I responding' and so on. The practitioner if also mindful of intent – 'what am I trying to achieve?' It is a more dynamic form of reflection-in-action. Reflection opens the practitioner's awareness to what they know, mindful of the assumptions they make and ideas they have. This awareness or openness to the unknown 'leaves more room for the patient to contribute to any subsequent knowing; and what is jointly discovered has a freshness that belongs to both. More than this, it may be a significant part of the process of therapeutic gain is achieved through the patient coming to know that the practitioner can learn from him or her' [30, p. 26].

Casement notes [30, p. 9] that Reflection counters

> 'a tendency to experience a feeling of déjà vu when there are elements of similarity between a current clinical situation and others before it, leading the practitioner to a false sense of recognition or a closing down of understanding'.

Thus, when a practitioner thinks they know, they close down other possibilities. The reflective practitioner is aware of the tension between their knowing and not-knowing yet runs with a tacit sense of not-knowing, knowing they can learn through subsequent reflection.

Mindfulness

In the previous editions of this book, I referred to mindfulness as reflection-within-the-moment. I prefer mindfulness because it is a constant state of being rather than just within the moment. The practitioner is mindful of the way they perceive and respond to practice in tune with their vision of practice. Reflection is the gateway to mindfulness.

Goldstein [31, p. 89] notes

> 'Mindfulness is the quality of mind that notices what is present without judgment, without interference. It is like a mirror that clearly reflects what comes before it'.

Mindfulness is a heightened state of awareness. It is being aware moment by moment of things and the world around us, of our body, our feelings and thoughts and ourselves in relationship with others. Wheatley and Keller-Rogers [14, p. 26] write –

> 'The more present and aware we are as individuals and as organisations, the more choices we create. As awareness increases, we can engage with more possibilities. We are no longer held prisoner by habits, unexamined thoughts, or information we effuse to look at'.

Miller offers a vivid description of being mindful of the world around him [32, p. 27]

> 'Nothing was too petty to escape my attention, seeing the everyday things in this new light I was transfixed. The moment you give close attention to anything, even a blade of grass, it becomes mysterious, awesome, indescribably magnified world in itself'.

Miller's words reflect how mindfulness leads to a much greater attention of practice to the extent that all practice is no longer routine but alive and awesome. McIlvanney [33, p. 250] offers a compelling perspective of mindfulness –

> 'While mind seeks to vet our behaviour, the mind itself must always be on probation and must give itself up constantly to have its own behaviour vetted'.

Each of these above quotes reflects the essence of mindfulness as the ability to stand outside self to see self. Yet, as McIlvanney notes [33], mindfulness is not the mind but the mind's awareness of itself. Rather than jumping to action in response to thoughts and feelings, the mindful mind says to the practitioner – 'hang on a moment, note how you are feeling and how are you interpreting this situation. Take a breath and ask yourself how is this man feeling and thinking to make you frustrated and angry', 'how best do I respond?' Mindful mind creates a clearing in the emotional midst and cognitive reaction to see oneself in the situation clearly for what you are trying to achieve within the particular situation. It is the state of poise whereby the practitioner is vigilant against unskilful actions and negative emotions, such as anger, arrogance, resentment, hatred, envy and greed [34] that might negatively influence the practitioner's response. In Buddhism, this quality of mind is *apramada* or non-heedlessness. I refer to it as 'as the ever watchful guardian at the gate of the senses'.

Being mindful may sound exhaustive, as the idea of 'normal practice' or 'the taken for granted' is no longer tenable. Yet mindful practice is creative, energising and satisfying. It is accrued through reflective experience in a subtle manner.

Self-inquiry as Research

Reflection is self-inquiry towards self-realisation, however, that might be expressed presented as a reflexive narrative that plots the journey of becoming. When guided, reflection has been utilised as a formal research process at every academic level [35]. In constructing 'Reflexive narrative' as a construct, I have been influenced by a bricolage of various philosophical and theoretical ideas that give depth to its nature (Figure 1.2).

Kincheloe, McClaren and Steinberg [36, p. 168] note that –

> 'Bricolage in a contemporary sense, is understood to involve the process of employing these methodological processes as they are needed in the unfolding context of the research situation enabling the researcher to move beyond the blinders of particular disciplines and peer through a conceptual window to a new world of research and knowledge production'.

These methodological ideas served to inform and deepen my understanding of reflexive narrative and the process of guided reflection towards its construction. Many of these influencing factors have already been touched upon in the above exploration of reflection and are apparent throughout the book.

