4TH EDITION

Becoming a Reflective Practitioner

Christopher Johns

With contributions from Sally Burnie,
Simon Lee, Susan Brooks,
Jill Jarvis and others

WILEY-BLACKWELL

Becoming a Reflective Practitioner

Becoming a Reflective Practitioner

Fourth edition

Christopher Johns

With contributions from Sally Burnie, Simon Lee, Susan Brooks, Jill Jarvis and others.

WILEY-BLACKWELL

A John Wiley & Sons, Ltd., Publication

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

Registered office: John Wiley & Sons, Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial offices: 9600 Garsington Road, Oxford, OX4 2DQ, UK
The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK
111 River Street, Hoboken, NJ 07030-5774, USA

For details of our global editorial offices, for customer services and for information about how to apply for permission to reuse the copyright material in this book please see our website at www.wiley.com/wiley-blackwell.

Library of Congress Cataloging-in-Publication Data

Johns, Christopher.
Becoming a reflective practitioner / Christopher Johns ; with contributions from Sally Burnie . . . [et al.]. – 4th ed.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-0-470-67426-0 (pbk.)
I. Burnie, Sally. II. Title.
[DNLM: 1. Philosophy, Nursing. 2. Models, Nursing. 3. Thinking. WY 86]
610.73–dc23
2012051375

A catalogue record for this book is available from the British Library.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Cover image: Courtesy of C Johns.
Cover design by His and Hers Design, www.hisandhersdesign.co.uk.

Set in 10/12 pt Sabon by Toppan Best-set Premedia Limited

1 2013

Contents

Preface

Welcome to the fourth edition of this book. It has been 3 years since the third edition was published. Hardly any time and yet the world is ever changing. Writing a new book is always an exciting blank canvas. Writing a new edition, the canvas is already filled with words from the previous edition. I try to approach each new edition from a reflexive perspective – how have new ideas emerged from old ones? As such, each subsequent edition of this book is like new skin on an old animal. I have not completely discarded the old skin; its remnants can clearly be seen by the reader moving between editions, like an historian plotting the emergence of reflective practice from my own particular perspective. I am less a commentator on others' ideas but a constructor of my own, juxtaposing as appropriate with the ideas of others.

I ask myself what has changed with regard to reflective practice in 3 years. Reading through professional journals, I suspect not much. There seems to be an inertia in theorising about reflection as if the dust has settled down. I get emails from around the world inquiring into facets of reflection that suggest reflection is widely accommodated into curriculum yet in a technical way. The triumph of technical rationality. This is no surprise. Teachers will accommodate reflection into the curriculum from this perspective because that is the way they know. At my own university, we missed a trick to be innovative with reflective practice with the new nursing degree programme. The result is that we will get more of the same wrapped in different paper. Perhaps they should listen to the students who generally find reflective practice a chore without much meaning. Perhaps the validating bodies should listen and ask for more, but then, would they know what more looked like? It is difficult to break out of the box and embrace reflection from a reflective perspective.

I imagine Plato's cave, the way the people only see what they see and cannot imagine another world. Technical rationality is the modern Plato's cave. Despite the heat of the licking flames and the hardness of the rock floor, it is a relatively comfortable place to be. I imagine the occupant's cry – 'I've found my place and I ain't moving!' I offer the occupant an opportunity to step outside, but it is rejected. The old cliché – better the devil you know . . .' Perhaps my failure to influence curriculum at the university has made me more cynical. Reflective practice is being open to new possibilities. It is in my bones and spurs into life whether I am in the classroom, at home writing or working as a therapist at the hospice. Reflective practice makes the world exciting. Everything becomes alive. I am like a new puppy, sniffing at everything, curious, questioning, turning things over, in my effort to realise my human potential. It is so easy to take things for granted, such as the nature of hospice or nursing. Yet these are immensely complex ideas. My image of hospice and nursing are radically different from what exists. Reflective practice opens the can and plays with the worms!

