

**Gillie Bolton**

**PhD by Publication**

**Explorative and Expressive Writing  
for Personal and Professional Development**

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**Abstract**

How can writing exploratively and expressively help people critically assess their life? In what way can a writing process, akin to that used by creative writers to generate first drafts, be a form of critical reflection and reflexivity for personal and professional development? The publications and introductory essay presented in this PhD by Publication thesis examines reflective practice writing for professional development and therapeutic writing for personal development. Both forms use expressive and explorative writing in association with facilitated critical discussion. The publications cover a twenty-five year period of practice and practitioner research enquiry, using narrative, poetry, fictional and autoethnographic-type writing methods. Reflective and therapeutic writing are claimed to form an element within the internationally growing related fields of medical humanities and literature and medicine.

The nature of the self which professionals and individuals enquire into through their writing is examined in this thesis, drawing upon an eclectic range of psychological, literary, educational, philosophical and anthropological theories. Narrative and metaphor (natural human forms for self-understanding, learning, and communication) are central to reflective and therapeutic writing. A wide range of professionals have been involved in this research into practice (for example medical, healthcare, education, clinical psychology and healthcare), and different client groups (for example palliative care, and primary care anxious and depressed patients).

Explorative and expressive writing for personal and professional development, embryonic areas of study twenty-five years ago, now has high impact potential in social, cultural and professional areas. Although gaining in interest, credibility and presence, they need significant further research to achieve their potential status and value.

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**Note:** publications included in PhD are indicated in the text by the first words of the title in inverted commas (thus: 'Writing Values'), except chapters from *Reflective Practice Writing and Professional Development* which are indicated by eg 'RPW:4' (digit indicating chapter number).

**Gillie Bolton**

## **Explorative and Expressive Writing for Personal and Professional Development**

### **1. Introduction**

This is the story of my research and publications, which have been informed by specific disciplines, and particular areas within those disciplines. This overview of my publications about explorative and expressive writing reflects upon and links with these disciplines.

This essay begins with a brief explanation of explorative and expressive writing for personal and professional development. A narrative autobiographical account follows, covering the reasons I came to this work, how I began and developed it, and what the major academic and cultural influences were upon its development. My research and practice in this field have gone hand in hand: the research informing the practice and the practice developing the research findings. I have consistently told the story of my research and practice in my publications. So this autobiographical account draws upon a wide range of my publications since 1993, several of which are included in full below. A further section elucidates an area foundational to this theory and practice. This area - the social nature of the narrated self – is discussed with reference to the two core themes of narrative and metaphor which emerged through the enquiry.

Later sections concern critical methodological educational and disciplinary issues and then the range of professional practitioners and clients (patients and students) with whom I have worked. The essay concludes with a brief look at future possibilities.

### **2. Writing for Personal and Professional Development: a Brief Explanation**

‘Reflective Practice Writing’ (‘RPW:1-5’), ‘Boundaries of Humanity’, ‘Writing Values’ and ‘Writing is a Way’ describe people gaining access to significant



areas of personal understanding. These, 'RPW:Keyterms' and 'Open the box' explain and demonstrate how insight and memory can be gained by harnessing narrative, metaphor and description to explore, express, and work upon their personal, cultural, spiritual, social, and professional concerns. 'RPW:3' gives in depth the educational and ethical principles which underlie these methods. These publications scope the basis of my work. The same papers show how a range of professionals and hospital and primary care patients have undertaken this process (see also Bolton 2006a, 2005, 20003e, 2002, 2001b,c, 1999a,b,c, 1998a,b). 'RPW', 'Open the Box' describe my training of professionals to offer reflective practice writing and therapeutic writing.

My research, as demonstrated in 'RPW', 'Writing Values', 'Boundaries of Humanity', 'Writing is a Way', 'Opening the Word Hoard', 'Around the Slices', 'Just a Bobble Hat', suggests that explorative expressive writing can help people question, experiment, and live with the liminal uncertainty involved in developing and reconfiguring the narratives and metaphors by which they live and work. Writing, rewriting and discussion processes seem to enable professionals and individuals to do two things. The first is to perceive their situation differently, and therefore act differently (also Bolton 1994a, 1998a,b 1999a,bc, 2001b,c, 2003e, 2005, 2006a, 2009b, Bolton et al 2004). Secondly, reflective writers seem to gain greater peace of mind, and lessen negative emotions around issues explored in writing and discussion (also Bolton 2007a, Bolton et al 2004). They do this by, for example, questioning their roles, assumptions and values. Unlike structured approaches such as significant event analysis (see eg Moon 2004) or direct counseling approaches, however, they work on these indirectly.

The writing processes enable reconsideration of events from different perspectives, from the point of view of another significant person. This focused study brings elements of values and assumptions inexorably into view. Writers are thus enabled for example to begin to realise they were practicing counter to their firmly espoused values, which may lead to questioning the practice, as well as review of the relevance of the espoused value. Or, writing perhaps from the point of view of another significant person about a specific incident, the situation is perceived very differently. Assumptions about that person, their point of view

perhaps, can be questioned. Such reflection affects the future actions of writers (eg 'RPW:2 p40-41', Munno 2006).

I came to the conclusion that writing has three qualities making it an appropriate vehicle for reflection and personal development: its privacy while being written, its plasticity, and its durability, as explored in 'RPW:5' (also Bolton 1999b).

Unlike speech, writing is private and not usually immediately shared with another. Interlocutors censor their utterances, even without being aware; whereas the privacy of writing can enable communication with the silent accepting page, offering surprising but enlightening connections and forgotten memories. The form and precise wording of orally told personal stories disappear on the breath. Written accounts endure, to be reflected upon further, potentially to be rewritten. Writing can be a physical artistic activity, at times like the non-verbal arts, expressing and exploring areas different from conversation, discussion, or reflective thought, creating fuller, more reflective narratives.

Reflective and therapeutic writing employ intuitive synthetic methods akin to the first stages of creative writing (also Bolton 1999a,b). This is a particular approach to gaining inspiration for writing, characteristic of many poets and some novelists and autobiographers (as well as other writers). The process is to write with little forethought and no planning, to allow thoughts, ideas, memories and inspirations to surface. Sometimes an initial simple theme is used to get started, such as describing a particular event (person, place, thing or situation), telling the story of an experienced or fictional incident, writing a dialogue or set of unsent letters, or playing with metaphor. *Reflective Practice Writing* contains many such openers, particularly at chapter ends (see 'RPW: 1, 2, 3, 4, 5, 8, 12, 13, 14'; also Bolton 2009b, 2006b, 1999b). Sometimes there is no theme, the writer seeking to find out more what is in their mind.

Explorative and expressive writing seems to occur in three stages, as described in 'RPW:5' (also Bolton 1999b). The unplanned initial style of this writing, following the mind's flow, can enable writers to defer reflection upon its significance. The writing is then read back to the self silently, writer relating to text as if in dialogue. Writers then, if appropriate, read all or part to a trusted

confidential peer, small group, or facilitator, who respond constructively and positively, helping writers to perceive and realize greater implications and associations (also Bolton 1999b, Bolton et al 2004). 'RPW:3' shows how reflective practice and personal therapeutic writing therefore involve carefully facilitated group work or individual facilitation (face to face, telephone or email) (see also Bolton 1999b, Bolton 2010:9,10, Bolton et al 2004). Some write with no facilitator, using suggestions from my books, and choose their own interlocutor(s) privately (see Bolton et al 2006b). An introduction to how to start writing in this way is included in many of my publications, most fully in *Reflective Practice Writing* Chapter 6, and briefly in a paper for medical registrars (Bolton 2009b, also <http://www.uk.sagepub.com/bolton/7%20Oxford%20Paper.pdf>).

The qualities and nature of expressive and explorative writing will be explained further in context. I now turn to an examination of early academic and cultural influences and then the development of the research and practice as evidenced in my publications.

### **3. Foundations and Development of Explorative and Expressive Writing: an Autobiography**

Expressive and explorative writing practice and research started with my own personal experience, and then focussed on personal and professional development methods for the helping and caring professions. This section draws upon my publications to explain this journey.

'Around the Slices of Herself' concerns my own introduction to explorative and expressive writing and how its practice and theories became my work and field of study because of what my own writing taught me. As a childhood trauma survivor, I realised I needed something to enable me to live life as a normal adult. Writing presented itself, enabling me to make sense of and face the trauma, and tackle its disabling effects. I then reflected on the ways writing had been useful to me and adapted it for others (also Bolton 2002).

The poems 'No thank you', 'A Log Fire', 'Red Shoes' and 'Of Course Haloes' are all drawn from the narrative of my first personal exploration, though published

much later. Initially I wrote an idyllic autobiography from which I learned nothing, except that it was a story I'd previously told verbally. I then rewrote my life history critically. An influence was Marion Milner (nom-de-plume of Joanna Field), a psychoanalyst who studied her own process of introspective journal writing and drawing (see Bolton 1999b). Her *On Not Being Able to Paint* (1950) was more accessible to me than her books about journal writing (1936, 1937). Perhaps because I cannot draw I could relate to Milner's inabilities and follow her example in a light explorative manner. Whereas a book about writing, an art I felt I might be able to practice, I would have had to take seriously. So, for 'paint' I read 'write', and set off on my first creative writing or journal journey (Bolton 1999b).

