Part 1

# Basic structures

# Chapter 1
# Exploring reflection

Reflection is learning through our everyday experiences towards realising one's vision of desirable practice as a lived reality. It is a critical and reflexive process of self-inquiry and transformation of being and becoming the practitioner you desire to be. As such, reflection is always purposeful, moving towards a more reflective, effective and satisfactory life. Reflection is a special quality of being. It is necessary to learn its right posture to tap into its mystery to gain most benefit from its learning potential. The idea of developing the right posture is compelling. Shunryu Suzuki (1999:28), writing from a Zen Buddhist perspective on meditation, says:

> So try always to keep the right posture, not only when you practice zazen, but in all your activities. Take the right posture when you are driving your car, and when you are reading. If you read in a slumped position, you cannot stay awake long. Try. You will discover how important it is to keep the right posture. This is the true teaching. The teaching which is written on paper is not the true teaching. Written teaching is a kind of food for your brain. Of course, it is necessary to take some food for your brain, but it is more important to be by yourself by practicing the right way of life.

The true teaching of reflection, like *zazen* (meditation), is through doing it and reflecting on doing it with guides who, like *zazen* masters, point you in the right direction. You cannot easily learn reflection from books but yet you can take brain food to inform the journey. Books give you ideas about reflection, just as they give you ideas about being a nurse or any other practice discipline.

Opening the *Compact Oxford English Dictionary* (2005:86) I read:

> Reflect:
> - throw back 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.

Interpreting this definition, reflection might be described as a mirror to see images or impressions of self in context of the particular situation in a careful and realistic way. The image of a mirror is helpful for viewing and keeping and adjusting the right posture moment by moment, bending to the shifting moment.

A reflective practitioner is someone who lives reflection as a way of being. And yet, in my experience, when people refer to reflection they are generally referring to reflection-on-experience. Indeed, most theories of reflection are based on this idea – looking back

at an experience or some event that has taken place. The idea of an *experience* is difficult to grasp – where does one experience begin and another end? Is experience not the endless flow of life? Is anticipating a forthcoming event an experience in itself? I consider an experience as thinking, feeling or doing something. Each intake of breath is an experience. Each thought is an experience.

Reflection is awareness of self within the moment, having a clear mind so as to be open to possibility of that moment. It is the wisdom that helps us see things clearly. Only when we can see things clearly, for what they really are, are we able to make the best decisions mindful of the potential consequences, what Aristotle described as phronesis. We come to see and appreciate the barriers that limit possibility. Hence our reflections are stories of resistance and possibility; chipping away resistance and opening up possibility, confronting and shifting these barriers to become who we desire to be as nurses, doctors and therapists is a life-long learning quest.

Our biggest barriers are ourselves, notably those fears that limit our potential. Rosenberg (1998:145) says:

> We may have been seeing our fear, for instance, as a big boulder that stands in our way, but now we can see that it is more like a cloud.

Rosenberg's words help us to see that reflection is often shifting things subtly, quietly almost, rather than instantly or dramatically.

## The significance of reflective practices for professional life

Schön's (1983, 1987) critique of an epistemology of professional practice is vital to appreciate. He opens Chapter 1 of his book *Educating the reflective practitioner* with these words:

> 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? (1987:1)

Schön's notion of the hard high ground and the swampy lowlands reflects two types of knowing. The metaphor of *swampy lowlands* draws attention to the type of knowing that practitioners need in order to respond to the problems of everyday practice that defy technical solution, where the practitioner faces issues of distress and conflict within the unique human–human encounter on a daily basis. This resonates strongly with a profession like nursing where each clinical moment is a unique human–human encounter grounded in suffering. There are no easy answers to the life problems that face patients and nurses who strive to care. When we think we know the solutions to complex situations, we endeavour to apply such knowledge, yet when we seek to impose control of events through applying such knowledge, we somehow miss the point. No two things

are the same, everything is unique within the human–human encounter. Practice is a mystery drama unfolding. We may have had similar experiences but not this one. We draw parallels but it is not the same. 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. Subtle differences between this experience and previous experiences demand subtle shifts of response that cannot be known outside the unfolding moment. Hence the reflective practitioner is mindful of subtle shifts and responds appropriately. No mean feat. There are no prescriptive solutions.

However, I must take issue with the implication that the practitioner must choose which land to inhabit. Both are essential for the effective practitioner to comfortably dwell within because of the nature of everyday practice. The practitioner must dwell in the swampy lowlands and yet be comfortable with visiting the high hard ground in order to appropriately assimilate relevant theory and research into practice.

Schön turned on its head the established epistemological hierarchy of professional practice, suggesting that swampy lowland knowing is more significant than technical rationality because it is the knowledge practitioners need to practise. Such knowing is subjective and contextual, yet is often denigrated as a lesser form of knowing, even dismissed as 'anecdote' by those who inhabit the hard high ground of technical rationality. People got locked into a paradigmatic view of knowledge and become intolerant of other claims because such claims fail the technical rationality rules for what counts as truth.

Researchers have endeavoured to understand why research is not used by practitioners in practice (Armitage 1990, Hunt 1981). These authors suggest that blame lies with the practitioners because of their failure to access and apply research. However, as Schön (1987) argues, little research has been done to address the real problems of everyday practice and research always needs to be interpreted by the practitioner for its significance to inform the specific situation. The decontextualised nature of most research, with its claims for generalisability, makes this problematic. Any claim for generalisability must be treated with extreme caution to inform unique human–human encounters. Such encounters are essentially unpredictable. The insensitive application of technical rationality is likely to lead to stereotyping – fitting the patient to the theory rather than using the theory to inform the situation. Schön exposes the illusion that research can simply be applied.