Critical Social Theory

Critical social theory asserts that change is not rational but resisted by factors to maintain the status quo. Thus, reflection is an inquiry into these factors deeply embedded in the practice

Narrative inquiry and literary theory	Reflective and guided reflection theory	Non-western thought
Critical social science	Reflexive narrative as a journey of self-inquiry towards self-realisation.	Hermeneutics
Feminist slant	Auto-ethnography and performance	Chaos theory

FIGURE 1.2 Reflexive narrative bricolage.

culture. Without emphasising this criticality, reflection is likely to be superficial, focusing on problem solving. It will tend to avoid challenging underlying assumptions that govern the way the practitioner thinks and responds to situations. Brookfield poses the question – what makes reflection critical? He writes [37, p. 8]

> 'To put it briefly, reflection becomes critical when it has distinctive purposes. The first is to understand how considerations of power undergird, frame and distort educational processes and interactions. The second is to question assumptions and practices that seem to make our lives easier but actually work against our long-term interests'.

Narrative Inquiry

Chase notes [38, p. 421], drawing on narrative theorists, defines narrative as

> 'A distinct form of discourse; as meaning making through the shaping or ordering of experience, a way of understanding one's own and others' actions, of organising events and objects into a meaningful whole, of connecting and seeing the consequences of actions and events over time'.

Chase explores the diverse forms narrative inquiry can take, notably through revealing experience as storytelling and how the experience is contextualised from within one's environment leading to an analysis of the impact of environment on experience.

Feminist Slant

A feminist slant acknowledges that learning and practice must break through the glass ceiling of patriarchy. Thus, guided reflection is explicitly concerned with liberating practitioners to fulfil their vision against the grain of patriarchy that has dominated bureaucratic organisations, such as the NHS in the UK, where women need to think and act like a man to be successful.

It explicitly acknowledges the significance of intuition, imagination, emotions and creativity, all regarded as right brain activity that has been largely neglected in technical rational curriculum and practice.[v]

Hermeneutics

Hermeneutics is the study of interpretation of text. It is the root of learning through experience to draw out and co-create insights to reflexively inform and deepens one's knowing in practice within the hermeneutic spiral of deepening understanding (see Chapter 2).

Auto-ethnography and Self-inquiry

Auto-ethnography and self-inquiry are very similar ideas. In her book 'The ethnographic I' [39], a doctoral student asks Carolyn Ellis – 'Auto-ethnography? What is that? Ellis replies "I start with my personal life and pay attention to my physical feelings, thoughts and emotions. I use what I call 'systematic sociological introspection' and 'emotional recall' to try and understand an experience I've lived through. Then I write my experience as a story. By exploring a particular life, I hope to understand a way of life, as Reed-Danahay [40] says' [38, p. xvii].

Auto-ethnography is self-inquiry yet without its reflexivity. Neither is it vision oriented. It is communicated ideally through performance.

Chaos Theory

Learning through reflection is 'chaos' by focusing on the wholeness of the situation governed by the quest to realise a vision of practice. Hence, reflection is standing back and seeing the pattern of things within wholeness. Vision is the strange attractor around which practice is organised. As Wheatley [41, p. 119/120] notes –

> 'It is chaos's great destructive energy that dissolves the past and gives us the gift of a new future. It releases us from the imprisoning patterns of the past by offering us its wild ride into newness. Only chaos creates the abyss in which we can recreate ourselves. The shape of chaos materialises from information feeding back on itself and changing in the process'.

Thus, guided reflection is this abyss. The feeding back on itself is reflexivity. The journey of self-inquiry and self-transformation is evidenced through the reflexive narratives offered in the book.

I must emphasize that the bricolage only serves to inform my construction of reflexive narrative whereby practice *is an unfolding reflexive narrative*. The bricolage is not prescriptive. My appreciation of it is tentative due to its deep philosophical nature and the inevitable partiality of my interpretation, as I engage with these influences in deepening my understanding of reflexive narrative.

Self-inquiry is a unique ontological experience. It is learnt 'by running in place' [10] informed as appropriately by ideas. As Mishler [42, p. 422] notes:

> 'Skilled research is a craft, and like any craft, it is learnt by apprenticeship to competent researchers, by hands-on experience, and by continual practice. It seems remarkable, if we stop to think about it, that research competence is assumed to be gained by learning abstract rules of scientific procedure. Why should working knowledge be learned anymore easily, or through other ways, than the competence required for playing the violin or blowing glass, or throwing pots?'

A Brief Review of Reflective Theories

Imagine the practitioner's cry – 'tell me what reflection is so I can do it!' However, it is not as simple as that. It is more complex than simply applying a technique, although on the surface, it might seem that a prescription is just what is required. Indeed, many practitioners and educators may misguidedly view it as such. If so, reflection becomes a task to be done rather than something meaningful and transformative.

Besides Schön's [13, 29] work (as discussed), the following reflective theorists complement my understanding of reflection:

- Boyd and Fales [43]
- Boud, Keogh and Walker [44]
- Gibbs [45]
- Mezirow [46]

It is not my intention to review these theories in any depth. The reader is directed to the primary sources to explore these theorists more deeply if inclined and to explore more recent ideas.