I also discovered how poets have clarified this creative writing process with metaphors, as explained in RPW:5 (also Bolton 2007a, Bolton et al 2004). Using the pen as a spade to dig for what is there in the mind (like Heaney) is central to most novelists' or poets' first draft exploration (see Hughes 1967). Virginia Woolf was inspirational during this period, the way she demonstrates in her novels and explains in her letters (eg 1975) and diaries (eg 1977) her intuitive writing flow, followed by intensive drafting, redrafting and editing. In 'RPW:5', 'Boundaries of Humanity', 'Writing is a Way', 'Open the Word Hoard' I show how I later adapted these inspirations for personal therapeutic and reflective professional development writers (see also Bolton 2005). This writing with little direction or plan built on Milner's methods (1936), I later found similar to those of Elbow (1981) and Schneider & Killick (1998). In 'RPW', 'Writing Values', 'Boundaries of Humanity', 'Writing is a Way', 'Open the Box', 'Just a Bobble Hat' I call it six minutes, or free-intuitive writing (also Bolton 1994a, 1999b, 2003e, 2008a, 2009b, Bolton et al 2004).

'Around the Slices' is the reflexive critical analysis of my writing route out of childhood sexual abuse trauma (also Bolton 2002), which the qualitative researcher Kim Etherington asked me to write several years later. Later still she undertook reflexive narrative analysis into her own research methods (2005), interviewing me and others about our book chapters: this was qualitative narrative research into qualitative narrative research into auto-ethnographic

research into personal exploration. Here is an extract from my response to one of her interview questions.

### **Writing THAT piece of writing**

It's not only about understanding and finishing unfinished business, but also about giving things back to whom they belong, and putting things in the boxes where they belong, rather than oozing and squirming over all the rest of my life. It's also about owning what happened to me and paying respect to that little girl, what she suffered, and still suffers, and not just blaming her still for the bother she causes with her anxiety and nervousness. Writing it was a kind of *coming out*. More importantly it helps me to recognise things like - that I don't just *happen* to be a deeply anxious person - I am because I never had a secure childhood - confident in the steady affection of my carers, and confident in peace and consistency from them. Keeping vital secrets and having to create distinct categories - what can be said to whom and what can never be said to anybody - in an already puzzling world is not good for a little child.

I had learned as a troubled child incest sufferer and teenager survivor how reading stories can transport, inform, and educate. My personal foundations of trust and respect were shaky or non-existent. Books provided examples of environments with stable sound values, and safe places where I could learn about other worlds and the people within them, with no fear of censure or criticism. These books informed my life, but also thrilled it. Vicariously, as reader, I entered a wide range of different worlds and ways of thinking and being. At the same time as providing evidence of dependable character and relationships, literature enabled me to learn how to distinguish unreliable and untrustworthy characteristics. I could explore dangerous life situations relatively safely: unlike in my real life, I could always close the book (see Bolton 2007b).

My escape from this abusive home was to become a social anthropology student (Cambridge University 1970-3). An enduring insight was the way cultures create their accepted social norms. Edmund Leach's lectures introduced me to structuralist theory and Levi Strauss. 'RPW:1' shows the significance of Levi Strauss's theory of the *bricoleur* creating himself and his world (1966), and his demonstration of how myths give us our cultural

archetypes. Theories of *rites of passage*, particularly the *liminal* stage (Turner 1969; van Gennep 1960), have and still do influence my understanding of people's distressing uncertainty. 'RPW:1-4' explores how reflective and therapeutic writing work can help people make sense of and gain from these states.

Educational influences included Dewey and his insistence on love of learning (1910, 1922, Simpson et al 2005), and Bruner's theory of narrative and story (eg 2002). 'RPW:1,2,3,4,12' show the influence of Bruner's assertion that people learn if they are vividly interested and involved (1960, 1996). Bruner also reinforced social constructivist theories I had gained from social anthropology: 'Culture shapes the mind... it provides us with the toolkit by which we construct not only our worlds but our very conception of our selves and our powers. ... Human mental activity is neither solo nor conducted unassisted, even when it goes on "inside the head"' (1996:x-xi). In 'RPW:2,3' I took Bruner's definition of intuition as an intellectual non-analytical process (1960) further to posit that it is a synthetic process (also Bolton 1994a).

RPW:1 builds upon Mary Douglas's theory of dirt and tabooed elements being 'matter out of place' (1966), and how this extended my understanding of people's liminal confusion. Later I realised the impact of Clifford Geertz's insistence on ethnography's need to understand cultures from inside (rather than assuming facts can be ascertained from an outside stance) through 'thick descriptions' (Geertz 1973; also Bolton 1994a).

My world was being turned upside down with these enquiries. I reread my school sixth-form love: Lewis Carroll's *Alice in Wonderland* and *Through the Looking Glass* ([1865] 1954). Written by an eminent Victorian Oxford logician, it deals with myriad logical, philosophical and linguistic issues divergently and humorously. More importantly, falling down the rabbit hole out of cultural and social norms, or passing through the threshold of the looking glass into 'looking glass world' are playful illuminative images for significant change and development. A non-logical, non-step-by-step process, it at once illustrates and confounds many western assumptions about education and change. Alice's

wise and philosophical responses to seemingly impossible questions, demands, and sudden inexplicable change are childish wisdom 'trailing' Wordsworthian 'clouds of glory' (1975 (1807) p108) with unshaken poise. Throughout dominating instructions and changes beyond her control, Carroll's Alice retains authority and responsibility for herself, actions, feelings, and opinions. What a model for my muddled, uncertain, undergraduate self! And what a model for my later reflective writers who similarly find themselves face to face with decisions, questioning of assumptions, life and work elements seemingly turned upside down and inside out.

In 'RPW:4' I introduce *Through the Looking Glass* reflective practice writing processes. Picking up a pen or pencil and beginning to write according to this method can, and often does, take practitioners into a liminal state. Life is never the same again for many who undertake it. 'RPW:1-4', 'Writing Values', 'Boundaries of Humanity' examine how significant learning can occur when people are willing to enter uncomfortable liminality. Students wanting to learn significantly from their own experience reflectively and reflexively, however experienced as professionals they may be, need to be willing to face the uncertainty of stepping onto and over the threshold of education and change. People thinking of using reflective or therapeutic writing need to be prepared for the way it can quickly peel off defenses, facing them with what they need to learn, as is also examined in 'Open the Box'. The process is of taking responsibility, realising authority (see also Bolton 2008d, 2005, 2006a), becoming as enquiring, stubborn, powerful, and willing to change as Carroll's Alice.

Another literary love of this period was A.A. Milne's wise simple, down-to-earth Winnie-the-Pooh and his accomplices ([1928] 1958). These fictional characters' words can help clarify and simplify complex issues (see also Bolton 2001c). Milne, like Carroll, knew young children are true philosophers (Matthews 1990, Gopnik 2009), cutting through jargon or complexities to what matters (*but the emperor has no clothes on!* [see also Pelias 2004:11]). A simple test for whether a question is philosophical is: 'would an eight-year-old, or Winnie-the-Pooh, ask this question?' If the enquirer can then respond with their child (or

Pooh) narrator, they might get close to a philosophical answer. Matthews tells us 'Every society needs a barefoot Socrates to ask childishly simple (and childishly difficult) questions to force its members to re-examine what they have been thoughtlessly taking for granted. ... Philosophy comes naturally to children.' (1990:95) (see Section 4.a.). Expressive and explorative writing is similar to childlike enquiry. It is why, I think, the more senior (i.e. more 'grownup') people are professionally, the more difficulty they have in engaging in the processes (see Section 6).

Still finding inspiration, wisdom and solace in books, I read ancient Greek texts in translation. The plays of Sophocles, Aeschylus and Euripides (frequently quoted in 'RPW') focus upon the human condition and major ethical issues, concisely using archetypes foundational to the western world. Levi-Strauss taught me that myth is central to culture, telling us who and what we are and how to act. I was also reading theorists such as Freud and Jung who drew upon these ancient stories and characters; I preferred to use their actual words in translation. I warmed to Socrates' dialogues, particularly with Meno (Plato 1958); 'RPW:9' shows how this enquiry model is useful to reflective writing (see Saran, Neisser 2004).

A further developmental change as a new undergraduate was to throw out Christianity, learn transcendental meditation, and join the Society of Friends. Three Quaker elements particularly helped my whirlwind enquiries: the power of silence, the Quaker business method, and equality of all Friends (Quakers have no priests, no hierarchy, bear no title whether professor, dame, or lord). Quaker silence, meditation, and the Buddhist principle of 'mindfulness' enables listening to the unspoken, the inarticulate, opposing western cultural norms of opinions and positions volubly taken. The type of writing I later started using, and recommend in all my courses and publications, is based upon this inward listening, paying respect to what is there to be heard in silence, and trusting that what it says is what needs to be heard – and written. This loving process is explained and illustrated in 'RPW', 'Writing Values', 'Boundaries of Humanity', 'Writing is a Way', 'Opening the Word Hoard', 'Around the Slices', 'Open the Box', 'Just a Bobble Hat', and most of my other major publications.