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). Visinstainer (1986) notes that:

> 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. (p37)

The consequence of this position in nursing has been the repression of other forms of knowing that has perpetuated the oppression of nurses and of their clinical nursing knowledge (Street 1992). 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 phenomena. This agenda has been pursued by nurse academics seeking recognition that

**Box 1.1** The pathway from novice to expert

| | | |
|---|---|---|
| Novice | → | Expert |
| **Linear thinking and acting** | → | **Intuitive** |
| View parts in isolation from whole | → | **Holistic or gestalt vision** |
| Reliance on external authorities | → | Reliance on internal authority |
| See self as separate from situation | → | See self as integral to the situation |
| Application of knowledge | → | Wisdom |

nursing is a valid science within university settings. Whilst such knowledge has an important role in informing practice, it certainly cannot predict and control, at least not without reducing patients and nurses to the status of objects to be manipulated like pawns in a chess game.

Dreyfus and Dreyfus (1986) note that for the expert practitioner, clinical judgement is largely intuitive, learnt through holistic pattern appreciation and past experiences. For this reason, models and theories of reflection have limited value. They may offer the novice reflective practitioner a way to access the breadth and depth of reflection, yet it is folly to think that they can 'know' reflection in this way. These models threaten to impose an understanding of reflection that skims the surface of its potential depth and subtlety. At some point the practitioner must break free from the shackles of models in order to swim within the vast ocean of life.

Benner (1984) and Benner *et al* (1996) draw heavily on Dreyfus and Dreyfus's model of skill acquisition (1986), in determining the pathway from novice to expert (Box 1.1).

In contrast to novices, experts intuit and respond appropriately to a situation as a whole without any obvious linear or reductionist thinking. The novice simply does not have this tacit knowledge accumulated from past experience. Reflection as a learning process enables practitioners to bring to consciousness, scrutinise and develop their intuitive processes and, *ipso facto*, to develop their tacit knowing. As Holly (1989) notes:

> 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. (pp71-5)

This is subliminal learning, revealed in light of reflection. Learning through reflection also takes place on a more deliberative level. Indeed, through reflection, practitioners become more mindful and increasingly sensitive to their intuitive responses.

Cioffi (1997) draws on the work of Tversky and Kahneman (1974) to suggest that judgements made in uncertain conditions are most commonly heuristic in nature. Such processes are servants to intuition. The heuristics intend to improve the probability of getting intuition right by linking the current situation to past experience, being able to see the salient points within any situation, and having a baseline position to judge against. Without doubt, the majority of decisions practitioners make are intuitive. 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. The measured intuitive response is wisdom.

As significant as this exposition on expertise is, it only scratches the surface of practice. The real value of reflective practice is its emancipatory potential as reflected in

Jack Mezirow's (1981) idea of *perspective transformation* and Paulo Freire's (1972:15) idea of *conscientization* that refers to 'learning to perceive social, political and economic contradictions [with being fully human] and to take action against the oppressive elements of reality'.

> To surmount the situation of oppression, men must first critically recognise its causes, so that through transforming action they can create a new situation – one which makes possible the pursuit of a fuller humanity. (Freire 1972:24)

This notion resonates with nursing's quest in society – what does nursing exist to do? What does it mean to be a nurse? These questions are challenges that go to the heart of reflective practice. The answers to these questions are the background for reflective practice. I will simply say that nursing's quest must be to enable patients to become more fully human. In doing so, nurses must confront and shift their own oppression as a subordinate workforce that diminishes their own humanness and which limits their potential to enable others to become fully human. Without freedom to practise, talk of expertise is fool's gold. Expertise *is* freedom.

## Knowing reflection

Picking up Suzuki's idea of *brain food*, there is much brain food to inform reflective practice. When I teach reflection, I might draw the students' attention to theories of reflection as espoused by Boud *et al* (1985), Boyd and Fales (1983), Gibbs (1988), Mezirow (1981) and Schön (1987) with a view to using these theories within their own reflective practice. These theorists all espouse a rational approach to reflection. Definitions of reflection are characterised as learning through experience toward gaining new insights or changed perceptions of self and practice. Indeed, my own work has contributed to this body of knowledge (Johns 2004a).

Boyd and Fales (1983:101) describe reflection as:

> the process of creating and clarifying the meaning of experience [present and 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.

They identify six stages for reflection:

- a sense of inner discomfort
- identification or clarification of concern
- openness to new information from external and internal sources
- resolution
- establishing continuity of self with past, present and future
- deciding whether to act on the outcome of the reflective process.

Boyd and Fales' last stage – deciding whether to act on the outcome of the reflective process – suggests that acting on perceptions and insights gained through reflection is deliberative. Perhaps on one level it is but on another, deeper intuitive level, changed perceptions of self must inevitably lead to changed action.

Mezirow (1981) viewed reflection as emancipatory action, strongly influenced by a critical social science perspective. Mezirow's work suggests the depth of reflection through a number of processes spanning from consciousness – the way we might think about something, to critical consciousness where we pay attention and scrutinise our thinking processes. This is a very significant idea, because it acknowledges that the way we think about something may itself be problematic. Mezirow describes the outcome of reflection as *perspective transformation*.

Powell (1989), in a small study with eight nurses on a post registered diploma course, utilised Mezirow's six levels of reflectivity to demonstrate that all students, with one exception, did not reflect at the level of critical consciousness. The one person who demonstrated some critical consciousness thinking was very experienced. The study doesn't outline the extent or quality of the guidance given. Although it is impossible to generalise from this study, it does suggest that critical consciousness thinking is not within the scope of people's normal thinking. Of course, this will differ with individuals, in that some people may be more naturally reflective than others.