My approach to this fourth edition was to rip up the third edition and start again. Indeed, writing the book has felt much like that. Much is different, and yet I have kept

many of the narratives. Reading them again I feel an attachment to them. They are such good narratives! I have edited them so they read better and have written new reflective commentaries around them. Reflective practice is like this, of revisiting narrative in light of new experience and finding different things in it. Narrative is always alive. Published papers are not covered in layers of dust but continue to inform what's happening now. It is reflection's reflexive nature. Such is the nature of this fourth edition. An invitation to step out of the cave and see reflection through new eyes.

Out beyond
the shadows of our thinking
a wholly different world appears;
a world of infinite possibility.

My cynicism melts in the hope of a new dawn. A renaissance given that I have been actively developing reflective practices these past 23 years. When the masters and doctoral students of the programmes I direct at the university construct their reflexive narratives of being and becoming, they are required to write a background chapter to inform the reader where they are coming from, given the subjective nature of narrative.

Perhaps the reader would like my own resumé to make the historical connection with my roots. My interest in reflective practice commenced in 1987 inspired by Margaret Clarke's paper, 'Action and Reflection'. The idea of learning through experience. I have always been a pragmatic person, not an intellectual. Shortly afterwards I was appointed as general manager of Burford Community Hospital, head of Burford Nursing Development Unit, and lecturer-practitioner with Oxford Polytechnic. Needless to say, I had much to do. I was also newly married with a young child. A veritable balancing act. At Burford, I developed the clinical model for reflective practice and guided reflection. This included designing the model for structured reflection (MSR), the framing perspectives, including the being available template (BAT), now widely used to enable practitioners frame learning through reflection with regard to desirable and effective nursing practice. In 1991 I moved into the university world and began exploring reflective practices on a wider canvas. I worked with numerous National Health Service (NHS) trusts to help them implement clinical supervision. I returned to clinical practice in 1998 to ensure my clinical credibility to teach palliative care. Since then, I have kept my own reflective journal and experimented with narrative form and construction. The plot of my own narrative is to ease suffering and enable growth as reflected in my personal narratives included in the book. Reflection is like opening the cover to the book of your own life, which up to now has been carefully closed (Jones and Jones 1996, p. 22).

In 2002 I commenced teaching the MSc leadership programme and in 2004 recruited my first doctoral student. I have supervised more than 80 masters dissertations all using my reflexive narrative approach (Johns 2010a,b). I currently have six PhD students, again all using reflexive narrative. All learning is guided within the community of inquiry. The plot is to liberate students to learn and to become who they desire to be.

I have become a performer, writing narrative as performance and performing widely at workshops, conferences and the public stage. Everything I do is an experiment, an opportunity to reflect and learn more about it.

I can't show performance in the book, but I would welcome approaches to perform as a means to dialogue about performance and reflexive narrative research. I would like to see performance within curriculum as a meaningful and exciting learning milieu. In 2012 I performed with Otter, my partner, in Hiroshoma, Japan and in Boulder, Colorado.

The audience response was very positive. We were approached to visit universities, hospitals and conferences as a result. Everybody is excited about performance narrative because it's learning potential is huge.

I have been experimenting with the idea of the 'reflective practice' conference. I say this in light of having convened the International Reflective Practice Conference since 1993. The last conference was at the University of Bedfordshire in 2010 where Ben Okri was the principal keynote speaker. The conference was exhilarating as always, and yet I was left with a sense of disquiet. What is the ideal format of a 'reflective practice' conference? I sensed it was not about keynotes and a succession of concurrent papers. It had to be about dialogue. In 2011 I convened the first 'reflective practice' gathering in Zakynthos. Just 17 people from around the globe spent 4 days in intense dialogue. No formal keynotes or presentation of papers. If readers are interested in this format, please contact me to arrange local gatherings around the world. In 2013, the University of Swansea hosts the 17th International Reflective Practice, returning to its conventional conference format.

This fourth edition is constructed through 22 chapters. More than I had imagined setting out. I have tried to write the text in a more reflective conversational style that invites the reader to dialogue with the text. A reflective text cannot be prescriptive. It can inform, suggest, provoke. I assume the reader is a reflective reader and, as such, is open to the possibilities of what the text has to say. It is a trigger for your own reflections. In this way I try to *show* people rather than *tell* people about reflective practice. Of course, that is more demanding of you, the reader, who would like to be told, but let me reassure you now, it is a more fruitful and satisfying path.