People take a while to wield such silence. Having embraced it, they can take its power into their practice, and their lives. In this silence, working together yet separately, each is listening acutely to what is there, how it can be written, however inarticulate seeming. Each then reads their own writing to a silently listening group, who then silently digest the piece of writing they've just heard, each deciding what they can usefully say. Who they read it to is important: it has to be confidential trusted others. How they share it is important: there is no rushing to make a clever point, no instant capping of another's opinion with a better one, or of another's story with their own. We do not question why we do it until later, however: whole sessions would be taken up discussing this without ever starting through the mirror; nor do we question why certain material has presented itself in the writings, until later. This Quaker mindful acceptance enables me, and the people I work with, to slip as if through the looking glass, down the rabbit hole to where significant enquiry can take place. This oxymoron – that one needs to let go of asking why? in order to get to grips with significant enquiry – is one of many such conundrums in expressive and explorative writing. 'RPW:4' explains why and how the process entails 'certain uncertainty', 'unquestioning questioning', and 'serious playfulness', and is 'non-judgementally critical' and involves recognising our 'power is unlimitedly limited'.

Quaker business meeting methods were also significant. These aim to achieve dialogue and support: opinions and values are elicited and respected. No-one wins, everyone has to listen: unlike a voting system. The process is to discuss and rewrite issues until agreement is reached, involving many discussants having to bend or change in order to reach decisions. Voting systems can lead to increased unreflective and unreflexive entrenchment in personal views (as evidenced by *Today in Parliament*, BBC Radio 4). Quaker methods aim to take disparate views respectfully into account in creating, revising, and developing appropriate attitudes, responses and decisions: a critical process. No leaders, set forms, tick lists, or pre-specified goals are involved, but a forum of equal voices, and a note-taking clerk. This, although never written about until now, is one of the foundations of the way I work with individuals and groups – small and

large. It's also foundational to the way my students are facilitated to work with one another.

Although I wrote 3 successful Quaker pamphlets on Spiritual Writing (Bolton 1994b, 1995a,b), and was a founder editorial board member of the *Journal of Spirituality and Healthcare International*, I have not articulated these underlying principles: Quakers are quiet and non-proselytising, and it seemed 'matter out of place' (Douglas 1966) in the professional cultures in which I found myself. Interest and involvement in spirituality is now increasing in education, health care and to a lesser extent medicine however, particularly in palliative care.

Teacher training followed my undergraduate years, and then primary teaching in Leicestershire where child-centred approaches were valued. Carl Rogers' principles of the loving relationship between teacher and taught (1969, 1951; Mearns & Thorne 2007), as examined in 'RPW:3', 'Boundaries of Humanity' (also Bolton, 2005, 2006a, 2008d, Bolton et al 2004) came to be vital. 'RPW' draws upon Carl Rogers' 'profound experience that human beings become increasingly trustworthy once they feel at a deep level that their subjective experience is both respected and progressively understood' (Thorne 1992: 26).

Rogers' 'core conditions' for facilitative counselling and educational practice helped form my attitude to teaching and facilitation. These conditions are i) genuineness of the practitioner in their relationship with their client (patient or student), ii) the unconditional positive regard of the practitioner for their client, and iii) the way the practitioner is able to relate to the client with empathy. Rogers also felt that we cannot teach other people directly, we can only facilitate their learning (1969, 1951). 'RPW:1-4' takes this principle into arguing that practitioners need to take authority and control of their own learning, thereby increasing self-respect and self-regard, and therefore their ability to put what they have learned into practice.

Having left primary teaching, I became a bereavement counselor, and began training as a therapist. Winnicott's *object relations* theory (1971), specifically the role of the *good enough mother*, became relevant to supporting people to think

of themselves as good enough teacher, doctor, therapist, or indeed parent, as in 'RPW:1-5'. Winnicott said perfect mothers prevent their children from developing. The good enough teacher or facilitator creates a clearly boundaried play-space (Winnicott 1971; Crème 2008) in which students can experiment and explore in sufficient (good enough) safety, retaining authority and control over their own work, rather than responsibility being taken by teacher, therapist, mother, or other.

The work of John Rowan, a humanistic psychologist (1990) was to be an enduring influence. In 'RPW: 1-5' I argue how there is no unitary human self, but that that we are made up of different aspects, or 'subpersonalities' which work together more or less harmoniously. I reflected upon other psychological theories, questioning Freudian theories of the subconscious (2005 [1911]). Freud's model seems to depict the mind functioning as if with conscious and unconscious compartments with impermeable partitions, except during phases such as dreaming and hypnagogic experience. Freud called dreams 'the royal road to the unconscious' (1959: 608) for this reason (also Bolton 1999b). My experience of my own writing and explorations, and those of my students, patients, clients and mentees pointed to something much less structured, more accessible, as explored in 'RPW:1-5', 'Boundaries of Humanity', 'Writing is a Way'.

The next development arose out of teaching creative writing (having realised I did not want to be a therapist): my students taught me more about its potential benefits. Unemployed adults at Northern College (a Residential College, the best known being Ruskin, Oxford) and students at Sheffield Polytechnic (later Sheffield Hallam University) seemed to experience the creative writing I taught them as having personal therapeutic benefit. I put what these students taught me into practice in the experimental reflective writing module of a Sheffield University Masters in Education, as described in 'RPW:1' (see also Bolton 1994a), and then on the Sheffield University Institute of General Practice Master in Medical Science Education module (Bolton 1994a). The success of this teaching depended upon the students being carefully facilitated to understand how to reflect and be reflexive, to experiment and explore (1994a). 'RPW:1,3'

describe how many other types of courses fail because students cannot undertake processes for which they have not been educated and facilitated; yet their tutors conclude that students do not like, or can't reflect (also, for example, Rees et al 2005). Other educators have developed successful, yet different methods (e.g. Gerstl-Pepin, Patrizio 2009, Branch 2005). My reflective writing work was supported by a statement of The General Medical Council (1993, 2003) that medical graduates should be able to reflect on their practice, be self-critical and carry out an audit of their own work and identify their own learning needs.

'RPW:12', 'Writing is a Way' briefly show how my personal discovery of the power of writing was reinforced by empirical psychological research in which expressive writing was shown to have significant results (eg Smyth et al 1999, Lepore & Smyth 2002, Pennebaker, Chung 2007, also Bolton 1999b). These laboratory controlled research trials tended to provide correlations rather than explanations of why writing works, or the effect of different ways of introducing it.

Following my initial reflective practice writing teaching, Sheffield University Primary Care department head, David Hannay, felt the method was only successful because students responded to me and my teaching abilities, rather than the writing processes (see [www.gilliebolton.com](http://www.gilliebolton.com)). In order to prove him wrong, I embarked on studying my own methods and the response of my students. *Why* writing is therapeutic and enables reflection and reflexivity and *how* it can best be introduced concerned me.

To this end, I undertook two therapeutic writing funded qualitative research studies (Royal College General Practitioners, and Arts Council England funded), documenting them in peer review journals, eg 'Writing is a Way' (also Bolton 2008d, Hannay & Bolton 2000). These research studies were both small scale, reflecting the size of the research grants. Both had positive outcomes, giving evidence of the effectiveness of the processes; this is documented in the publications. Further publications build upon the evidence from these studies (Bolton et al 2000; Bolton 1998b; Bolton 1999b). Evidence from a larger funded project, for which I held a consultant role, indicated reminiscence writing was

shown to be significantly beneficial to elderly people (McKee et al 2001, Wilson et al 2003, Elford et al 2004, Bolton et al 2004).

'Boundaries of Humanity', 'Writing is a Way', and 'RPW' describe my ensuing enquiry using some methods similar to *Action Research* (e.g. Winter 1989), yet not formulated as such. Qualitative practitioner and narrative methods (see Angrosino 2005, McLeod 1999) and ethnographic type close observation (see Chase 2005) worked towards the exploration and explanations I felt the subject needed. I also undertook reflective, reflexive, fictional-critical writing (see Winter 1988, Winter et al 1999), fictional-narrative writing (see Sparkes 2007), and a small element similar to autoethnography (see Grant 2010, Giorgio 2009, Jones 2005, Ellis & Bochner 2000, Sparkes 2003). And I read widely about existentialism, deconstructionism, post-structuralism, literature, critical theory, as well as working out how to adapt methods from other disciplines (see also Bolton 1994a, 1998a,b, 1999a,b,c, 2001a,b,c, 2003e, 2005, 2006a, 2009b, Bolton et al 2004).

In 'Just a Bobble Hat', my first academic publication, I explored my teaching experiences using fictional-critical narrative research writing (Bolton 1994a, Winter et al 1999): the entire paper is a fictional story. This, 'Writing Values', and many other publications use a narrative form (also Bolton 1999b, 2001c, 2003e, Bolton et al 2004). Narratives are one of the most important ways of human understanding and so my publications often tell a story. 'RPW:14' examines how Laurel Richardson, a sociological researcher (1992) has explored narrative and other ways of writing. Rapport, Sparkes (2009), Beaufort, Meulenberg (2009a,b,c,d,e), Sparkes (2007), Saunders (2007, 2003), Pelias (2004) have all experimented with different written forms, thus challenging those traditionally accepted.

Medical Humanities began to develop in Britain in 1996 from perceived needs in medicine and healthcare, bringing me and my work into contact with most of the leading figures in medical humanities, and medicine and literature in USA and UK and elsewhere. 'Medicine Arts and Humanities' clearly explains my stance.

'Opening the Word Hoard' is an example of my regular sections as literature and medicine editor of the *Journal of Medical Ethics: Medical Humanities*.