Boud *et al* (1985) 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.

Such theories enable practitioners to frame their reflective approach, often as a linear progression through a number of stages with the aim of developing insights into self and practice that can be applied to future experiences. My purpose is to draw the reader's attention to different approaches rather than to critique these approaches for their relevant merits. The reader will only find their way through the intentional experience of being reflective and reflecting on that experience.

The rational approach reflects a generally Western technological approach to learning that can be contrasted with more esoteric approaches reflected in ancient wisdom traditions (Johns 2005). As I study and understand the more esoteric influences, notably Native American lore and Buddhism, I delve more deeply into the nature of reflection, seeking to balance the dominant rational approach through appreciating its holistic or whole-brain thinking. These ideas are threaded through the book's text.

## Whole-brain stuff

The right side of the brain is the centre for certain qualities of mind: creativity, imagination, perception, intuition, synthesis, wonder and spirit. It counterbalances the more dominant left side of the brain that is concerned with qualities of mind associated with analysis, reason, rationality and logic (Table 1.1).

Daniel Pink (2005) notes that 'the left hemisphere analyses the details; the right hemisphere synthesises the big picture' (22).

**Table 1.1** Qualities of mind

| Left brain | Right brain |
|---|---|
| Reason | Creativity |
| Logic | Imagination |
| Rationality | Perception |
| Analysis | Curiosity and wonder |
| | Intuition |
| | Spirit |
| | Synthesis |

Virginia Woolf (1945) noted that the great mind is the androgynous mind where the faculties of left and right brain are integrated as a whole. Through rich story description and art, the practitioner *paints* a big canvas of the experience. As I explore in Chapter 3, this descriptive phase is the first dialogical movement, the data for reflection. The descriptive phase is opening and nurturing the right brain that has been severely neglected by left brain domination. Play has become a lost art (Pink 2005). The imagination has become trimmed (Paramananda 2001). Only then is the left brain invited to join the game to analyse the experience with the intention to seek meaning. In the weaving of the narrative, the right and left sides of the brain synthesise in common endeavour. I must emphasise the idea of reflection as spirit; that reflection is essentially life giving, paying attention to one's being, acknowledging that health care is at its core a spiritual practice. It is vital to appreciate this amidst the sterility of reason when the human factor is often lost amongst the facts. Wisdom traditions such as Buddhism and Native American are grounded in spirit.

## A typology of reflective practices

Reflective practice can span from *doing* reflection towards reflection as a *way of being* within everyday practice (Fig. 1.1).

Schön (1983, 1987) distinguished reflection-*on-action* from reflection-*in-action* as a way of thinking about a situation whilst engaged within it, in order to reframe and solve some breakdown in the smooth running of experience, influenced by Heidegger's idea of breakdown. Heidegger (1962, cited in Plager 1994: 72-3) describes three interrelated modes of involvement or engagement with practical activity we have in day-to-day life:

- ready to hand – in this mode of engagement, equipment and practical activity function smoothly and transparently. The person is involved in an absorbed manner so that the activity is for the most part unnoticed
- unready to hand – in this mode, some sort of breakdown occurs in the smooth functioning of activity, becoming conspicuous to the user
- present to hand – in this mode, practical everyday activity ceases, and the person stands back and reflects on the situation.

| | | |
|---|---|---|
| Reflection-on-experience | Reflecting on a situation or experience after the event with the intention of gaining insights that may inform my future practice in positive ways. | *Doing reflection* |
| Reflection-in-action | Pausing within a particular situation or experience in order to make sense of and reframe the situation in order to proceed towards desired outcomes. | |
| The internal supervisor | Dialoguing with self whilst in conversation with another in order to make sense. | |
| Reflection-within-the-moment | Being aware of the way I am thinking, feeling, and responding within the unfolding moment whilst holding the intent to realise my vision. It involves dialoguing with self to ensure I am interpreting and responding congruently to whatever is unfolding and having mental acuity to change my ideas rather than being fixed to certain ideas. | |
| Mindfulness[1] | Seeing things for what they really are without distortion, whilst holding the intention of realising desirable practice. | *Reflection as a way of being* |

[1] My appreciation of mindfulness has shifted from the second edition.

**Figure 1.1** A typology of reflective practices.

The practitioner usually adjusts to minor interruptions within the smooth flow of experience without overtly thinking about it, because the body has embodied knowing. Sometimes, the practitioner is faced with situations that do not go smoothly. The practitioner must then pause and stand back to consider how best to proceed, to shift posture. Schön termed this *reflection-in-action*, a type of problem solving whereby the problem (or breakdown) is reframed in order to proceed. This requires a shift in thinking and contemplating new ways of responding.

It is easy to misunderstand reflection-in-action as merely thinking about something whilst doing it.

Schön (1987) drew on examples 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 in which to freeze and reframe situations, in contrast with clinical practice which is involved within the unfolding human encounter.

## The internal supervisor

Casement (1985), a psychoanalyst, offers a more satisfactory concept of reflection-in-action as the ability to dialogue with self whilst dialoguing with a client. He calls this dialogue with self the *internal supervisor*.

Practitioners pay attention to the way they are interpreting what the client is saying and weighing up how best to respond. Speaking as a psychoanalyst, this degree of attention and awareness is essential to successful psychoanalytical practice and yet, considering how nurses and doctors are with patients, the impact of self on the other is an important therapeutic moment and demands an awareness of self in relationship with the other.