Reflective practice is about becoming aware of our own assumptions, how these assumptions govern our practice, how these assumptions must shift to embrace change, understanding resistance to assumption shift, and finally to change assumptions to support a better state of affairs. Without doubt, much of what passes as reflection is 'surface' work that does not address the deeper structures that govern the way the world is. This is not to say that surface work is not important. Just dig a little deeper each time.

The central focus of the book is the idea of the 'reflective practitioner' as someone who lives reflection in everyday practice. For me this is the whole point. Reflective education and research are means to this end. Becoming a reflective practitioner takes time, commitment, responsibility, discipline, and, as Ben Okri (1997, p. 22) writes, 'the biggest tasks are best approached tangentially, with a smile in the soul.' Everyone should read his book, *A Way of Being Free*, to inspire their reflective endeavour. Okri writes as a poet, and I think this is a good place to imagine.

I wanted the book to be more free flowing. As such, I have not split it into parts as previous editions. Chapter 1 is an introduction to reflective practice. It provides a background to ideas developed in subsequent chapters. I set out my description of reflective practice, that despite my tinkering around the edges, I find hard to improve upon, although my commentary on this definition is hopefully clearer. The learning potential of reflective practice is the contradiction or creative tension between the practitioner's vision of desirable practice and the practitioner's understanding of his or her actual practice. The reflective effort is to resolve any contradiction towards realising desirable practice, which is itself a movable feast. What does desirable mean as lived? Who governs what is desirable? Think differently, and the images shift.

I have always been concerned to balance what I saw as a dominant western approach to reflective theories with more esoteric or non-rational influences inspired by my interest in native American and Buddhist philosophy. This balance culminated in my paper,

'Balancing the Winds' (Johns 2005). I sense the growth of interest of mindfulness in health care stemming from Buddhist influences, for example, mindfulness-based stress reduction (Kabat-Zinn 1990). Words like reflection and mindfulness pass into general use as if everyone knows what they mean. My own approach has developed in continuous dialogue with extant theories of reflection and more diverse ideas. Most practice disciplines like nursing are concerned with 'doing' and give little thought to the underlying ideas. I know from my own university that nurse teachers (in their wisdom) consider the MST too technical for first year nursing students, and yet this is a degree programme!

Through Chapters 2–7 I set out the six dialogical movements of narrative construction. This is the 'basic scheme', moving from writing description of experiences in a journal to narrative dialogue with an audience. It does not matter whether you are a student writing a first year reflective assignment or a doctoral student constructing a thesis of being and becoming; the approach is the same. Perhaps the degree of depth is different!

It is worth noting a few significant issues. The first issue is the distinction between description and reflection. Description is the raw data of experience and the quality of the description sets up the possibility for gaining insight. In general, I sense teachers do not make this distinction clear. The second issue is the way the MSR is taken out of context of the six dialogical movements. People often say to me from across the globe, 'Oh we use your model'. I ask what model? They say the MSR and that's it. The representation of reflective practice as narrative and its presentation through performance are vital to appreciate. The third issue is the way teachers design reflective assignments around the reflective process rather than around insights gained. The MSR is a means to an end, not an end in itself. The MSR is offered in its 16th edition. I have divided it into five learning phases and have drawn attention to the idea of assumptions. As before, I emphasise its practical value in facilitating clinical skills. In Chapter 4 I explore the idea of framing insight gained from reflection. Insights change us as people. As a consequence, we see and respond to the world differently. I have downplayed the BAT in my increasing shift of emphasis on the reflective process rather than on the nature of clinical practice. If I want to know if I am more effective in person-centred practice, how would I know that? Clearly such issues are core to reflective practice. In Chapter 5, I address the mythological theory–practice gap in considering the idea of dialogue between insights and a relevant literature. Experience gives students a 'hook to hang their hats on' – and thus makes more sense than abstract immersion. I illustrate this with two narratives – Michael's wife and Sylvia. All the narratives within the book are offered as examples of reflective writing and are used to illustrate the application of theoretical ideas and evidence of learning. In Chapter 6, I explore guided reflection as the co-creation of meaning, acknowledging that the learning potential of reflection is enhanced through skilled guidance.