'Boundaries of Humanity' describes similar areas of research and practice in USA medical schools with whom I came into contact (also Bolton 2005, 1999a, and eg Ofri 2008). Rita Charon of Columbia University New York's Narrative Medicine Program wrote: 'team cohesion and effectiveness have increased ... . I know beyond doubt – in good part from the results of our studies – that writing improves clinicians' stores of empathy, reflection and courage... My and my colleagues' writing benefits our patients' (2004: 404, also Charon & Wyer 2008). Charon teaches and employs more literary criticism than me (Charon 2006b), but her medical students do write about patient care in ways that don't belong in the clinical records but 'must be written somewhere' (Charon 2004: 404). This 'must' is significant and refers to the benefit not only to student writers, but also to their patients. Almost every other medical student undertakes no such writing and reflection, to the possible detriment of themselves and their patients.

'Writing Values', 'RPW1-5' demonstrate how, for example, I discovered reflective writing enables practitioners to perceive and understand their own values in practice and, if necessary, alter their practice in line with their espoused values (also Charon 2006a). Research discussed in 'RPW:2' demonstrates how medical students' moral reasoning abilities decreased during medical training (Patenaude et al., 2003). Had study subjects undertaken reflective writing I argue, this may not have happened. Other studies have been undertaken giving positive evidence on medical students reflective writing (eg Svenberg et al 2007).

My lecture visits, conferences and invited seminars with narrative medicine showed me its broad base, particularly in the United States (e.g. Kleinman 2009, Engel et al 2008, Klass 2008, Frank 2004, DasGupta & Charon 2004, Brody 2003, Montgomery Hunter 1991). Kalitzkus and Matthieson give an excellent brief history and introduction to the field (2009). Narrative medical ethics is a related field; it relates to my work in that the stories around ethically problematic issues are enquired into in order to gain clarity and illumination for appropriate

action (Charon & Montello 2002; Newton 1995). Another significant related form of narrative medicine is doctors learning narrative approaches to patient care (Charon 2006b, Launer 2003, 2009, Engel et al 2008). My methods of working with stories have been used for these purposes. A further form of narrative medicine involves practicing physicians writing about their work (eg Helman 2006). This well established field goes back to Chekhov (Coulehan 2003), and later William Carlos Williams (1932), up to Kleinman's moving personal account (2009), and Weston's remarkable *Direct Red: a Surgeon's Story* (2010). These doctors write about their work in a similar way for similar purposes to my own reflective writers, as well as for publication. Here is Rita Charon 'I have learned slowly that my task as doctor is no different from my task as writer – to be capacious and self-forgetful enough to contain all the voices, not to reach a harmony but to represent what is heard and to search for and confirm its deep and lasting meaning' (2004: 404). I discuss these ventures in 'RPW', 'Writing Values', 'Boundaries of Humanity' (also Bolton 2005), and they discuss mine (eg Jones 2006).

In this brief autobiographical overview of the roots and development of expressive and explorative writing I have shown a wide range of connections and influences. The discussion so far implies a central role of a conception of the self, and the ways we narrate our selves. This is explored further in the next section, along with an examination of narrative and the role of metaphor.

#### **4. Key Themes: The Narrated Self**

This section examines how reflective and therapeutic writing is based upon a model in which people narrate themselves. This narrative understanding of themselves and their lives is reinforced through the (generally unwitting) constant use of metaphor. Explorative and expressive writing can enable people to begin to perceive this, and begin consciously to create narratives and metaphors.

My research shows how narrating a life story in writing and reading it back silently can create a critical dialogue with the self: in 'RPW:1-5, 12', 'Boundaries of Humanity', 'Writing is a Way'. Expressive and explorative writers are often

reflexively surprised by their writing: opinions or aspects are perceived to have been taken for granted; previously unperceived elements can begin to alter assumptions; differing perspectives of others, never noticed before, come into view; and so on. Sharing this writing with a trusted facilitated group of colleagues (or single discussant) can help people take an even more critical stance towards their narration.

The critical role of the narrator in writing is also explored and explained in this section. Expressive and explorative writers begin to realize they can choose their narrators, enabling them to begin to take more responsibility for the narration of their stories, and therefore for their lives.

In 'Boundaries of Humanities' and 'RPW' I discuss reflective practice writing as underpinned by a view of the self as complex and plastic. A humanistic psychological and social constructivist (e.g. Geertz 1973) understanding views a person as a being in flux, rather than a static entity (the very word *being* connotes movement, as other -ing words such as *playing*, *doing*). Therapeutic writing practice and theory are similar (Bolton 1999b, 1998a,b, Bolton et al 2004).

This reflexive focus upon the self as 'something to write about ...is one of the most ancient Western traditions' (Foucault 1997: 233). Montaigne is said to have begun the fashion for writing about oneself in his essays. His style of writing was to give himself up to doubt and uncertainty and what he felt was his predominant quality – ignorance. He paid attention to the simple feeling of being alive in the present moment (Bakewell 2010). Virginia Woolf said his rule for doing this was to 'observe, observe perpetually' (1969: 78), similar to the Zen Buddhist search for mindfulness, which is explained further in RPW:1. 'Zen masters spend a lifetime learning [the ability to just *be*] ... only after their teacher hits them with a big stick – used to remind meditators to pay full attention. Montaigne managed it after one fairly short lifetime, partly because he spent so much of it scribbling on paper with a very small stick' (Bakewell 2010: 37, 38). Reflective and therapeutic writing are still trying for what Montaigne achieved through the writing of his essays in the sixteenth century.



#### 4.i. Narrative

'Boundaries of Humanity', 'Writing Values', and 'RPW:1-5,12' concern how taking critical authority over personal narratives - their telling and articulation – can be significant for the development of the self as person and professional. The model used in reflective and therapeutic writing implies that these narratives do more than impinge culturally, socially, politically and professionally: they are formative of the person. And writing one's story in a range of different ways from the perspective of consciously chosen narrators can be a way of taking control (also Bolton 2009b, 2005, 2003e, 2001c, 1999ab, 1994a, Bolton et al 2004). Narrative plays a large part currently in Western people's understanding of their selves in personal and professional lives and social and cultural worlds. 'Perhaps a push toward narrative comes from [Western] contemporary preoccupations with identity in times of rapidly shifting populations, national, international, and neighbourhood borders... . Individuals must now construct who they are and how they want to be known, just as groups, organisations, and nations do' (Reissman, Speedy 2001: 429).

That one of the ways humans construct themselves is by telling narratives about themselves and their lives is argued in 'Boundaries of Humanity' and 'RPW:2'. They are also part of others' narratives, and are therefore moulded by these, as well as the narratives of their society and culture (see Adler, McAdams 2007). I concur in 'RPW' with Sartre ([1938] 1963) that these narratives construct the self.

In 'RPW:1-4' and 'Boundaries of Humanity', I describe how people narrate a range of stories about themselves (as parent, doctor, teacher, patient perhaps, or from different points of view); each aspect of their situation constructs a slightly different story, a slightly different self. And the narratives change over time, as situations change. People could therefore be said to be made up of multiple changing selves, rather than a unitary *true self* (also Bolton 2006a). In constructing and re-constructing stories about their lives and work, they could be said to narrate themselves in writing. This narration and re-narration can be critical processes: actions, perceptions, assumptions, values, taken-for-granted

roles and point of view are open to question and rewriting. I drew on my undergraduate reading to conclude that reflective and therapeutic writers are *bricoleurs* (Levi-Strauss 1966). One of the purposes of the facilitator in this context is to create conditions to support this developmental process.

‘RPW:12’ argues that every account - fictional, biographical, autobiographical, case study, historical – is presented from a point of view. This viewpoint can be personified as the narrator of the story (also Bolton 2003c,d). A story’s narrator is separate from the author; an author can write from the perspective of many different narrators. Some literary stories are narrated by one of the characters (e.g. Daniel Defoe’s *Moll Flanders*; autobiography), or by a range of characters (e.g. Mary Shelley’s *Frankenstein*); all early novels were narrated thus. More recently many fictions, such as Eliot’s *Middlemarch*, are written from the perspective of the ‘omniscient narrator’. This being, created by the author, narrates the story from outside and knows everything: everyone’s motives, inspirations, thoughts and feelings, social and cultural forces, what happened before and what will happen after.

There can, however, be no authentic *omniscient narrator* of life stories. I argue in ‘RPW:12’ that such an authority belongs to fiction. The power of fiction lies in its ability to give the reader entry inside hearts and minds, to know future outcomes, and the impact of the past. Readers follow plots fizzing with ethical dilemmas, their interest held by the amount of inside knowledge divulged at key points. In telling or writing life stories there is no outside authority to take the reflective practitioner by the hand through the maze of their own ethical dilemmas.

‘Opening the Word Hoard’ argues that in fiction there are reliable (and unreliable) narrators (also Bolton 2003d). An example of a fictional unreliable narrator is Ann Kelley’s heroine Gussie (2007), who tells of living heroically with heart disease. Her story is consistently optimistic, resembling Victorian moral tales of unflinching bravery in the face of suffering, with no reference to existential pain, terror, physical pain, distress.

Completely reliable or unreliable narrators belong in fiction, like omniscient narrators. In writing our own life experiences, our narrators are likely to be more or less reliable or unreliable. Reflective writers have experimented with unreliable fictional narrators as an explorative strategy (Bolton 2001e, 2003d). 'Boundaries of Humanity' explains that we can, however, choose the way the story is told, for example as close to reliable as possible, or as close to unreliable. 'RPW:2' quotes Mark Purvis's poem about the death of his little brother in which his 'subpersonality' child is a pretty reliable narrator (see also Section 3). This poem had the power to affect Mark's personal and professional life because he trusted this narrator and listened to what he had to say.