It is important to note that any model of reflection should be viewed through a sceptical lens. Rather like the skilled craftsman, the practitioner will choose the tool that is most helpful. Models are not prescriptions for reflection. They must always be viewed as heuristic, as a means to an end. In a technical rational society, reflective models are likely to be grasped as

authoritative. The risk, from this perspective, is that practitioners will fit their experience to the model of reflection rather than use the model creatively to guide them to gain insight. It is easy to get wrapped up in the technology of reflection, especially in a learning culture dominated by technical rationality.

Boyd and Fales (43)

These Authors Define Reflection

> 'As the process of creating and clarifying the meaning of experience (present or past) in terms of self (self in relation to self and self in relation to the world). The outcome of the process is changed conceptual perspective. The experience that is explored and examined to create meaning focuses around or embodies a concern of central importance to the self'. [43, p. 101]

From their research with counsellors, they extrapolate reflection through six components (p. 106):

1. A sense of inner discomfort;
2. Identification or clarification of the concern;
3. Openness to new information from internal and external sources, with ability to observe and take in from a variety of perspectives, and a setting aside of an immediate need for closure;
4. Resolution, expressed as 'integration', 'coming together', 'acceptance of reality' and 'creative synthesis';
5. Establishing a continuity of self with past, present and future;
6. Deciding whether to act on the outcome of the reflective process.

In relation to stage 6, they note

> 'The new insight or changed perspective is analyzed in terms of its operational feasibility involving the practitioner's sense of rightness, values and potential acceptance by others'. [43, p. 112]

Boyd and Fales offer little practical guidance on how to explore experience. I generally agree that reflection is triggered by 'inner discomfort' for practitioners when first engaging reflection. However, as the practitioner becomes more mindful, then all experience, not just 'inner discomfort' becomes available for reflection. I equate the idea of changed conceptual perspective as synonymous with insight to inform future experiences.

Boud, Keogh and Walker (44)

These authors they describe reflection as –

> 'Reflection, in the context of learning, is a generic term fort those intellectual and affective activities in which individual engage to explore their experiences in order to lead to new understandings and appreciations. It may take place in isolation or in association with others'. [44, p. 19]

They posit reflection as moving through three key stages:

- returning to experience
- attending to feelings
  - utilising positive feelings
  - removing obstructing feelings

- re-evaluating experience
  - re-examining experience in the light of the learner's intent
  - associating new knowledge with that which is already possessed
  - integrating this new knowledge into the learner's conceptual framework
  - appropriation of this knowledge into the learner's repertoire of behaviour

Appropriation is akin to gaining insight; that the practitioner is changed through the reflective process, that when faced with a similar situation they will respond differently. This differs from Boyd and Fales's approach, in that the practitioner makes a choice whether to respond differently in light of learning. Boyd and Fales [43, p. 112] write – 'The need to test one's self-changes [insights] against the mirror of others is an essential component of all growth'.

These words emphasise that all individual learning must be set within its context.

As with Boyd and Fales, they give little practical guidance on how to 'return to experience'.

Gibbs (45)

Gibbs offers a practical reflexive circle moving through six stages suggesting that each stage is important to inform the next stage ultimately resulting in an action plan for responding in future similar situations.

1. Description [of the situation],
2. feelings [what were you thinking and feeling],
3. evaluation [what was good and bad about the experience]',
4. analysis [what sense can you make of the situation],
5. conclusion [what else could you have done],
6. action plan [if it arose again what would you do].

Gibbs' approach shared the broad outline of the Model for Structured reflection yet without its detail.

Mezirow (46)

Mezirow 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. Mezirow [46, p. 6] 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'.

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. Not easy stuff for the humble practitioner to grasp as Smith [47, p. 212] acknowledges –

> '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'.

Balancing the Winds

The above theories all stem from a western rational cognitive tradition reflected in the words, ideas and language used. As such, they fit easily into a technical rational mindset. An appreciation of Buddhism and Native American lore gave me wider, more esoteric, perspectives [48].

To become a reflective practitioner is to develop mindfulness and wisdom beyond rational thinking as explored earlier in this chapter. Reflection is a way to connect with all things, gain respect, inner strength and to realize one's vision as reflected in the idea of *bimadisiwin*. Blackwolf and Jones [49, p. 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 its frees the spirit. It releases you to become as you believe you must'.