Many of the ideas expressed in Chapter 8 – the reflective curriculum – have been addressed in previous chapters. My exploration of the reflective curriculum in the third edition was a reflective meander without any real structure, and yet reflective learning is often like that – we follow our curious noses and see where it takes us! I have taken a more factual approach of 'how to do it' than previously. One reason for this approach is the radical nature of the reflective curriculum or what I term the truly reflective curriculum; that is, a curriculum that doesn't contradict itself. It is influenced by critical reflection and Brookfield's (1995) ideas of the critical reflective teacher (i.e. essential supplementary reading). The core of the reflective curriculum is the tension between clinical practice and theoretical ideas mediated through guided reflection. It is a simply yet radically profound movement, opening the door to art and performance-based learning. Whilst reflective-

minded teachers can create bubbles of reflective activity within their spheres of influence, how can the whole curriculum become reflective?

Chapters 9–12 are edited narratives written by students I have guided within formal post-registration curriculum. They reveal the potential of learning through reflection and their authors' different writing styles. What engages you as you read these narratives? Do they trigger your own reflections? How might they influence your own reflection and writing? Would you use these narratives as a referential source in your own reflective writing, or do you dismiss them as mere anecdotes? The book is not meant to be a passive reader but a dialogue.

In Chapter 13 I set out a reflective framework for clinical practice. I have always felt that one overlooked aspect of my work in developing reflective practice is the construction of the Burford model. It has a simple logic – if we want to have reflective practitioners, then we need to structure clinical practice around reflective structures. The idea that there should be resonance and no contradiction between processes and systems. The model is built around a collective valid vision of practice and four reflective systems designed to enable the vision to be lived (Johns 1994). I rework my narrative of working with Tony to illustrate my use of the Burford reflective cues. The cues offer another approach to a reflective model in relation to appreciating and responding to the patient's life pattern as an evolving narrative of working with the patient, family and other healthcare practitioners.

In Chapter 14 I consider the idea of reflective leadership. Leadership is complex in its relationship with the transactional culture of NHS organisations with its management decree of 'command and control'. A reflective leadership seeks to work collaboratively with staff. Leaders become servants to support the front-line work, investing in staff for maximum performance and shared success. Since 2002 I have directed the MSc leadership programme at the university. In that time I have come to understand the creative tension between the idea of leadership and its potential reality within the transactional organisation. It is not an easy fit. Indeed, real leadership may not be possible.

In Chapter 15 I explore chaos theory through the narrative of Lazel, a midwifery leader, written as a masters assignment concerned with leading in a chaotic world. In essence, reflection is an element of chaos theory with its focus on the hermeneutic circle and holding creative tension – rather like the creative edge between stability and instability of systems. Throughout the narrative she holds the creative tension. She shows how the reality wall of the organisation was difficult to break down.

In Chapters 16–18 I explore another vital aspect of everyday practice – ensuring quality. It seems practice everywhere lives in the shadow of quality. The Care Quality Commission (CQC) might come knocking one day without warning. I argue that practitioners must take responsibility for quality on a daily basis. In other words, to live quality. It is not good enough for practitioners to be passive about quality – that it is something they are judged against. In the 1980s and 1990s standards of care were fashionable through the Royal College of Nursing Dyssey approach (Kitson 1989). I was a strong advocate of this approach and utilised it at Burford. Clinical audit is a reflective exercise of looking back and learning through 'experiences'. Clinical supervision hit the screens in 1993. It offers a learning space within clinical practice for guided reflection. Some narratives of clinical supervision constructed through recorded dialogue are set out in Chapter 18. These have a particular focus on ethical mapping derived from the MSR cue – 'did I act for the best and in tune with my values'. The narratives help explore the depth of this cue. I utilise 'Cathy and the GPs' narrative to explore issues around

patriarchy, power and assertiveness set against the hegemonic relationship between doctors and nurses.