In 'Writing Values' I suggest that each narrator projects a different perception of the self, society, and culture. Writers can be encouraged to become critically aware of the narrators of the life stories they write.

Searching the literature for similar work, I found that Rosenfeld Halverson (2008) explored the development of young people's narratives from the individual and unique to the more positive and constructive through play writing, offering greater viability of social identity. The young people's accounts were developed from their own perception of events, to include how others perceived them, and how they fitted into their community.

In 'RPW:1-5,12', 'Boundaries of Humanity', and 'Writing is a Way' I describe writers learning that their life story narrators are not given, that they can, to an extent more responsibly choose how to tell their stories. Reflective and therapeutic writers can grasp the authority of the authorial voice particularly when rewriting from different perspectives. A different perspective might, for example fictionally explore from the point of view of their wise subpersonality or internal supervisor, an unreliable narrator (Bolton 2001e, 2003d) or, as 'Writing Values' argues, their child subpersonality (see Section 3). I examine other illuminating perspectives in 'RPW:2,3,4,5,14', such as from the point of view of other actors in the events: colleagues / patients / clients / students / relatives / friends (see Munno 2006). Writers can learn to choose their narrators, therefore take greater authority and control.

The wise 'subpersonality' is a significant narrator, as I describe in 'RPW:12', 'Boundaries of Humanity', 'Writing is a Way'. An aim of reflective and therapeutic writing is for people to find their own power, to develop their own self-reflective and self-therapeutic authority (also Bolton 2008d). 'RPW:6' describes writing from the perspective of their internal wise self, personified sometimes as the internal supervisor. In 'Writing is a Way' I describe a child cancer patient's story of a pop star giving his child character sound and comforting advice. I argue how the star was his archetypal trustworthy and kind authority figure. Another example in the same paper is an adult cancer patient writing dialogues with and gaining strength and wisdom from his internal 'spiritual father'.

This wise subpersonality model, further described in 'RPW:5,13', is in keeping with the way people across cultures create personifications or models for areas of the self which seem to be present, yet inaccessible. Examples are: ego, id, and superego (Freud); God and Satan (Christianity); The Tao (Taoism); the Delphic Oracle (Ancient Greece); shamanic lands of healing (shamanic religions). In different ways, different cultures apportion atavistic power to these areas or beings. Authority is vested in individuals (e.g. psychoanalyst, Pope, sage, Pythia, shaman) who appear to have access, and thus the ability to offer wisdom, insight, strength (personal, political, social, cultural).

Poets, composers, playwrights, painters, sculptors seem to have been another type of powerful and venerated magical intermediary, perhaps throughout history and prehistory. Shakespeare, Beethoven, Michelangelo, Hepworth, Nijinsky are all examples of gifted people wielding artistic keys to open frustratingly closed doors, allowing readers, audiences and viewers glimpses inside. I posit that in reflective and therapeutic writing people can find their own shaman-artist 'subpersonality'.

That there are negative 'subpersonality' narrators I argue in RPW:3,4 (also Bolton 1999b, Bolton et al 2004, Bolton et al 2006). These can be powerfully influential, and hard to recognize and tackle. Some, which have been called the

'internal critic', habitually tell stories to the person's detriment, for example: 'I made a blunder yet again...'. Reflective and therapeutic writing can help such people find more positive and constructive narrators who don't just mete out blame and guilt but might tell the same story thus 'that didn't go very well, but circumstances were difficult and I think I can see how I can learn from the disaster'. Writing can also help those who conversely employ consistently self-justificatory narrators, repeatedly refusing to see situations as learning opportunities. For example a negative subpersonality narrator might say 'my new staff member is as bad as the others'. A constructive 'subpersonality' narrator might approach it thus 'if all staff are obtuse and obstructive, perhaps I need to think about how I ask them to do things?' Perceiving one's dominant but unhelpful personal narrators, finding positive ones, and starting to use them habitually is really quite hard: learning new skills is easier than unlearning old ones. Reflective and therapeutic writing can offer insight and support, I find.

#### **4.ii. Metaphor**

In narrating the self, metaphors are central to the narratives we create about ourselves.

In 'RPW:13,14' I explain how metaphors are the lenses through which we perceive our world. For example the *market place* is a common metaphor which constructs social, cultural and professional perceptions and relations in specific ways. These metaphors have even been viewed as 'a way of gaining and securing power' (Punter 2007: 47). Our language is replete with (generally unwitting) metaphorical short-cuts to explanation and understanding (also Bolton et al 2004; Williams Camus 2009). Metaphor plays a large role in construction and exploration of the self, and in constructing our perception of our personal and professional lives and social and cultural worlds. They can also be used critically to develop personal understandings. My critical stance thus queries underlying unarticulated assumptions and taken-for-granted narratives and metaphors.

I use metaphorical examination in two main ways to develop reflexivity in reflective and therapeutic writing, as explained in 'RPW13,14'. Metaphor has

illuminative (*aha*) power well known in poetic writing. In 'RPW13,14' 'Boundaries of Humanity', 'Writing Values', 'Writing is a Way' I illustrate and explain how writers use metaphor consciously to enable insight into issues such as client-practitioner relationships (also Bolton 1998a,b, 1999b,c, 2005, 2006a, Bolton et al 2004). Practitioners are enabled critically to perceive the metaphors they use daily (generally unwittingly), which to an extent form their professional and personal understandings (also Steger 2007; Aita et al 2003). Writers can thereby learn to take more critical authority over the metaphors foundational to their personal and professional lives.

My view of the centrality of metaphor developed considerably over the years of this research and practice. For many years I only encouraged metaphor exploration and examination in therapeutic writing as described in 'Writing is a Way', 'Around the Slices' (also Bolton 1999b, 1998a,b). For reflective practice writing people wrote narratives and poetry, and were not introduced to metaphor exploration and examination by explanation or exercises, though if it occurred in writing it would be discussed (see Bolton 2001d, 1999a, 1994a). It took me several years to realise it as a powerful reflective force: an epiphany, reflecting on a medical reflective writing course and its evaluation in the middle of the night in a Norfolk hotel (for this use of epiphany see Joyce 1944). Now it is in 'RPW:13,14', 'Writing Values', 'Boundaries of Humanity', 'Writing is a Way' as a major building block of reflective practice writing and therapeutic writing (also Bolton 1998a, 1999b,c).

That metaphor enables us to grasp and communicate abstract or personal elements I argue in 'RPW:13' (see also Malinski 2009). Closeness is a limpet on a rock; a sore throat might be a throat on fire. Winston Churchill didn't speak of depression, but of his *black dog*. That insight can be engendered by examining metaphor is often surprising to beginning reflective and therapeutic writers. Yet a metaphorical or objective correlative (Eliot 1932) descriptive method is as old as creative writing. Writing narratives of personal experience can naturally bring out such examination and exploration of image and metaphor, as demonstrated in many chapters of 'RPW', 'Open the Box', 'Around the Slices' (also Bolton 1999b,c, 2005, 2006a, Bolton et al 2004). Specific

exercises are often employed to take students, clients or patients into such understandings. RPW 13 tells of the general medical practitioner wishing to try to understand a *heartsink* patient (Mathers, Jones, Hannay 1996), who wrote from that patient's perspective describing himself by a list of metaphorical qualities. And listen to Mercedes Kemp: 'We ask [participants] to describe education as a pudding, then to write up their luxury version. Much of this activity is light-hearted, as we aim to keep a distance from personalistic accounts, heavy by definition, but nevertheless, startling, surreal images abound, aesthetically subverting the humdrum world of everyday practice' (2001:350).

In 'Writing is a Way', 'Open the Box', I describe how metaphor can make contact with traumatic or troublesome memories which have lost connectedness with the rest of the memory. Self-communicative writing can be a relatively safe and speedy way to make them accessible (also Bolton 1999, 2001b, Bolton et al 2004, Bolton et al 2000).

Freewriting (*through the looking glass* or *six minute writing*: see section 3), writing with no forethought or direction can allow metaphors to emerge as I explain in 'RPW:5', 'Boundaries of Humanity', 'Writing is a Way'. Examination of such writing can enable insight. 'RPW:13' contains the example of a black Scottish palliative medicine registrar's writing about a solitary jug on a stone floor reflecting on its characteristics and role. In discussion and further reflective writing Sam Kyeremateng realised this was a metaphor for himself and a way to enable him to reflect upon his sense of being out-of-place.

The ancient sage Lao Tsu said something like 'those who are good at opening things need no key. Yet what they open cannot be closed'. This is very true of learning how to decode metaphor. There is no key or technique to understanding metaphor, but sensitivity, courage to examine personal elements, creativity and willingness to explore, to play. And once a metaphor has been understood, it cannot be un-understood: cannot again become closed to understanding.

In 'RPW:12' I give examples of how practitioners reflecting upon metaphors in daily use are generally astonished at the number of metaphors in their habitual language, and the way they structure their thinking. They also begin to understand how metaphors express feelings and world view. For example nurses speak of delivering packages of care. This suggests their work can be viewed as like parcels shoved through a letterbox. Once they examine daily expressions, practitioners begin to realise the way their language has been using them rather than they using it. Critical re-evaluation of assumptions behind professional metaphors supports practitioners in taking greater authority over the development and application of the self: for example, changing 'packages of care' to 'care pathways' shifts the nurse from 'postman' to 'guide and helper'.