## Reflection-within-the-moment

The idea of paying attention to self within the unfolding moment defines *reflection-within-the–moment*; the exquisite paying attention to the way self is thinking, feeling and responding within the particular moment, whilst holding the intention to realise one's vision. Such self-awareness moves reflection away from techniques to apply to a way of being in practice. It is opening a mental space and developing mental acuity.

Reflection-within-the-moment is developed through constant reflecting-on-experience: the more reflective on experience I am, the more reflective I become within practice, especially around those issues on which I have reflected and gained insights. Although I cannot prove this point in conventional research terms, all practitioners I have guided demonstrate this ability. Try this for yourself. It is profound.

Without doubt, reflection-on-experience sensitises the practitioner to self within practice. Reflection-within-the-moment is an exquisite ability, perhaps the hallmark of expertise. It characterises the *reflective practitioner*.

## Being mindful

Being mindful is *seeing things for what they really are without distortion, whilst holding the intention of realising desirable practice*. Understanding the nature of mindfulness is not easy simply because it is beyond conceptual appreciation. Hence words grasp at its essence. Goldstein (2002:89) 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.

The idea of being without judgement, without interference, is very significant, as if being mindful is a precursor for making good judgements based on clear understanding; a precursor for wisdom.

Goldstein writes from a Buddhist perspective. I too draw on the deep wellsprings of Buddhist psychology to explore the nature of mindfulness or *smrti*, which implies being aware moment to moment:

- of things and the world around us
- of self – body, feelings and thoughts
- of self in relationship with others
- of ultimate reality.

Ultimate reality can be viewed on two levels: the mundane level is concerned with holding and intending to realise a right vision of practice, however this might be expressed; the transcendental level is concerned with spiritual growth. Realising the mundane is inevitably a movement towards the transcendental. Being mindful, I know what I am doing and why I am doing it, and that what I am doing right now fits with my intention.

> Awareness sees everything as unique. Awareness brings an understanding that even the most common sight is never to be repeated and that to see something as it really is, we must be free from the habitual tendency to label and categorize. Only then can we truly recognize things for what they are. (Paramananda 2001:138-9)

Being mindful, I am vigilant against unskilful actions and negative mental events that are constantly trying to distract the mind, for example anger, arrogance, resentment, envy, greed and so on (Sangharakshita 1998). In Buddhism, this quality of mind is called *apramada* or non-heedlessness, the guard at the gate of the senses ever watchful for those negative emotions that would distract me.

## Setting out my stall

I describe reflection as being mindful of self, either within or after experience, like a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move toward resolving contradiction between one's vision and actual practice. Through the conflict of contradiction, the commitment to realise one's vision, and understanding why things are as they are, the practitioner can gain new insight into self and be empowered to respond more congruently in future situations within a reflexive spiral towards developing practical wisdom and realising one's vision as praxis. The practitioner may require guidance to overcome resistance or to be empowered to act on understanding.

By reflexive, I mean 'looking back' to see the self emerging towards realising desirable practice through a series of experiences. Practical wisdom is the moral knowing I use in making clinical judgements mindful of their likely consequences. I use praxis to mean informed, intentional, moral action. In earlier descriptions of reflection I had realising one's vision as a lived reality. I use praxis in a similar way – that lived reality is always manifest in certain kinds of action in tune with one's intention (i.e. desired practice).

## Bimadisiwin

An altogether more poetic description of reflection is offered by Bimadisiwin.

> 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. Decide to be an active participant in your life journey. It is rewarding. Embrace the joy your vision brings you, it is yours to hold forever. It is freeing, for it frees the spirit. It releases you to become as you believe you must. (Blackwolf and Jones 1996:47)

Blackwolf is of the Obijway nation and offers a timeless wisdom. Such words stimulate the imagination. The idea of caring as a dance captures its performance; the fluid and knowing movement of my hands across someone's feet is poetry in motion. Yet to be a skilful dancer requires effort, discipline, commitment, patience, compassion and wisdom.

> Believe in the vision of you.
> Practice the vision.
> Become the vision. (Blackwolf and Jones 1996:p47)

Let these words stir the mind and heart. Blackwolf and Jones' book *Earth dance drum* has influenced the way I view and develop reflection. At every turn of the page there is some new message to inspire:

> Reflect periodically throughout the day. See clearly who you are, what you are experiencing. Like brother eagle, preen your emotional feathers throughout the day. They are the feathers that help you fly to greater heights. (p15)

## Prerequisites of reflection

Fay (1987) identifies certain qualities of mind that are necessary to reflection: openness, curiosity, wilfulness or commitment, and intelligence. I can add energy, passion, discipline and playfulness to this list. These qualities of mind are significant to counter the more negative qualities of mind associated with defensiveness, habit, resistance, laziness, stress, and no doubt many other adjectives.

## Commitment

I meet many practitioners whose commitment to their practice has become numb or blunted through working in non-challenging, non-supportive and generally stressful environments where the realisation of caring values is constantly threatened by inadequate resources and unsympathetic attitudes. Perhaps satisfaction is making it through to the end of the shift with minimal hassle rather than fulfilling caring ideals. Often, when things get overly familiar, we take them for granted and get into a habitual groove.

John O'Donohue (1997:122-3) notes:

> 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.