Initially I excluded Moira Vass's journal (Chapter 19). It had, after all, been in the two previous editions. Perhaps something new was required. I remembered my promise to her to publish her journal as an exemplar of the benefits of patient journalling to help express suffering and, with particular regards to Moira, to give her voice. As reflective practitioners we are better able to engage with our patients in reflective practice. Art therapy is a similar reflective activity practitioners can engage with patients. The therapeutic benefit of writing is well known through various research, notably by Pennebaker (1989) and Pennebaker *et al* (1990, 1997).

Chapter 20 is co-written by my artist partner, Otter, in which we explore storyboard. She uses storyboard to illustrate her experience of being bullied as a nurse. Very little dialogue accompanies the storyboard, and yet it is a very powerful narrative. People tend to be either more verbal or visual in the way they see the world. As such, visual forms of reflection and narrative may benefit 'visual' practitioners. In workshops this difference has become very apparent. I am not a visual person and struggle to use this art form. I prefer prose poetry – the focus for Chapter 21. I set out seven poems that are collectively focused on patients who I encountered in one day at the hospice where I work as a complementary therapist. It raises questions about 'what is therapy' and its ability to ease suffering. Prose poetry is an exciting development of reflexive narrative that has evolved from breaking down text into single lines and building in insight. I recently shared four of these poems in a brief reading in the USA. The feedback was very positive – in the way the poems captured something about caring that really made the listener stop and think.

In Chapter 22, I offer the narrative 'through a glass darkly' that I first performed with Otter in Hiroshima in March 2012 to an international 'peace and caring' conference to an audience of 600 people. The performance was constructed around me reading the narrative together with constructed elements of voice intonation, movement, music, background powerpoint, painting and installation. Of course, these elements are not visible within the printed version.

I decided against a specific chapter on reflexive narrative as a research journey of self-inquiry and transformation towards self-realisation. This is the focus of my book, *Guided Reflection: A Narrative Approach to Advancing Practice* (Johns 2010a,b). Of course, self-inquiry and transformation is the basis for all reflective practices.

Reading through the third edition in preparation for writing this edition left me frustrated in the way I wrote. With hindsight, this is probably a current phenomenon with authors who have moved on with their ideas as I hope I have. Reading through the fourth edition ready for publication I feel more satisfied, though every time I reread a part of it, I find myself editing. Reflective practice is rather like this. There is no resting on one's laurels. It is an insistent exploration of ideas and a way to represent them in the best way to engage others.

The koru is a Maori image of an uncurling fern frond. It represents peace, tranquillity, personal growth, positive change and awakening, and new life and harmony. I discovered this image when visiting New Zealand and now wear the koru, made from green stone or pounamu, as the symbol for my reflective practice. Each time I draw the koru it is different, representing how each experience is different although the basic pattern is familiar.

Throughout the book I refer to nurse/practitioner as him and her at random.

Christopher Johns

Acknowledgements

To Otter, my partner and constant critic, for her creative genius that opens new vistas for reflective practices.

To students whose work continues to illustrate the art of reflective practice and its representation in narrative form: Sally, Simon, Lazel, Jim, Clare, Cathy, Trudy, Susan, Janet, Ted, and Jill.

To Catriona and Magenta at Wiley-Blackwell who have supported me through successive editions and have made this book possible.

Chapter 1

What is reflective practice?

Just take a moment.
Reflect and think.
Really think YOU.

Just take a moment – it needn't take very long. Just think of one situation when you were last at work. Ask yourself, 'did I respond in the most effective way?' You might wonder 'what is the most effective way'? You might reflect on factors that influenced your response. You might think about the purpose of your response. You might consider the craft of your response, the words you used. You might think about the consequences of your response. You might think about your feelings. Was it a good experience or a bad experience? How do you make these distinctions? Such questions open a path to explore and find meaning in the experience and learn through it so next time when faced with a similar situation you might just respond in a more effective way.