Put another way, 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

Blackwolf and Gina Jones's book 'Earth Dance Drum' is an invaluable book on reflection [49]. In striving to become the vision the practitioner prepares for war, the war from outside and the war within the mind. Reflection becomes the practitioner's metaphoric war shield to defend against and transform the forces that obstruct realising one's vision. As a guide, I use an art workshop to invite practitioners to draw and decorate their warshield with colour and meaningful words such awareness, belief, courage and strength to remind the practitioner 'I am a warrior fighting to realise my vision!' One profound Native American word to put on the warshield is 'Namaji' which is respect, honour, dignity and pride. As Blackwolf notes 'we wear Namaji for all to see'. It raises such questions as 'how do you show respect for your self?', 'How do you wear your dignity?', 'What are you proud of?' and 'How do you extend Namaji to others?' [49, p. 12]

Making a warshield spurs the imagination that has a profound empowering impact.

Barriers to Rational Change (Facing the Reality Wall)

Rationally, the practitioner can decide to be a person-centred practitioner. I assume that all practitioners are concerned with realising desirable practice yet, for one reason or another, such realisation is difficult, either for reasons embodied within themselves or embedded in the work environment.

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

FIGURE 1.3 Barriers to rational change (Fay 23).

However, practice is not rational. The self has embodied a certain way of being that is continuously reinforced through everyday practice. Through exposing contradiction, the practitioner strives to understand its causes and explore what must be done to resolve it.

Pinar [6, p. 177] notes

> 'It is 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 habitual explanations of his actions, outside his regularized statements of his objectives'.

The practitioner must question – 'what barriers constrain me from responding in tune with my vision?' These barriers may not be easy to recognize and shift because they form the fabric of everyday practice and are largely taken for granted. I term this the reality wall.

Fay [23] identified the three barriers of tradition, authority and embodiment (Figure 1.3) that govern the fabric of our social world. Fay [23, p. 75] writes from a critical social science perspective that gives reflection its critical nomenclature –

> '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'.

Embodiment

Practitioners have embodied a way of being and doing in practice that governs their behaviour in ways that may not be compatible with their vision of practice. Because one's behaviour is normal; it is not usually scrutinised for its appropriateness although the practitioner may often have disquiet that things could be different. Through understanding the nature of contradiction, the practitioner becomes cognizant of their embodied practice as the first step to disembody old ways of being necessary to embody a new way of being. The process of stripping away the old may create considerable dissonance as old ways of being compete with new ways of being. Newman [50, p. 13] commented that

> 'To view the world from a different perspective requires a paradigm shift that incorporates the old paradigm and transforms it'.

In reality, it may feel like taking two steps forward and one step back.

One embodied barrier is the practitioner's embodiment of subordination whereby their practice is controlled by others resulting in a lack of autonomy to respond in tune with their vision [Roberts, 51]. It is pertinent to note that Roberts wrote her paper more than 30 years ago and yet, in my experience of guiding practitioners, this embodied subordination continues to haunt them.

Tradition

Tradition is reflected in the norms that govern organisation and practice. It has been determined over time perhaps shifting slightly to accommodate new ideas and directives. It constitutes 'normal practice' – 'the way things are done around here' and is largely taken for granted. Practice is contextual set within the particular organisational setting. Dawson [52, p. 25] notes –

> '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'.

When tradition is dissected through reflection, its underlying assumptions and associated prejudices can be revealed. Bohm [53, p. 69] writes-

> 'Normally, we don't see that our assumptions are affecting the nature of our observations. But the assumptions affect the way we see things, the way we experience them, and consequently the things we want to do. In a way we are looking through our assumptions; the assumptions could be said to be an observer in a sense'.

Responding in more desirable ways will almost certainly disturb normal practice. As such, it is likely to be resisted by those with an investment in maintaining normal practice and the status quo. You might say 'I believe in treating patients with dignity and compassion' and believe your practice reflects that. However, on reflection you may acknowledge that your responses lack these qualities leading to uncaring behaviours what Jameton [54] and Corey and Goren [55] have labelled the 'dark side of nursing'. So next morning you set out to remedy this in your own practice and get criticised by other staff for getting 'to involved with your patients' or 'there's work to be done'. The pressure is immediately put on you to conform to normal practice. You feel the creative tension and the difficulty in resolving it. As such, the practitioner conforms to 'fit-in' to be recognised as a 'good team-player' but, in doing so, compromises their values of how practice should be, resulting in cognitive dissonance. Such compromise creates stress, as if living a lie, reflecting how normal culture can be toxic.

Authority and Power

One aspect of tradition is the way authority works through power. Power is embodied through socialisation processes and reinforced through everyday authoritative patterns of relating. Hence it is normal and largely unchallenged.

Force is the negative aspect of power used to ensure people conform to certain ways of behaviour endemic within transactional organisations such as the NHS whereby people are subordinate to authority transmitted down through its hierarchy where power is invested in positional roles. Positional power is laced with a coercive threat of sanction [56] to constrain the practitioner from acting 'out of line'. This works at every level of the organisation. Hence those who exert power over others at one level have power exerted on themselves from a higher level all the way from the 'top down' within a bureaucratic pyramidal structure characterised by an endemic anxiety that results in the need to control [57]. Control demands subordination where practitioners are viewed as fundamentally irresponsible (see embodiment above). Subordinates get told what to do. Play the game, do as you are told, keep your head down to avoid sanction, and then one day you too will gain authority with power over others. In such a transactional culture creativity is stifled and visions perish. Fear of sanction is a powerful deterrent for being different. It suppresses practitioners from voicing their opinions and asserting autonomy. 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 patronage

of more powerful others? Better keep your head down than have it shot off above the parapet for daring to speak up?