Practitioners who are numb will not enjoy reflection. Indeed, they will turn their heads away from the reflective mirror because the images are not positive. These practitioners do not want to face themselves and their responsibility to care. Yet, if they can face the mirror, perhaps with guidance, reflection offers the practitioner a way to rekindle commitment and reconnect to caring ideals. Things wither and die if not cared for. When those things are people then the significance of commitment becomes only too apparent. Commitment harmonises or balances conflict of contradiction – it is the energy that helps us to face up to unacceptable situations. As Carl Rogers (1969) notes, 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. As I know only too well, through years of guiding practitioners to learn through experiences, nurses reflect on painful situations. Practice is not always a pretty sight. Yet with commitment, even in the darkest moments, the glimmer of caring shines through. The realisation of caring within such moments is profoundly satisfying and sustaining, it nourishes commitment and reaffirms our beliefs. No words express this sentiment better than those of Van Manen (1990:58):

> 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].

## Curiosity

Curiosity is fundamental to the creative life and yet many practitioners are locked into habitual patterns of practice. Worse, they resist looking at new ways as if these represent an inherent threat to their security. As John O'Donohue (1997:163-4) notes:

> Many people remain trapped at the one window, looking out every day at the same scene in the same way. Real growth is experienced when you draw back from that one window, turn and walk around the inner tower of the soul and see all the different windows that await your gaze. Through these different windows, you can see new vistas of possibility, presence and creativity. Complacency, habit and blindness often prevent you from feeling your life. So much depends on the frame of vision – the window through which we look.

The image of practitioners opening shutters to view themselves is a powerful visualisation of mindfulness.

Paying attention to my practice, I am open to what is unfolding. Being open, I am not defensive, but curious and open to new possibilities. Every situation becomes an opportunity for learning. Curiosity is being mindful. Why do I feel that way? Why do I think that way? Why do I respond that way? Why are the walls green? Does music help patients relax? Why is Jim unhappy – would a SSRI antidepressant work better than a tricylic? Etcetera. Everything enters into the gaze of the curious practitioner on the quest to realise desirable and effective practice. From this angle it is perhaps easy to see the scope of reflection. Gadamer (1975:266) notes how:

> 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.

## Contradiction

Reflection is often triggered by negative feelings such as anger, guilt, sadness, frustration, resentment or even hatred (Boyd and Fales 1983). Negative feelings create anxiety within the person and bring the situation that caused these feelings into the conscious mind. The practitioner may *naturally* reflect either consciously or subconsciously to try and defend against this anxiety. The practitioner may distort, rationalise, project or even deny the situation that caused the feelings. They may take action to relieve the tension anxiety causes by attacking the source of the negative feeling or taking it out on someone else. They may more quietly talk it through with someone willing to listen or, more vigorously, take some exercise. We all have our own tactics for such moments. We may even write in a journal!

Negative feelings reflect contradiction between our values and our practice. Contradiction is *creative tension* – the tension that exists between our visions of practice and our understanding of our current reality (Senge 1990). For people concerned with doing what is best, this tension can feel uncomfortable or like a gnawing ache. Whilst it may be natural to pay attention to negative feelings because they disturb us, practitioners can also reflect on positive feelings such as satisfaction, joy and love. In my experience, this is less likely because such feelings are not viewed as problematic. Experiences that arouse

no strong feelings are simply taken for granted, that is until the practitioner becomes *mindful,* in which case all experience becomes available for reflection.

## Energy work

So, reflection encourages the expression, acceptance and understanding of feelings. Negative feelings can be worked through and their energy converted into positive energy for taking future action based on an understanding of the situation and appropriate ways of responding. As Lydia Hall (1964:151) succinctly puts it:

> Anxiety over an extended period is stressful to all the organ functions. It prepares people to fight or flight. In our culture, however, it is brutal to fight and cowardly to flee, so we stew in our own juices and cook up malfunction. This energy can be put to use in exploration of feeling through participation in the struggle to face and solve problems underlying the state of anxiety.

This conversion of negative energy into positive energy for taking action can be understood within Prigogine and Stengers' (1984) theory of dissipate structures as appropriated by Margaret Newman within her theory of Health as Expanded Consciousness (1994).

In my sketch in Figure 1.2, inspired by Newman (1994:38), the single curly lines represent effective self-organisation continuing until they hit a crisis, represented by a mass of curly lines. In crisis, normal patterns of self-organisation fail, resulting in anxiety (negative energy). Being open systems, people can exchange this energy with the environment and create positive energy for taking action based on a reorganisation of self as necessary to resolve the crisis and emerge at a higher level of consciousness; that is, until the next crisis.

Recognition of crisis may seem obvious but it is usually reflected in a subtle sense of breakdown and is not easy to discern within my normal patterns of thinking. Therefore, a guide may be a vital transformative catalyst. The word 'crisis' might be replaced with 'chaos'. Wheatley (1999:119) notes that:

> It is chaos' 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.

Reflection is the vehicle for this ride. Hold on!

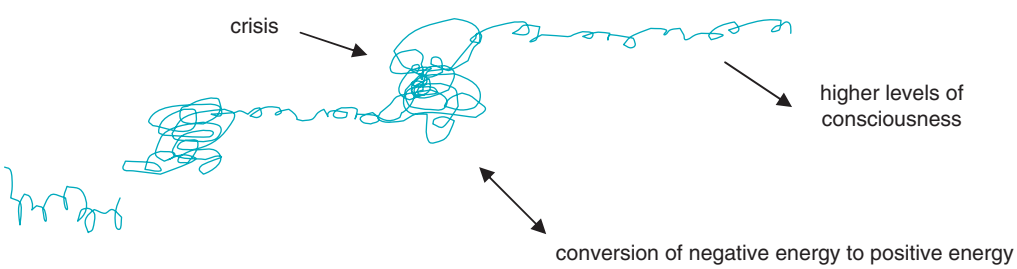


**Figure 1.2** Converting negative energy to positive energy.

## Understanding

Understanding is the basis for making good judgements and taking action congruent with realising desirable practice. It is only when practitioners understand themselves and the conditions of their practice that they can begin to realistically plan how they might respond differently. Yet, we do not live in a rational world. There are barriers that limit the practitioner's ability to respond differently to practice situations even when they know there is a better way of responding in tune with desirable practice. These barriers blind and bind people to see and respond to the world as they do.