In this way you take responsibility for your performance. Your patients or colleagues deserve nothing less.

Reflection is a learning journey of becoming a reflective practitioner, someone who is reflective moment to moment. It is learning through our everyday experiences towards realising one's vision of desirable practice as a lived reality. It is a reflexive process of self-inquiry and transformation of being and becoming the practitioner you desire to be. Through self-inquiry we can learn to participate more fully in our own lives simply by listening 'more carefully and to trust what we hear, the messages from our own body and mind and feelings' (Kabat-Zinn 1994, p. 192). As such, reflection is always purposeful, moving towards a more reflective, effective and satisfactory life.

The *Compact Oxford English Dictionary 3e* (Soanes and Hawker 2005, p. 86) defines 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 array of definitions, reflection can be viewed as a mirror to see images or impressions of self in context of the particular situation in a careful and realistic way.

Becoming a Reflective Practitioner, Fourth Edition. Christopher Johns.

It is clearly a way of thinking deeply and carefully about self within the context of one's practice. It is judgemental – to what extent was I effective within the particular situation?

The words *reflection* and *reflective practice* are used glibly, as if reflection is the most normal thing in the world requiring little skill or guidance. I recently met a district nurse at my local village fete. My partner mentioned that I was a bit of a guru in reflective practice. The district nurse recoiled and said she hated reflective practice, that she had had it shoved down her throat. I smiled. I could imagine her experience of being taught reflection in an instrumental way using a model of reflection by unreflective teachers. I know this because I see it everywhere.

Describing reflection

I currently formally describe reflection as 'being mindful of self, either within or after experience, as if a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand and move towards 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'.

I say currently because, like all things, it cannot be easily pinned down. My understanding of reflection is always evolving. It is something in motion not easily captured by words. It is more a state of being than of doing – something I am rather than something I do.

My description is full of words that need careful consideration.

Reflection on experience

Reflective practices span from *doing* reflection towards *being* reflective (Table 1.1). *Doing* reflection reflects an epistemological approach, as if reflection is a tool or device. Indeed, this is true to an extent. However, reflection is much more than that. *Being* reflective reflects an ontological approach. It is about 'who I am' rather than 'what I do'. This makes utter sense in a practice discipline such as nursing where the primary therapy is using self. The strands of reflection as an epistemological versus ontological project has been critiqued by Rolfe and Gardner (2006). My view is that the ontological subsumes the epistemological project, as if the way we think about things naturally involves us who are to think about things in the first place.

When people talk about reflection, they generally refer to reflection-on-experience. Indeed most theories of reflection are based on this idea – looking back on 'an experience'. 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. Schön (1983, 1987) distinguished reflection-*on-action* with reflection-*in-action* as a way of thinking about a situation whilst engaged within it, in order to reframe and solve some breakdown

Table 1.1 Typology of reflective practices

Reflection-on-experience	The practitioner reflects on a particular situation after its event in order to learn from it to inform future practice.	Doing reflection
Reflection-in-action	The practitioner stands back and reframes the practice situation in order to proceed towards desired outcome.	
The internal supervisor	The practitioner dialogues with self whilst in conversation with another as a process of making sense and response (Casement 1985).	
Reflection-within-the-moment	The practitioner is mindful of his pattern of thinking, feeling, and responding within the unfolding moment whilst holding the intent to realise desirable practice.	
Mindfulness	Seeing things for what they really are without distortion.	Being reflective

in the smooth running of experience. The practitioner naturally adjusts to minor interruptions within the smooth flow of experience because the body has embodied knowing. Sometimes, the practitioner is faced with situations that do not go smoothly, requiring the practitioner to pause and stand back to consider how best to proceed. This requires a shift in thinking and contemplating new ways of responding. Schön (1987) drew on exemplars from music and architecture – situations of engagement with inanimate forms. His example of counselling is taken from the classroom not from clinical practice. The classroom is a much easier place to freeze and reframe situations in contrast with clinical practice grounded within the unfolding human encounter. It is easy to misunderstand reflection-in-action as merely thinking about something whilst doing it.