Power is also invested in professional roles. Doctors often perceive themselves as superior to nurses and other healthcare professionals, coining such expressions that nurses were the 'doctor's handmaiden', although now muted with the fear of sexist behaviour and misogyny.

However, nursing as a largely female workforce has been oppressed by patriarchal attitudes that has rendered 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 the way nursing has been viewed as women's work, and the suppression of women's voices in 'knowing their place' within the patriarchal order of things. Images of 'behind the screens' where women conceal their work, themselves, and their significance [58] and images of emotional labour being no more than women's natural work, therefore unskilled and unvalued within the heroic stance of medicine [59] are powerful signs of this oppression.

Those in authority have vested interests to maintain the status quo, to keep people 'in their place' rather than 'in-place', where they need to be in tune with realizing their vision. Hence being in place becomes a contested arena.

Mayeroff [60, p. 68] notes –

> 'I am in-place because of the way I relate to others. And place must be continually renewed and reaffirmed; it is not assured once and for all, for it is our response to the need of others to grow which gives us place'.

Nurses are taught to 'know their place' within the order of things. It is traditional for dominant professions such as medicine to reinforce subordinate behaviour in other health care professions, such as nursing [61]. In other words doctors are always motivated to maintain the status quo and resist rivalry for power. Nurses rationalise their compliance with medical domination because of the need to be valued. Chapman [62] suggested that doctors reinforce nurses' subordination through humiliation techniques that become a normative pattern of relating. Hence it becomes difficult for nurses to claim autonomy to move into the right place to practice desirably, kept in place by both managers and doctors. It is also the same with students and teachers. Even in Universities, teachers traditionally set the agenda and control the classroom. Students learn to be 'good' otherwise sanctions will ensue. Of course, some students like practitioners rebel against stifling authority. They are labelled 'trouble makers'. They often quit rather than lead unsatisfactory lives.

Empowerment

Through reflection, the barriers to rational change can be understood. They lie thick within any experience. It is obvious that to bring about *realisation of vision*, these barriers need to be understood and practitioners skilful and empowered to overcome them. However, acting on understanding may be difficult. Yet, when practitioners are committed to realizing their vision of practice, then they are likely to become restless knowing that there is a more satisfactory way to practice. No easy task. It can be painful and frustrating and consequently the practitioner may feel it's not worth tackling. As Smyth [63, p. 40] notes –

> 'Most of us, unless we feel uncomfortable, shaken, or forced to look at ourselves, are unlikely to change. It is far easier to accept our current conditions and adopt the least line of resistance'.

Lieberman [64] (cited by Day [65, p. 88]) notes –

> 'Working in bureaucratic settings has taught everyone to be compliant, to be rule governed, not to ask questions, seek alternatives or deal with competing values'.

Reflection intends to un-conceal these barriers. Greene [66, p. 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'.

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. It requires an assertive and political voice that is heard and listened to within the corridors of power. Yet so many nurses' voices are silent or suppressed for fear of sanction. Such practitioners are not so much lost for words but have no words to say [67]. Perhaps you can remember being silenced, not so much by others but by yourself. Practitioners often say- 'I wish I had said something but ...'

I know that so many practitioners feel that they have little control over the circumstances of their practice working in transactional organisations, often leading to a feeling of resignation or a victim of the system mentality [57]. In such worlds practitioners often feel like objects or bits within systems that impose control over their lives and stifle their professional aspirations. The transactional world is resistant to change. Then reflection can be reduced to 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 realise one's vision. However, that is not to say that tackling surface issues is not important, as indeed is developing reflective skills, and understanding of the 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. If practitioners are to realise desirable practice with integrity they need to take such action. Yet is that possible against the transactional machine that will crush them? Becoming empowered will certainly need a guiding hand.

Reflection as Agentic Action

One way to view empowerment is in terms of realizing and sustaining agency. Agentic people are clear on what they want to accomplish, understand how intended actions will contribute to their accomplishments, and are confident that they can complete the intended actions and attain their goals. The core ingredients of personal agency are self-determination; self-legislation; meaningfulness; purposefulness; confidence; active-striving; playfulness; and responsibility [68].

In contrast, the practitioner may perceive themselves as a victim, feeling powerless to take action towards realising their vision of practice [69]. 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 taking responsibility for self. Victimic people depict their lives out of control, shaped by events beyond their influence. Others' actions determine practice outcomes, and the accomplishment or failure to achieve life goals depend on factors they are unable to change. Bruner [70, p. 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'.