I want to emphasise that reflection is always action oriented towards realising vision as a lived reality. In other words, reflection is not a neutral thing but a political and cultural movement towards creating a better, more caring and humane world. As such, the ideals of a critical social science are enshrined – firstly, that reflection is firstly a process of enlightenment or understanding as to why things are as they are (self in context); secondly, a process of empowerment to take action as necessary based on understanding; and thirdly, a process of emancipation whereby action actually transforms situations for a vision to be realised (in the understanding that visions actually shift in the process of realisation).

However, just because the practitioner can understand why things are as they are may not mean they can easily change things. Fay (1987) highlighted the limitations of rationality to bring about change due to three key aspects of culture: tradition, force and embodiment, that offers a typology of resistance.

- Tradition – a pre-reflective state reflected in the customs, norms and prejudices that people hold about the way things should be, and their habitual practices.
- Force – the way normal relationships are constructed and maintained through the use of power/force.
- Embodiment – the way people normally think, feel and respond to the world in a normative and largely pre-reflective way.

These barriers are powerful resistors to change that the practitioner must overcome to realise desirable practice. If people were rational they would change their practice on the basis of evidence that supports the best way of doing something. But even then two people may rationally disagree! Until practitioners become aware of these factors that constrain them, they are unlikely to be able to change them. However, because things are normative these barriers are often not perceived.

Reflection is then *critical* reflection, in the sense of a critical social science. The language of a critical social science may be intimidating with its rhetoric of oppression and misery yet it can be argued that nursing, as a largely female occupation, has been subjugated by patriarchal attitudes that render it politically passive and thus unable to fulfil its caring destiny. If so, then realising a holistic vision requires an analysis and eventual 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 in '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) notes:

> 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.

I feel my excitement tingle as I read and write these words. Reflection opens up a clearing where desirable practice and the barriers that constrain its realisation can be unconcealed and where action can be planned to overcome the barriers, whatever their source. No easy task, for these barriers are embodied, they structure practice and patterns of relating. Fear is a powerful deterrent for being different. Reflection enables practitioners to speak and know their truth, ripping away illusions.

The commitment to the truth is vital 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 patronage of more powerful others? Is it better to keep your head down than have it shot off above the parapet for daring to reveal the truth?

## Empowerment

Reflection is empowering, enabling the practitioner to act on insights towards realising desirable practice. Kieffer (1984) 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. (p27)

Kieffer's words may not rest comfortably with many readers. Yet the truth of the situation is stark; if practitioners truly wish to realise their caring ideals then they have no choice but to become political in working towards establishing the conditions of practice where that is possible.

## Being in place

Linked to the previous point, the reflective journey can be viewed as a movement from *knowing your place* – a place determined and controlled by more powerful others – to *being in place* – the place where I need to be to realise my vision as a lived reality (Mayeroff 1971).

Try this exercise.

- In each circle in Figure 1.3, write a description of 'knowing your place' and 'being in place'.
- Identify what factors constrain you from being in place.
- Now identify positive action you can take to be in place.

- Reflect each day on the difference positive action makes.
- Repeat the exercise at least weekly and mark along the line your progress toward being in place.


**Figure 1.3** The reflective journey.

I shall assume that not *being in place* is a deeply disturbing idea that creates a strong sense of internal conflict. As such, I can pretend I am in a 'good enough place' as some sort of compromise to survive a hostile world. However, the movement to being in place is not easy. As suggested above, deeply embodied forces rally to uncomfortably remind me to know my place.

But that is OK. At least I am aware of this. It is my reality. It is a beginning. Perhaps all I can do is chip away at the edges, but if so, I can imagine being a sculptor chipping away slowly but purposefully at the granite slab toward creating a beautiful thing. For without doubt, my image of desirable practice is a beautiful thing. It is worth making the effort, isn't it?

## Developing voice

As such, empowerment is developing an assertive and political voice that is heard and listened to within the corridors of power. And 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. Perhaps you can remember being silenced, not so much by others but by yourself. Practitioners often say 'I wish I had said something but …'

Is it fear of repercussion or humiliation? Either way, it is a reflection of knowing that your place is to be silent. Think of a recent experience when you would have liked to say something – write it down and ask yourself why you were silent. What would you have liked to say? How did you feel? What do you imagine the response of others would be?

Perhaps you did say something – what were the consequences?

Julia Cumberlege (DHSS 1986) observed at meetings concerned with discussion of her report on community nursing that doctors sat in the front rows and asked all the questions, whilst nurses sat in the back rows and kept silent. She commented how nurses needed to find a voice so they could be heard, otherwise they would have no future in planning healthcare services.

This comment reflects how nurses have traditionally been socialised into a subordinate and powerless workforce through educational processes and dominant patterns of relationships with more powerful groups (Buckenham and McGrath 1983). I remember as a student nurse sitting passively in the classroom being filled with facts, what Belenky *et al* (1986) describe as received knowing; the way practitioners listen and speak with the voices of others that they have embodied. They conceive themselves as capable of receiving, even reproducing knowledge from the all-knowing external authorities but not capable of creating knowledge of their own. I had no sense of being enabled to develop

critical thinking skills, and even if I had, the all-knowing authorities within clinical practice would have soon put me in my place. Despite the rhetoric of developing the practitioner as a critical thinker, the weight of tradition and authority continues to suppress her emergence.