Mindfulness

Through writing and reflecting on practice, practitioners learn to pay increasing attention to self within practice. They become more aware of patterns of thinking, feeling and responding to situations. They become more curious and intentional. In time, with discipline, reflection becomes a natural attribute. The ultimate expression of this awareness is mindfulness; seeing self clearly at all times without distortion.

Goldstein (2002, p. 89) considers that '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. Goldstein writes from a Buddhist perspective. As a Buddhist, I too draw on 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; our body, our feelings and thoughts
- of self in relationship with others
- of ultimate reality.

Ultimate reality can be viewed on two levels: the mundane level being concerned with holding and intending to realise a right vision of practice however this might be expressed; the transcendental level 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 to see that what I am doing right now fits with my intention. Awareness is liberating. As Wheatley and Kellner-Rogers (1996, 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.'

Being mindful I am vigilant against unskilful actions and negative mental events that constantly try to distract the mind, for example anger, arrogance, resentment, envy, greed and the suchlike (Sangharakshita 1998). In Buddhism, this quality of mind is called *apramada* – the guard at the gate of the senses ever watchful for those negative mental events that cloud the mind.

Prerequisites of reflection

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

Commitment is type of energy that sparks life. Yet, for many practitioners, commitment to their practice has become numb or blunted through working in non-challenging, non-supportive and generally stressful environments, where work satisfaction is making it through the shift with minimal hassle. These practitioners do not enjoy reflection. They turn their heads away from the reflective mirror because the reflected images are not positive. They do not want to face themselves and accept responsibility for their practice. Things wither and die if not cared for. When those things are people, then the significance of commitment is only too apparent. Commitment harmonises or balances 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. Van Manen (1990, p. 58) writes,

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

Curiosity is fundamental to the creative life, and yet many practitioners are locked into habitual patterns of practice. Often, when things get overly familiar, we take them for granted and get into a habitual groove. O'Donohue (1997, p. 122–3) writes, 'People have difficulty awakening to their inner world, especially when their lives become familiar to them. They find it hard to discover something new, interesting or adventurous in their numbed lives.'

Curiosity – why do I feel that way? Why do I think that way? Why do I respond that way? How else could I respond? Why are the walls green? Does music help patients relax? Why is Jim unhappy? Why do I feel angry each time I see my manager? Why doesn't my

manager listen? Everything enters into the gaze of the curious practitioner intent on realising desirable and effective practice. Gadamer (1975, 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.'

Being curious, the practitioner is not defensive, but open to new possibilities. Every situation becomes an opportunity for learning. Being intelligent, the practitioner sees things for their merit rather than dismiss ideas out of hand because they don't fit within his or her scheme of things. The practitioner is not resistant or dismissive of new ideas but keen to explore his or her value for practice.

Reflexivity

Reflexivity is 'looking back' to make sense of self emerging through a sequence of experiences towards self-realisation however that might be expressed. Dewey (1933) describes this as links within a chain where one link leaves a trace that is picked up by the next link. If we replace the idea of a 'link' with insights, we can see that each subsequent experience is infused with insights gained from previous experiences. In practice, it is not as linear as that. We may reflect randomly for a year or more and make little connection between one experience and another. Reflexivity demands an active analysis of experiences to draw out the developmental threads that link them reflexively.

I am aware of deeper intellectual meanings to reflexivity in research (e.g. see contributions in Steier 1991) that I have steer clear of simply because I don't want to muddy the water.

Practical wisdom and praxis

Practical wisdom is the ability to mindfully weigh up any situation and consider how best to respond given the likely consequences. It draws on the praxis (or personal knowing) the practitioner uses in everyday practice; the knowing grasped at through reflection on experience. This knowing is fluid, ever changing in light of the particular experience the practitioner engages. It acknowledges that no situation is exactly like any other although it may be similar. This makes sense because every experience has never been experienced before. It is a unique encounter as if a mystery drama unfolding yet clearly influenced by past experiences and our personal knowing. Praxis is best described as informed action – breaking down any duality between theory and practice (Fay 1987). Aristotle drew a distinction between practical wisdom and theoretical wisdom. Practical wisdom does not result in knowledge which is determinate and universal; indeed, it does not result in propositional knowledge at all but in discriminations and actions.