Bruner's notes that the construction of life plots is always in relation to others. Victimic selves are oriented towards avoiding negative possibilities than to actualizing positive possibilities. Clearly, a victimic self is a contradiction with realising a vision of person-centred

practice. Cochran and Laub [68] considered the shift from a victimic to agentic identity consisted of two correlative movements: the progressive construction of a new agentic life story, and the destruction of and detachment from the victimic life story. The victimic life story does not simply fade away, it must be actively confronted. This confrontation can be viewed as moving through four phases within guided reflection:

Phase 1

This phase is dominated by the practitioner's sense of entrapment or incompleteness, being controlled and helpless to change that – described as being 'trapped in a world in which most of what makes practice worthwhile is gone, and threatened by the possibility that this bleak existence might extend indefinitely' [68, p. 90]. Realising their vision of practice seems a hopeless task.

Phase 2

Practitioners become involved in activities that will assist in regaining an agentic life. Through reflection on experience they can formulate new ways of responding in tune with their vision of practice that is worthwhile and attainable. The practitioner begins to take ownership of their practice and can see that their efforts make a difference and effect outcomes. They monitor their progress and success through subsequent reflection on experiences in achieving progressively more person-centred practice. Experience of success in achieving their vision is crucial to validate the practitioner's capacity to make a difference and fuel their optimism for a better future and produce a sense of freedom and control.

Phase 3

Practitioners engage in activities more closely related to realising their vision in more self-directed ways in progressive independence from guidance. Cochran and Laub [68] describe this as actually playing the game, whereas phase 2 was practising the game. In other words, responding in tune with one's vision has become increasingly embodied. The person becomes aware that the remaining major barriers to a fuller, more agentic life, resides as much in their own beliefs and attitudes, as in factors outside self.

Phase 4

Practitioners experience a liberating sense of realising their vision. As Cochran and Laub [68, p. 94] note – 'Now one lives with a sense of life being on course, full, open to possibilities, unrestricted'. The person has achieved a sense of wholeness that is no longer threatened by former recollections. They have become the author of their own life and taken control of their practice.

An Encouraging Note

Learning through reflection is moving through three phases of understanding, empowerment and transformation set against a background of realizing a vision of practice. At each phase insights can be gleaned. Reflection creates stories of resistance and possibility; chipping away at resistance by confronting and shifting those barriers of resistance and opening up

possibility. Nothing can be more meaningful for the serious practitioner intent on realizing desirable and effective care.

Reading about critical reflection and its implications may feel daunting to many readers. Just the language can feel intimidating. Yet think again about vision. What does it mean to you? Are you motivated to shifting barriers to realize it? Perhaps this stems back to your motivation to be a health care practitioner, to remember what that was before it was knocked out of you by the harsh realities of everyday practice and training.

Fay writes [23, p. 29] –

> 'It is highly unlikely that practitioner will change unless the level of discontent they are experiencing is really quite high; otherwise, what might be called the 'natural resistance' to fundamental change will act as a counterweight to the desire for change, and will induce these people to accommodate themselves to the discontent they are suffering'.

In other words, faced with daunting reality, you may prefer to rationalize your discontent and turn your back on reflection at least in any deep and meaningful sense. Better to swim along the surface of practice rather than dive deep within its murky depths. Understanding barriers is one thing. As I discuss in Chapters 8 and 9, guidance is vital to enable practitioners to become empowered to act on their insights. It requires communities of practitioners to work collectively to act on insights and change things. Perhaps even more it requires organisational shift towards transformational cultures and leadership that actively facilitates reflection rather than resist it as a threat to its status quo as evident in transactional organisations that seek a docile and subordinate workforce. Yet the individual can make a mark. As Carson [71, p. 139] writes –

> 'When you change the way an individual thinks of himself, you change the way he lives in his community and thereby you change the community in some way to a greater or lesser extent'.

The reflective practitioner actively works towards influencing and changing the practice environment. If practitioners truly wish to truly live their visions of practice, then they must become political in working towards establishing the conditions of practice where that is possible.