## **5. Methodological, Educational and Disciplinary Issues**

This essay so far has indicated how expressive and explorative writing supports people in viewing themselves, their lives and their society and culture from fresh and dynamic perspectives. This can enable them to begin to grasp and take more responsibility for their own self-development. Significant methodological issues arising from this are discussed in this section.

### **5.i. Authority, Responsibility, Ethics**

Courses in reflective writing, and therapeutic writing training, have an expressed aim to take participants to unexpected and frequently previously unexplored areas. Such activity has to be undertaken with care and respect of people's values and boundaries. In 'RPW:3' and 'Boundaries of Humanity' 'Open the Box' I discuss how the ethical values underpinning the work are made clear to participants, and how they comment upon, discuss and if necessary adapt, and add to them (also Bolton 2007a). 'RPW:3' describes the principles of *Through the Looking Glass* reflective practice writing as including encouraging participants to take full responsibility for their own writings, discussions, and experiences. This ensures they know they hold the power to wield this authority. Those with control of their own actions thoughts and beliefs are in a position to question any activity, ensuring they only undertake those within their own ethical value boundaries.



In 'Writing is a Way' ethical issues in my therapeutic writing research with NHS patients are visited (also Hannay, Bolton 2000, Bolton 2008d). Palliative care, cancer and depressed and anxious patients are vulnerable populations. The very significance of the work they undertook with me lay in their willingness to question vital areas of their lives, beliefs and memories. In doing so they entered particularly vulnerable liminal states, necessitating sensitive care. I found, however, no precedents of addressing such ethical issues in the large body of expressive writing research literature. For example the authoritative text *The Writing Cure: How Expressive Writing Promotes Health and Well-Being* (Lepore, Smyth 2002) has no entry for 'ethics' in its index.

### **5.ii. Assessment ethics**

Professional students (in e.g. medicine and healthcare) are required to undertake exploration and examination of personally and professionally sensitive and vulnerable areas and issues in the name of reflective practice. Many of these would normally be viewed as well outside the boundary of subjects to be discussed with training or educational peers or lecturers, certainly not assessors. 'Is it possible to create assessment criteria for such material?', and 'is it morally right to expose it to assessment?', are questions asked by professional development educators and researchers, as well as students themselves. Marking professional students' reflective writing for course assessment presents many ethical issues, as addressed in 'RPW:8'. My argument in 'RPW:1,3' more than confirms Rees et al's contention that 'structured criteria' used for assessment 'can reduce the originality and uniqueness of [medical] students' portfolios' (Rees et al 2005: 10), even to the point of being barely reflective, certainly not reflexive. Students have been reported as creating inauthentic documents for the sake of the marks, or choosing only certain 'safe' types of incidents to report, or telling partial truths, or suffering from the exposure. This questions the validity of many forms of assessment in relation to reflective writing. In 'RPW:8' I quote arguments from others in the field that students will not engage with reflection if it is not assessed however, as this proves the value of a course component.

This requirement for demonstrable results by certain forms of professional training (such as healthcare) has led to the adoption of standardised approaches to reflective practice through protocols and step by step methods. In 'RPW:1-3,11' I take issue with this institutional preference for quick, straightforward but potentially non-critical (non-reflexive) methods (also Bolton 2005, 2006a, Bolton et al 2004). My argument is that these methods are less likely to carry out their aim of providing learning from experience because the students feel disabled to address significant experience.

### **5.iii. Critical Rigour**

A further related issue with which I take up cudgels in 'RPW:1' is the contention that reflective practice is no more than confessional (ie non-critical). Roman Catholic confession, for example, is based on faith rather than critique, a route to healing for the soul and regaining the grace of God lost by sin. Supplicants confess sins, ask for forgiveness, agree to abide by the priest's advice or injunction, do any prescribed penance, and accept forgiveness and reconciliation. Critics of reflective practice using confession as a pejorative term have seen it as self-obsessive and non-developmental. In 'RPW:3' I explain how reflective practice journal writing can indeed degenerate in this way, if not facilitated to involve a range of critical processes such as narrative, autobiographical, metaphor exploration. Some facilitators never encourage personal narratives, however, assuming they cannot lead to critique. One lecturer reports avoiding the problem by encouraging the writing of genre only (eg fantasy, fairy story) (Kemp 2001). Practitioners can be facilitated to rewrite critically using different perspectives, fiction and genre, metaphor, and devices such as letter or dialogue writing as demonstrated in 'RPW: 14,13' (also Bolton 2010, chapters 6,7). In RPW:8 I also discuss students' need to engage in critical discussion with peers concerning their writing.

### **5.iv. Disciplinary Boundaries**

Reflective practice writing and therapeutic writing cross disciplinary boundaries. Medicine as a scientific discipline initially faced me with a challenge since my reflective and reflexive methods spring from literature and creative writing (Bolton 2006a). Medical humanities and reflective practice writing were

described as *Mickey Mouse*, *soft and fluffy*, even *tabloid*. Medical courses are also very hard-pressed for time, as are medical practitioners. 'Opening the Word Hoard' concerns how critical reflective processes by their nature require time, so it is difficult to find space for reflective practice writing in core medical curricula, despite excellent response from students. 'Writing is a Way' describes therapeutic writing as needing explaining to patients and staff, more time-consuming than other medical interventions.

Publication in medical journals was initially difficult. Medical research focusing on biological, epidemiological and therapeutic approaches has concentrated on quantitative studies. Such qualitative narrative evidence as mine has been criticised as merely anecdotal, of generalising from particular instances. Narrative evidence does not make claims of universality of benefit, but it does belong to a powerful medical and human tradition of learning (see Montgomery Hunter 1991). 'Qualitative research in general practice is seldom published and guidelines for authors submitting papers for publication are oriented towards quantitative methods. In qualitative research the aim is to gain understanding of a topic...' (Hoddinott, Pill 1997: 313). Qualitative research offers appropriate methodologies to gain understanding of and insight into the human qualities of an area or issue. Personal and professional development writing is a complex individual critical process used by people according to their own needs and abilities. Anne Hudson Jones says in the foreword to RPW: 'This process of writing depends upon the intuitive, linguistic and imaginative capacities rather than the rational and quantitative modes of thought that dominate much of professional training and practice' (Bolton 2010:xii). Attitudes are changing, boundaries are being defined differently, and qualitative methods now attract critical attention. The challenge has been taken further: personal embodied narratives and poetic writing methods have been successfully implemented (eg Rapport, Sparkes 2009).

The academic discipline of Creative Writing considers writing to be an art, not an instrumental process of personal or professional development. The arts therapies (including writing) have tended conversely to develop theories and practices which consider that the therapeutic arts should only be offered by

certified therapists. Crossing of academic disciplinary boundaries between such as therapy and creative writing, has led to the creation of barriers which have inhibited interdisciplinary communication and developments. Practitioners in the field however, such as novelists and poets, have no academic disciplinary boundaries to defend, and are more flexibly able to cross between fields (Bolton 2007a).

#### **5.v. In summary**

This concludes the story of my publications concerning my enquiry into the power of expressive and explorative writing for personal and professional development. It has shown how these publications report my enquiry, some of its results, and - perhaps more importantly – the further queries raised by the practice and the research process. A brief section now follows listing the professionals and individuals who have been involved in therapeutic and reflective writing.

### **6. Participants in Explorative and Expressive Writing**

My explorative and expressive writing for personal and professional development practice has been taken up primarily by medicine and the helping and support professions.

‘RPW:1-5, 8, 9, 12-14’, ‘Writing Values’, ‘Boundaries of Humanity’, ‘Opening the Word Hoard’ describe reflective practice writing with medical and health care professionals in general practice (doctors, trainers, lecturers, course organisers, supervisors, supervisor trainers, registrars, multi-disciplinary teams), palliative care medicine (physicians, registrars, trainers, lecturers, multi-disciplinary teams), public health (practitioners, leadership lecturers, trainees), psychiatry (multi-disciplinary teams), healthcare (practitioners, trainers, lecturers), clinical psychology (practitioners, lecturers, trainees), therapy and counselling (practitioners, trainers, lecturers), teaching (teachers, trainers, lecturers), clergy (ministers, trainees, students), social work (practitioners), police training (lecturers) (see also Bolton 2009b, 2006a, 2005, 2003e, 2001c, 1999a, 1994a).

'Open the Box', 'Just a Bobble Hat' describe therapeutic writing training with therapists and counsellors (also Bolton 1999a, Bolton et al 2004). 'Writing is a Way' describes training with specialist therapists and counsellors in: palliative care, primary care; teenage cancer; child and adolescent, university; and with general medical practitioners, healthcare professionals, social workers (also Bolton 2008d, 2007a, 2001b, 1999c).

'Writing is a Way' reports therapeutic writing research with palliative care, and palliative care cancer patients, and NHS patients in primary care (depressed and anxious) (also Bolton 2008d, 2007a, 2001b, 1999b,c, 1998a, Bolton et al 2006, Bolton et al 2004, Bolton et al 2000).

Professionals undertaking reflective practice writing or therapeutic writing training varied in response. 'Opening the Word Hoard' shows how younger students were open and explorative, whereas 'RPW:1-5' discusses how the more senior asked more questions before setting off (also Bolton 1994a). 'Boundaries of Humanity' and 'Writing Values' describe medical practitioners and teachers tending to be open to experimenting with different strategies. Therapists and counsellors wished for carefully constructed ground-rules and boundaries to be in place before beginning, and to be assured that many had previously used these methods with no psychological harm (Bolton et al 2004). 'RPW:1-4' describes healthcare professionals wanting clarity about the rules.