So when I ask a nurse 'Why do you do it like that?', she is likely to reproduce knowledge from an external authority that has been unquestioned. When I ask her how else she might do it, she may struggle to think laterally because she has never been enabled to think. Perhaps this scenario is shifting with university education.

So, reflection at its root level opens a door to find and express voice. Belenky *et al* (1986) describe this as the subjective voice, finding the inner voice, listening to, valuing and accepting one's own voice as a source of knowing. This may mean rejecting the authoritative voice that has dominated the way the practitioner views, thinks about and responds to the world.

The subjective voice is tentative, vulnerable in its uncertainty, and hence may need to be nurtured in a community of like-minded people. It may be confusing because it is competing with received voices. As such, it is easy to discount one's own subjective voice as being unsubstantiated, even ridiculed by more 'knowing' others. Listening to self, the self may see an uncanny stranger on display, a self that has been censored (Cixous 1996).

Belenky *et al* (1986:85) note:

> During the period of subjective knowing, women lay down procedures for systematically learning and analysing experience. But what seems distinctive in these women is that their strategies for knowing grow out of their very embeddedness in human relationships and the alertness of everyday life. Subjectivist women value what they see and hear around them and begin to feel a need to understand the people with whom they live and who impinge on their lives. Though they be emotionally isolated from others at this point in their histories, they begin to actively analyse their past and current interactions with others. (p85)

Reflection encourages the practitioner to pay attention to self within the context of human relationships and encourages this alertness in everyday life. The idea that practitioners are isolated is intriguing – many nurses talk of chatting with others, but to what purpose? Does such chat reinforce prejudices and discontent or does it enable the growth of knowing? The role of guided reflection within the curriculum opens this space but it needs to be a continuing space through the programme to have any real developmental impact.

Although the subjective voice is unsubstantiated, it does open the door to dialogue with sources of knowing to become informed. Belenky *et al* (1986) describe this as the procedural voice.

## The procedural voice

The procedural voice has two complementary ways of knowing: connected and separate knowing. Both are vital to effective practice. Connected knowing is informed by understanding the experiences of others through empathy. In contrast, the separate voice is dispassionate in its ability to critique and reason. It is the rational voice that seeks to understand things in terms of logic and procedures. It is the antithesis of received knowledge – no longer is knowledge accepted on face value but it is now challenged for its validity and appropriateness to inform the particular situation. Perhaps the reader can sense Schön's metaphoric swampy lowland as the world of the connected voice, and the high hard ground as the world of the separate voice.

The connected voice is the yin voice, feminine, perceived, intuited whereas the separate voice might be viewed as the yang voice, rational, logical, reasoned. Both voices are significant in healthcare and when woven together result in what Belenky *et al* (1986) term the constructed voice.

## The constructed voice

This voice is informed, passionate and assertive. Virginia Woolf (1945) considered that the great mind is androgynous, finding the balance between the feminine and masculine, the yin and yang, the right and left brain. She writes, 'It is when this fusion takes place that the mind is fully fertilised and uses all its faculties' (p97).

However, even practitioners who have a constructed voice may be silenced. As Belenky *et al* note:

> Even among women who feel they have found voice, problems with voice abound. Some women told us, in anger and frustration, how frequently they felt unheard and unheeded – both at home and work. In our society which values male authority, constructivist women are no more immune to the experience of feeling silenced than any other group of women. (p146)

The unbalanced mind leans too heavily towards the masculine, favouring reason over intuition, justice over care, outcomes over process, science over art. Perhaps the feminine has to be privileged to find balance? I wonder – do normal patterns of practice privilege masculine values and demean feminine values? Is management essentially masculine or patriarchal?

It is often said that to succeed in a man's world, women must become more masculine than men. Look about your practice – is there a grain of truth in this idea?

## Writing as agentic action

Another way to view empowerment is in terms of realising and sustaining agency, shifting from a victimic to an agentic mode of being (Polkingthorne 1996). 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. In contrast, the practitioner may perceive herself as a victim, feeling powerless to take action towards realising a vision of practice.

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. Victimic people depict their lives as out of their control, shaped by events beyond their influence. Others' actions and chance determine life outcomes, and the accomplishment or failure to achieve life goals depends on factors they are unable to change. Bruner (1994) notes that people 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. (p41)

Bruner's words highlight that the construction of life plots is always in relation to others. The plots are oriented more towards avoiding negative possibilities than to

actualising positive possibilities. In contrast, Cochran and Laub (1994) considered that the change from a victimic to an 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 plot does not simply fade away; it must be actively confronted, which can generally be seen moving through four phases.

## Phase 1

This first phase is dominated by the person's sense of entrapment or incompleteness, being controlled, helplessness – described as 'trapped in a world in which most of what makes life worthwhile is gone, and threatened by the possibility that this bleak existence might extend indefinitely' (Cochran and Laub 1994:90).

## Phase 2

People become involved in activities that will assist in (re)gaining an agentic life. Escape from phase 1 begins with the formation of a goal that is worthwhile and attainable (vision). The person takes ownership of her practice, and can see that her efforts make a difference and affect outcomes. The person monitors her progress and establishes standards for success in achieving progressively more difficult goals. Experiences of success in achieving these goals are crucial to validate the person's capacity to make a difference and fuel her optimism for a better future and produce a sense of freedom and control.