References

1. O'Donohue, J. (1997) *Anam Cara*. Bantam Press, London.
2. Clarke, M. (1986) Action and reflection: practice and theory in nursing. *Journal of Advanced Nursing* 11, 3–11.
3. Smyth, J. (1992) Teachers' work and the politics of reflection. *American Educational Research Journal* 29, 267–300.
4. Compact Oxford English Dictionary (third edition) (2005) C. Soanes, S. Hawker [Ed]. Oxford University Press, Oxford.
5. Milne, A. A. (1988) *Winnie-the-Pooh*. Dutton's children's Books, New York.
6. Pinar, W. (1981) 'Whole, bright, deep with understanding': issues in qualitative research and autobiographical method. *Journal of Curriculum Studies* 13(3), 173–188.
7. Senge, P. (1990) *The Fifth Discipline: the Art and Practice of the Learning Organization*. Century Business, London.
8. Boyd, D. (1976) *Rolling Thunder*. Delta, London.
9. Johns, C. (2013) *Becoming a Reflective Practitioner* (fourth edition). Wiley-Blackwell, Oxford.
10. Beck, C. Y. (1989) *Everyday Zen*. Thorsons, London.
11. Frank, A. (2002) Relations of caring: demoralization and remoralization in the clinic. *International Journal of Human Caring* 6(2), 13–19.
12. Salzberg, S. (2002) *Faith: Trusting your own Deepest Experience*. Riverhead Books, New York.
13. Schön, D. (1987) *Educating the Reflective Practitioner*. Jossey-Bass, San Francisco.
14. Wheatley, M., Kellner-Rogers, M. (1996) *A Simpler Way*. Berrett-Koehler Publishers, San Francisco.

15. Dewey, J. (1933) *How we Think*. J. C. Heath, Boston.
16. Gadamer, H-. G. (1960) Truth and method. G. Barden, J Cumming [Eds.] Seabury Press, New York.
17. King, L., Appleton, J. (1997) Intuition: a critical review of the research and rhetoric. *Journal of Advanced Nursing* 26, 194–202.
18. Cioffi, J. (1997) Heuristics, servants to intuition, in clinical decision making. *Journal of Advanced Nursing* 26, 203–208.
19. Kikuchi, J. (1992) Nursing questions that science cannot answer. In J. Kikuchi, H. Simmons [Eds.] *Philosophic Inquiry in Nursing* Sage, Newberry Park.
20. Wilber, K. (1997) *The Eye of Spirit: an Integral Vision for a World gone Slightly Made*. Shambhala, Boston.
21. Department of Health & Social Security (1972) *Report of the Committee on Nursing* [Chairperson, Professor Asa Briggs] HMSO, London.
22. Street, A. (1992) *Inside Nursing: A Critical Ethnography of Clinical Nursing*. State University of New York Press, Albany.
23. Fay, B. (1987) *Critical Social Science*. Polity Press, Cambridge.
24. Rogers, C. (1969) *Freedom to Learn: A View of What Education might Be*. Merrill, Columbus, OH.
25. Cox, H., Hickson, P., Taylor, B. (1991) Exploring reflection: knowing and constructing practice. In G. Gray, R. Pratt [Eds.] *Towards a Discipline of Nursing*. Churchill Livingstone, Melbourne. 373–389.
26. Loori, J. (2005) *The Zen of Creativity: Cultivating your Artistic Life*. Ballantine Books, New York.
27. Kishnamurti, J. (1996) *Total Freedom*. Harper, San Francisco.
28. Bulman, C., Lathlean, J., Gobbi, M. (2012) The concept of reflection in nursing: qualitative findings on student and teacher perspectives. *Nurse Education Today* 32, e8–e13.
29. Schön, D. (1983) *The Reflective Practitioner*. Avebury, Aldershot.
30. Casement, P. (1985) *On Learning from the Patient*. Routledge, London.
31. Goldstein, J. (2002) *One Dharma*. Rider, London.
32. Miller, H. (1964) *Henry Miller on Writing*. New Directions Books, New York.
33. McIlvanney, W. (1996) *The Kiln. A Sceptre Paperbook*. Hodder and Stoughton, London.
34. Sangharakshita. (1998) *Know your Mind*. Windhorse, Birmingham.
35. Johns, C. (2021) *Reflexive Narrative: self-Inquiry towards Self-Realisation and its Performance*. Sage, Thousand Oaks.
36. Kincheloe, J. L., McClaren, P., Steinberg, S. R. (2011) Rethinking critical pedagogy and qualitative research. In D. K. Denzin, Y. S. Lincoln [Eds.] *The Sage Handbook of Qualitative Research* (third edition). Sage, Thousand Oaks, 163–177.
37. Brookfield, S. (1995) *Becoming a Critically Reflective Teacher*. Jossey-Bass, San Francisco.
38. Chase, S. E. (2011) Narrative inquiry: still a field in the making. In N. K. Denzin., LY. V. Lincoln [Eds.] *The Sage book of Qualitative Research* (fourth edition). Thousand Oaks, 421–434.
39. Ellis, C. (2004) *The Ethnographic I: a Methodological Novel about Autoethnography*. AltaMira Press, Walnut Creek.
40. Reed-Danahay, D. (1997) *Auto/Ethnography: Rewriting Self and the Social*. Berg, Oxford.
41. Wheatley, M. J. (1999) *Leadership and the New Science*. Berrett-Koehler, San Francisco.
42. Mishler, E. (1990) Validation in inquiry-based research: the role of exemplars in narrative studies. *Harvard Educational Review* 60, 415–442.
43. Boyd, E., Fales, A. (1983) Reflective learning: key to learning from experience. *Journal of Humanistic Psychology* 23(2), 99–117.
44. Boud, D., Keogh, R., Walker, D. (1985) Promoting reflection in learning: a model. In D. Boud, R. Keogh, R. D. Walker [Eds.] *Reflection: Turning Experience into Learning*. Kogan Page, London, 18–40.
45. Gibbs, G. (1988) *Learning by doing: a Guide to Teaching and Learning Methods*. Further Education Unit, Oxford Polytechnic.
46. Mezirow, J. (1981) A critical theory of adult learning and education. *Adult Education* 32(1), 3–24.
47. Smith, E. (2011) Teaching critical reflection. *Teaching in Higher Education* 16(2), 211–223.
48. Johns, C. (2005) Balancing the winds. *Reflective Practice* 5(3), 67–84.
49. Blackwolf, C., Jones, G. (1996) *Earth Dance Drum*. Commune-E-Key, Salt Lake City.
50. Newman, M. (1994) *Health as Expanded Consciousness* (second edition). National league for Nursing Press, New York.
51. Roberts, S. (1993) Oppressed group behaviour: implications for nursing. *Advances in Nursing Science* 5(4), 21–30.
52. Dawson, J. (2015) We need new stories. Resergence and Ecologist Issue 289 March/April, p25–29.
53. Bohm, D. (1996) In L. Nichol [Ed.] *On Dialogue*. Routledge, London.
54. Jameton, A. (1992) Nursing ethics and the moral situation of the nurse. In E. Friedman [Ed.] *Choices*