Patients undertaking therapeutic writing also varied in their response, I found. 'Writing is a Way' shows palliative care patients open and flexible to explorative and expressive writing, more so than primary care depressed and anxious patients (also Bolton 2008d, 1999b, Bolton et al 2000). 'Writing is a Way' indicates this seems to be due to palliative care patients having little to lose at the end of their lives, and their perceived need to explore their situation and its existential meanings being greater (also Bolton 2008d, 2007a, 1999b,c, 1998a,b, Bolton et al 2006).

My practice and research to date into reflective explorative and expressive writing for personal and professional development has been examined above.

The next and final section critically suggests ways in which this work could profitably be taken forward with professional, social and cultural impact, as well as offering further contributions to knowledge and understanding.

## **7. Conclusion: Future Possibilities**

Explorative and expressive writing has high impact potential in social, cultural and professional areas. Writing for personal and professional development were embryonic areas of study twenty-five years ago. Although gaining in interest, credibility and presence, they need significant further research to achieve their potential status and value. This section examines possibilities for further research and development and how it might impact in other professional contexts.

This new area of practice and research would benefit from qualitative studies addressing the practice being undertaken by practitioners in a wide range of settings. Such new studies would examine and develop the methodology and methods. This would involve large funded projects. Also invaluable would be a research centre with conferences, seminars, and a dedicated journal enabling discussion and dialogue.

There is no training or education in reflective practice writing or therapeutic writing facilitation apart from the very few sessions I have undertaken. Such training would inform research into the efficacy of the work, and into developing more effective methods and practice.

Reflective and therapeutic writing is still in its infancy as a field of enquiry, although it has been developed as a practice, as demonstrated above. This field needs to be developed, and many situations, people and professions benefited: each needing specific research strategies and studies. The theory and practice could be used and researched more in healthcare: the small studies in my publications indicate it to be of value.

Reflective practice writing could be influential for professional development in, for example, law, architecture, police training. All these fields have involved my

work to an extent to date, and this could be fruitfully developed. It could also be appropriate to business studies. There is public concern for example that finance should be underpinned by appropriate values. One of the main impacts of reflective writing is to enable professionals to grapple with ethical issues, and create consonance between their espoused values and those evidenced by their practice. Many see the recent financial 'crash' to have been the consequence of narrow competitive self-interest: 'we need to rediscover other sources of value' (Lanchester 2009: 13). Reflective and therapeutic writing are particularly appropriate for examining sources of value.

My therapeutic writing research has been with palliative care, elderly, and depressed or anxious patients. Other practitioners have and do work very successfully in, for example, substance abuse, eating disorders, bereavement, survival of torture, physical and psychological abuse, psychiatric illness, restorative justice, with asylum seekers, prisoners, victims of crime (eg Bolton et al 2006, Bolton 2007a, McKee et al 2001, Wilson et al 2003, Elford et al 2004). Extremely little of this work despite its success is even documented, let alone researched.

The practice of writing for personal and professional development incurs very small costs, giving it potential in the current economic climate, and is straightforward and enjoyable to practice. Increasingly professional training requires reflective practice. Reflective practice writing, once grasped by professional students, can be undertaken mostly alone with the support of peer mentored pairs or small groups. Professionals and individuals suffer from stress, unfocussed anger, and bereavement (loss of hope, of job for example). Personal therapy is costly. Expressive and explorative writing costs are only of writing materials; and my research has shown that people with minimal literacy skills can benefit. Therapeutic writing could be i) an adjunct to therapy giving counselling or psychotherapeutic clients cost-free independent work to do between sessions, ii) on-line supported therapy, iii) self-therapy (Bolton et al 2004).

My hope for the future is that this practice and research remain based on firm person-centred principles. Professionals and organisations can thus be facilitated to develop wisely according to espoused ethical values of personal and organisational trust and respect consonant with the values displayed by their practice. And individuals in need of therapeutic help can take authority and responsibility for their feelings, thoughts, ideas, memories, and therefore for their actions and relationships.

This research into a new area of practice and study in which few others have been involved and minimal money invested, is part of a life journey. Its quest was to discover questions which need exploring rather than answering a specific research question. My exploration and examination inevitably opened new routes and possibilities. Along the way guides appeared, and methodological and cultural difficulties had to be overcome.

This essay explains, develops and critiques over twenty-five years of practice and research, drawing on a bank of my publications as well as an appropriate eclectic range of other sources. There is now an area of explorative and expressive writing for personal and professional development which wasn't there before. This PhD thesis is a lancet window illuminating this new area of practice and research.



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## Publications by Gillie Bolton submitted for PhD by Publication

- 1993 Just a Bobble Hat: The Story of a 'Writing as Therapy' Training Workshop.  
*Changes: International Journal of Psychology and Psychotherapy*.  
**11**(1): 37-42
- 1997a No Thank You (poem). *The Lancet* **349**: 217
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# Changes

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## *just a bobble hat: the story of a "writing as therapy" training workshop*

Gillie Bolton

### *extract from Jo's journal, Friday 16 February*

Story telling is what therapy is all about. The stories aren't always expressed in words—sometimes they're physical, sometimes painted or in coloured mosaics, even occasionally in grunts, shouts and screams. The difference between these stories and the ones we heard at our mother's knee, is that they don't necessarily have proper beginnings, endings or even middles, and certainly all too often stop with the characters not living happily ever after.

But we want so much to make them work as stories, to reach some sort of an ending, even if it has to be one of acceptance rather than sailing off into the sunset. That is why we come to therapy—to have a go at dealing with some of this unfinished business. Even so, what we tell are stories—models of our experience, and it's important to recognise them as such.

We all write as part of our daily lives, even if only reports and lists. But somehow we have lost our ownership of the writing of stories in this age of expertise. It's not true that only writers can write. There are so many ways of discovering for ourselves the revealing and self-illuminating power of writing—journals, scrapbooks, specific lists of vital things, stream-of-consciousness scribbles, dream notebooks, unsendable letters and their replies from the person within, and so on. Writing is more powerful than speech or thought for, among others, three reasons: the writing process draws on a deeper personal well, perhaps because it is solitary yet connective and self-absorbed; writing can be staged—the first drafts being formless and sometimes seemingly senseless; a piece of writing has a life of its own and the writer, and her colleagues if she chooses, can interact with it—continuing the creative, critical process indefinitely.

That should cover the introduction to the day workshop—enough for me to say, I think. The afternoon will be for developing those ideas and looking at strategies for building them into therapy, as a group. In the morning we'll have a go at some writing ourselves—to experience the process first hand.

What about a stimulus for the writing—something with enough lightness, as well as potential for group work, yet something that can be taken much deeper if anyone wants to go that way? I think I'll take the big bag of hats—see where they take us. It needs a careful introduction though.

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Gillie Bolton is Director of The Stories at Work Project, The Division of Education, Sheffield University, Sheffield, UK.



The participants will all be psychiatric hospital staff. The demandingness of their professional life tends to make them protect themselves so much that they aren't open to very much. But the writing could still bring up painful things, so it'll have to be handled sensitively. Also they'll feel strange being the participants—doing what I suggest. I hope they find it a release from their habitual roles, rather than being a difficulty.

Why do I run these workshops? In so many ways I want the group members to explore and discover something in themselves, for themselves, as well as find out that writing is a releasing and joyful tool in therapy. But I'll be in no position to help with whatever personal material comes up. I must remember to double check at the beginning of the day that they do have their own support system, and triple check at the end that I'm leaving them with each other and their supervisors.

Why do I do this? What right have I to bring a workshop that I know will uncover sticky stuff for some? But I've been so grateful for what therapists have done for me, in the past. Yes, I have. But I'm not them, I'm only me.

Clear boundaries. Enough security, but not too much or nothing will happen. Not too much spotlight on anyone – this isn't a therapy group, but a training day. Respect, but support. What a juggling act. Why do I do this?

### ***extract from Jo's journal, Monday 19 February***

Goodness knows. Was it illuminating, facilitative, or just plain exhausting? Terrifying being in that vast hospital—took me right back to being wheeled around that night in confused pain all those years ago, with a drip by my side, having no idea where I was or why. That's what *my* writing was all about—not about hats!

What do Janice, silent Harry, and the others feel about it all now? What do I think and feel? Quite a lot, but I'm not sure what!

Well, they wrote creatively in order to reach a clearer understanding about themselves and their situation. Perhaps I can do the same with my jumble of experiences from yesterday. Writing certainly does get to the heart of the matter in a way talking doesn't seem to. It also seems to uncover tricky thoughts, feelings and memories.

Also I might want to share this next writing with others—that might help me further clarify what the issues are for me. If I write in fiction I won't have to worry about what Janice and the others feel about me writing about them—no problem of confidentiality. I'll use their real names for the first draft, just for myself.

Anyway, I'd probably get bogged down and bored with myself writing about the day as an extended case study—that wouldn't help at all. If I do it from Janice's point of view, I might learn more.



### *a story within a story*

"Watch."