## Phase 3

People engage in activities more closely related to their goals in more self-directed ways – what Cochran and Laub (1994) describe as actually playing the game, whereas phase 2 was practising the game. The person becomes aware that the remaining major barriers to a fuller and more agentic life reside as much in her own beliefs and attitudes as in factors outside herself.

## Phase 4

People experience a liberating sense of completing their goals. Cochran and Laub (1994) note: 'Now one lives with a sense of life being on course, full, open to possibilities, unrestricted' (p94). The person has achieved a sense of wholeness that is no longer threatened by former recollections. She has become the author of her own life and taken control of her existence.

Reflection and writing would enhance the core ingredients of personal agency: self-determination; self-legislation; meaningfulness; purposefulness; confidence; active striving; planning; and responsibility (Cochran and Laub 1994). The person's work is to create a plot out of a succession of actions, as if to direct the actor in the midst of action. Locating ourselves within an intelligible story is essential to our sense that life is meaningful. Being an actor at all means trying to make certain things happen, to bring about desirable endings, to search for possibilities that lead in hopeful directions. As actors, we

require our actions not only to be intelligible but to get us somewhere. We act because we intend to get something done, to begin something which we hope will lead us along a desirable route; we act with what Kermode (1966:813) calls the 'sense of an ending':

> Because we act with the sense of an ending, we try to direct our actions and the actions of other relevant actors in ways that will bring the ending about.

## Evaluating reflection

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

> 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 will improve nursing care or the nursing profession in some intangible way. This is demonstrated by Bailey (1995), who although describing the introduction of reflection into a critical area and claiming that an improvement in problem-solving skills occurred, gives no evidence that the quality of care was improved in any way. These failings can also be found in much of the literature describing the Burford reflection in nursing model [Johns 1998a, b, c] which attempts to integrate reflective practice into a clinically grounded nursing model through use of a series of 'cues'. Much of the published evidence regarding the model's impact on clinical practice appears to be based on personal anecdote, and again, evidence in support of its impact on patient care is of a mainly qualitative and descriptive mature. (my italics)

Of course, reflective accounts are subjective and singular. The accounts within *The Burford NDU model: caring in practice* (Johns 1994) were not cited in the above references. Yet in this book there are four collaborating accounts from Burford practitioners and accounts from four other nursing units besides Burford – accounts that testify to the impact of the Burford model on clinical practice. In other words, Mackintosh reviews the literature with her own partial eye, seeing or interpreting what she wants to read to support her prejudice against reflective accounts and qualitative methodologies. As Wilber (1998) highlights, different paradigms have their own rules for injunction as to what counts as the truth, and who better to know her own truth than the practitioner? To dispute that truth would mean that every survey, interview and pyschometric test is flawed, tainted with the 'suspicion of authenticity', and perhaps more so because the truth is obscured behind an objective illusion.

As I explore in Chapter 3, the role of the guide is to help the practitioner see herself more objectively and to challenge the basis for perceptions and assumptions.

The limitations of reflection as a mode of learning have been highlighted by, amongst others, Platzer *et al* (2000). They noted that students may be resistant to revealing self, a point also highlighted by Cotton (2001), that reflection becomes a type of surveillance, assessment and control. Yet education has always been a socialisation process. Where teachers use reflection from a teacher-centred perspective, then it may be resisted. Platzer *et al* further note that embodied ways of learning and organisational culture impose tremendous barriers to reflecting on and learning from experience. Without doubt, there are barriers, but the barriers are a focus for learning and shifting, both within self and within the organisational culture. Real education is not necessarily easy. Students may prefer to be fed what they need to know but is that an adequate preparation for

developing critical thinkers? The Model for Structured Reflection (MSR) has been tested and found to be beneficial in enabling students to develop self-awareness and caring potential (Novelestsky-Rosenthal and Solomon 2001).

Burton (2000) has noted:

> It will be argued that reflective theory and practice has not yet been adequately tested and there is a pressing need for evidence to demonstrate irrefutably the effectiveness of reflection on nursing practice, particularly with respect to patient outcomes. (p1009)

Burton challenges why the UKCC and ENB insist that nurses at all levels of experience should reflect, when the evidence to support its benefits is unsubstantial. Perhaps she should ask why do people think in the first place and read research findings? Yet Burton's words, again like Mackintosh, reveal the way people who inhabit a behavioural paradigm view reflection. They impose their own rules of injunction without appreciating the nature of reflection.

Reflection is *not* primarily a technology to produce better patient outcomes and yet it follows that if reflection does enable practitioners to realise desirable practice, desirable practice is always concerned with best meeting patient needs and that this realisation is best illuminated through reflexive narratives. For example, doctoral work by Jarrett (2008) clearly demonstrates her appreciation and realisation of spasticity nursing over a 4-year period. My work with leaders within the masters of leadership programme, designed as a collaborative research project, enabled me to analyse 24 dissertation narratives to gain insight into being and becoming a leader within NHS organisations. Examples of reflexive narratives have been published in my other books (Johns 2002, 2005, 2006) that demonstrate the impact of guided reflection on knowing and realising desirable practice. Reflection is essentially about personal growth and that impact on personal growth can only be known through the stories these people tell. As narratives can exquisitely illuminate, the impact on patient care shines through yet not in any reductionist sense (for examples, see the research narratives published in Johns 2002).

## Conclusion

In this chapter I have explored the nature of reflection grounded in a critical social science as a process of self-inquiry and transformation towards realising desirable practice as a lived reality. I suggest that this is the hallmark of professional responsibility to ensure that self is best fit to deliver effective practice. In Chapter 2, I explore how clinical practice can be structured through a reflective model, on the premise that reflective practitioners thrive in conditions that value and support reflective practice.