and Conflict. American Hospital Publishing, Chicago, 101–109.

55. Corey, M. C., Goren, S. (1998) The dark side of nursing: impact of stigmatizing responses on patients. *Scholarly Inquiry for Nursing Practice* 12(2), 110–121.
56. French, J., Raven, B. (1968) The bases of social power. In D. Cartwright, A. Zander [Eds.] *Group Dynamics*. Row Peterson, Evanston, IL, 150–67.
57. Johns, C. (2016) *Mindful Leadership: a guide for the Health Care Professions*. Palgrave, London.
58. Lawler, J. (1991) *Behind the Scenes: Nursing, Somology and the Problems of the Body*. Churchill Livingstone, Melbourne.
59. James, N. (1989) Emotional labour: skill and work in the social regulation of feelings. *Sociological Review* 37(1), 15–42.
60. Mayeroff, M. (1971) *On Caring*. Harper Perennial, New York.
61. Oakley, A. (1984) The importance of being a nurse. *Nursing Times* 83(50), 24–27.
62. Chapman, G. (1983) Ritual and rational action in hospitals. *Journal of Advanced Nursing* 8, 13–20.
63. Smyth, W. J. (1987) *A Rationale for Teachers' Critical Pedagogy*. Deakin University Press, Melbourne.
64. Lieberman, A. (1989) *Staff Development in Culture Building, Curriculum and Teaching: the next 50 Years*. Teachers' College Press, Columbia University, New York.
65. Day, C. (1993) Reflection; a necessary but not sufficient condition for professional development. *British Educational Research Journal* 8, 83–93.
66. Greene, M. (1988) *The Dialectic of Freedom*. Teachers College Press, Columbia University, New York.
67. Belenky, M. F., Clinchy, B. M., Goldberger, N. R., Tarule, J. M. (1986) *Women's ways of Knowing: the Development of Self, Voice, and Mind*. Basic Books, New York.
68. Cochran, L., Laub, L. (1994) *Becoming an Agent: Patterns and Dynamics for Shaping your Life*. State University of New York Press, Albany.
69. Polkingthorne, D. (1996) Transformative narratives: from victimic to agentic life plots. *The American Journal of Occupational Therapy* 50(4), 299–305.
70. Bruner, J. (1994) The remembered self. In U. Neisser, R. Fivush [Eds.] *The Remembering Self: Construction and Accuracy in the Self Narrative*. Cambridge University Press, New York.
71. Carson, J. (2008) *Spider Speculations: a Physics and Biophysics of Storytelling*. Theatre Communications Group, New York.

Notes

i. https://www.rcn.org.uk/Professional-Development/Definition-and-principles-of-nursing.

ii. https://www.nmc.org.uk/standards/code/code-in-action/person-centred.

iii. Mandy was a MSc leadership in healthcare student (see Chapter 14).

iv. I use the terms 'person-centred practice and holistic practice interchangeably as essentially meaning the same thing.

v. As with so many aspects of the book's text, googling concepts reveals a wealth of information. For example, https://www.verywellmind.com/left-brain-vs-right-brain-2795005.