Contradiction

Contradiction is the learning potential of reflective practice. It is the creative tension that exists between what the practitioner desires to achieve (vision) and an understanding of the practitioner's current reality (Senge 1990) as appreciated through reflection. Reflection

involves understanding the nature of this contradiction and working towards resolving it so more desirable practice is realised. Contradiction is usually felt as an uncomfortable feeling, perhaps a sense that things are unsatisfactory in some way. It is this feeling that often triggers reflection, at least initially (Boyd and Fales 1983). No one likes to lead a contradictory life where there exists dissonance between our values and our actions. Practitioners might put their heads in the sand and pretend that contradictions do not exist. However, this can lead to a loss of integrity, stress and eventual burnout.

Senge (1990) notes that to hold creative tension it is first necessary to work through emotional tension. This suggests that creative tension is a rational thing and the mind requires clarity untainted by emotion. This is a moot point. I sense that working with emotions is creative tension and that resolving creative tension is more intuitive than rational.

Reflection is always action-oriented towards realising vision as a lived reality (rather than any sort of introverted navel gazing). 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 – notably 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) (Fay 1987). Understanding is the basis for making good judgement 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 change and 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 to situations in tune with desirable practice. Fay (1987) identified these barriers to rational change as tradition, force and embodiment (Box 1.1). These barriers blind and bind people to see and respond to the world as they do. To understand, the reflective practitioner creeps 'underneath his habitual explanations of his actions, outside his regularized statements of his objectives' Pinar (1981, p. 177).

These barriers are powerful resistors to transformation that govern the very fabric of our social world. They lie thick within any experience. As such, 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, therapists. They are usually evident in patterns of talk when the normal talk pattern is disturbed in some way. Such patterns of talk are not easily shifted simply because they are normal

Box 1.1 Barriers to rational change

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

and reflect deeply embodied and embedded relationships that serve the status quo (Kopp 2000).

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, they are often not perceived.

Understanding requires a critical analysis of those factors that constrain self-realisation.

Fay (1987, p. 75) writes,

> 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.

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 workforce, has been oppressed by patriarchal attitudes that render it docile and politically passive, and thus limit its ability to fulfil its therapeutic potential. If so, then realising desirable practice may require an overthrow of oppressive political and cultural systems. The link between oppression and patriarchy is obvious, considering nursing as women's work, and the suppression of women's voices 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, 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, tried 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 tingle with excitement as I 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? Better to keep your head down than have it shot off above the parapet for daring to reveal the truth?

Empowerment

Reflection intends to be empowering, enabling the practitioner to act on insights towards realising desirable practice. Kieffer (1984, p. 27) noted that the process of empowerment involved 'reconstructing and re-orientating deeply engrained personal systems of social relations. Moreover, they confront these tasks in an environment which historically has enforced their political oppression and which continues its active and implicit attempts at subversion and constructive change.'

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 become political in working towards establishing the conditions of practice where that is possible.

Practitioners, like nurses, have been socialised to be powerless and subordinate. As such, they are unable to respond to liberating opportunities when they present themselves. The emphasis must be on the practitioner coming to realise a new reality for herself, rather than have this reality explained to her. For example all shared experiences concerned with conflict have a fundamental power inequality at their root that manifests itself through different attitudes, beliefs and behaviours. This is not difficult to see or understand providing it is sought, and not just taken for granted as part of the 'natural' background of the experience.

Empowerment is the practitioner having the commitment and courage to take action towards realising more effective practice or a better state of affairs. This requires 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. . . .'

Reflection, by its very nature, facilitates empowerment of practitioners towards self-realisation. I am drawn to theories of empowerment because I sense the way practitioners 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. In such worlds practitioners often feel like objects or bits within systems that impose control over their lives and stifle their professional aspirations.

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

Bruner (1994, 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 words highlight that the construction of life plots is always in relation to others. They are oriented towards avoiding negative possibilities than to actualising positive possibilities.

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