*She tipped the bowl with its pregnant mound of glistening proved dough upside down above the table top. Slowly the bread belly extended, tearing against the sides of the earthenware bowl. It began to slip, long strands pulling away until it fell, thud on the table. The little boy gasped. His eyes, their whites blue-white, were wide open, his mouth an O.*

*He wasn't interested in the blob of dough gradually settling and creeping on the table. He'd been called to watch too often for that. His gaze was on the inside of the bowl where the rest of the dough still clung. The upended bottom and sides of the bowl had become a cave. The sticky dough hung down in threads and tendrils, light and airy from the action of the yeast.*

*"It's a fairy castle, Tommy. Can you see them flying there?"*

*She glanced down at the top of his head, hair springing into titan curls from his pale scalp. She could just see one sock, as ever, wrinkling above his shoe.*

*He put his head on one side, forehead creased, his skin so translucent she could almost see him thinking through it. He looked right up at her and made a long statement, all in incomprehensible toddler scribble. He paused on the upturn of a question mark, clearly waiting for her reply.*

The reader stopped and reached for her handkerchief, shoulders shaking. The circle of faces around the room were attentive, holding this weeping woman. Her neighbour put her hand over hers and held it still.

"I, I'm sorry. I can't carry on. He..., he died, you see – meningitis. He had a little bobble hat just like this, only smaller of course."

There was another pause as she gasped for breath, then a comforting murmur from a group member was taken up by the tutor, Jo.

"You're all right. Don't worry. You've shared something really important with us. We feel honoured that you have, thank you."

But Janice's mind was confused between the old memories flooding back and her shame at having broken down in front of the group. Her thoughts jangled. How did I come to write such a thing? Why did I come on this course, I'm a psychiatric nurse, not a writer. Why on earth did just writing about a silly thing like a hat bring up all that? I can see why she, Jo the tutor, wanted us to write first and then talk afterwards about the ways in which writing can be therapeutic.

I'd forgotten all those little details of how Tommy looked. I thought all that had healed up—that I'd forgotten and moved on. I'll have to talk to Barry about it when I get home—wonder if he'll remember the little hat. I think I'll get all Tommy's clothes out again, tomorrow.

Her chest twitched again, but feeling the warm squeeze of Joan's hand on hers once more, she was jerked back to the present by Jo's voice.

"Thank you for telling us, Janice, and thank you for reading your story. I'm glad I heard it – but I can see it was really hard for you." And then after a little while the group attention moved to listen to the next writer.

"Oh good," Janice thought, "nobody'll look at me any more, they'll all be listening to what Tim's written. I hope he doesn't mind if I don't, I'll ask if I can read his later."



***extract from Jo's journal, Wednesday 21 February***

Well, that wasn't really fiction! In fact I've more or less told the story as it happened, and with the real names. Never mind, that's only what my students do most of the time. I expect I can redraft it more fictionally before I share it with anyone. I wonder if Janice has continued to write? I wonder how she is? I do hope that her partner and her supervisor support her so she can deal with some of the complexities of her grief and bereavement that started to come up on Saturday. I do find these day schools so unsatisfactory and worrying in that way. If she is writing I wish I could see it and talk to her. One of the problems of my role is having to let go all the time. I'll never know. Just hope.

***extracts from Janice's journal, Tuesday 20 February***

Will the remains of this exercise book do? She said that what mattered was the writing of a diary, not what it was written in.

So here goes. It feels a bit daft sitting here in the bedroom, I'm glad no-one can see me. She said no-one need ever read what I've written – just as well.

Tommy, oh Tommy.

I'm not getting very far am I? I've only written that much then stopped for so long to cry again at the sight of his teddy, here on the bed beside me.

Start again. My teddy was called Cuddly. I cuddled him so much that he lost all his fur and I had to knit him a suit that covered him from eartips to over his leaking feet. Only his little black nose and beady eyes showed. Though the nose was a replacement too, I'd embroidered it in wool. Poor Barry – when we first married – "I'm not having that in my bed. It's either him or me."

Tommy's rag. His teddy didn't really matter that much, but that old cloth nappy – trailed in all the dirt, one corner rubbing his nose as he sucked his thumb.

Why did it have to happen? Why my little Tommy? And I only had him. Joan has her three, Harry two – they show their photos, talk about their little sayings and exam successes. Tommy would have been... Would he? Could I have coped with everything as he grew up?

If only I hadn't taken him to that party. If only I'd called the doctor sooner. If only Barry'd...

***extract from Janice's journal, Thursday 22 February***

Why did you have to bring all this up? Why, Jo? Everything was all right until you came along with your stupid writing idea and that bobble hat. I think you're an interfering manipulative cow and this ridiculous exercise book is going in the bin. So much for your bloody ideas.



***extract from Janice's journal, Monday 26  
February***

Teddy bears. Teddy bears everywhere. My dreams are littered with bears. They're mutilated, hanged, tied up, they've been mauled and mangled, savaged and half devoured. There was even one in the dustbin when I went to empty the bin. One on the butcher's slab when I went to buy the steak and kidney. It's eyes were oozing blood – crying blood. I waited to see if the butcher would bring his great cleaver down on it and sever an arm or a leg, or separate those eyes. He didn't—perhaps he was waiting until I went. I had to leave, I was blocking the shop and people wondered what I was waiting for.

Teddy bears. Every child that I pass is carrying one. One hand clutching a bear and the other clasped firmly and safely in it's mother's hand. But these bears are smiling. Mine aren't. Some are grimacing as if they know something that I don't, something I'll eventually have to know.

***extract from Janice's journal, Wednesday 28  
February***

Today I went into Tommy's room. I haven't been there for months (years?). His teddy was lying on the pillow, Barry must've put it back. I picked it up and ripped it. I yanked out the stuffing and spewed it round the room. I shredded the skin and unpicked the embroidered claws with my nails. I ripped out the glass eyes and threw them down the toilet. They won't stare at me any more. They rattled as they went down. Not like real eyes. Real eyes are made of goo and jelly. They're not eyes that I want to look at any more. I want you Tommy. Not some remembrance of you.

***extract from Janice's journal, Thursday 1 March***

Barry says I need help. He says I need more than you, diary, and him to talk to. I say I'll need more than the few days I've had off work. But I don't want a stranger. Not yet.

***extract from Janice's journal, Tuesday 27 March***

Pages and pages of it. I had no idea I could write so much in only a little more than a month. You were right, Jo, when you said that anyone could write. Funny that I didn't throw this book away when I was so angry.

Most of it's rubbish though, some of it unreadable. Funny though to think of the way it led me to see things differently—just writing them down as they came to me—in their red hot heat.

***extract from Janice's journal, Monday 2 April***

At least I'm an aunt. Sally and Kate were so pleased to see me, I hope it wasn't just the sweets I took and stories I read. Perhaps there isn't enough time for cuddles and trips to the swing and bedtime reading—now the new baby's on the way and everything to be thought of and done. I can't think why I haven't been there more often. Yes I can. I know exactly why I haven't wanted to see my sister so cosy and happy with her babies. I'm glad I went now though.

***extract from Janice's journal, Friday 9 November***

Barry's agreed! Sally and Kate here for a whole week! I can't wait! Oh dear what'll they want for their breakfast? What can I do to make it different yet homelike here? I do hope they'll be happy with us, but I'm not sure I know what children like best, any more.

They might cry for their mum, especially at bedtime. I won't be the right person for that special time. I never will be that just right everyday yet special person for a little one again. How painful will it be remembering Tommy as I button up their coats? Perhaps I'll remember the wonderful bits of having Tommy as well.

***extract from Jo's journal, Monday 26 November***

What a blaster to get in the post.

I never thought Janice would get in touch, let alone send me her writing. When I started *my* journal entries about that session, I never thought she'd let me know what happened to her and all that grief. I'm so glad and grateful that she's let me in, wanted to share it all with me in this way.

I wonder if she's knitted Sally and Kate bobble hats, like she did for little Tommy?



them up. They argue that mines are crucial in channelling enemy troops and are an irreplaceable early warning against enemy approaches. There are an estimated 110 million landmines in the ground in 64 countries. The Clinton administration will soon decide whether to join a bold new Canadian-led initiative to ban antipersonnel landmines, or to back a second track through the Conference on Disarmament (CD), a famously slow international body that will probably take years to reach even the narrowest of agreements.

The Clinton administration is split on the subject. Some members of the diplomatic corps in the State Department favour lending US prestige to the Canadian effort, known as the Ottawa Conference. It is likely that the conference, which intends to have a legally-binding international treaty as early as December, 1997, will not be signed by China and Russia. But it is likely, too, that they will win support from the states mentioned above that have the biggest, immediate problems.

Supporters of the Ottawa Conference hope to establish a moral standard that other non-signing countries might feel compelled to meet also. A first working session is set for February in Vienna. If Washington bows out the pressure will be off other ditherers—such as the UK and France—to participate. If it were to join, then all other

naysayers might feel compelled to do the same.

The National Security Council and the Pentagon are said to favour the CD, in part because the group works on a consensus, which means the United States would not have to commit to anything unless members China and Russia went along too. That kind of tit-for-tat thinking has defined US arms control and military strategy for decades.

For example, both Iraq and the allied coalition forces that defeated Saddam Hussein helped to turn a large swathe of Kuwait into a bed of exploding nails during the Gulf war. Donovan's anxiety-provoking account of how one US firm is clearing them is evidence that landmines are not a cheap weapon. It will cost Kuwait \$1 billion just to sanitise the sand.

In his book Donovan also visits the bone fields of Stalingrad (now Volgograd) where the defeated Germans left thousands of dead or dying soldiers; the Nevada Test Site where atomic weapons were detonated, Vietnam (an unfocused chapter except when he visits recent victims of landmines); Kuwait, and the US Army's chemical weapons incinerator in Tooele County, Utah. The chapters on Europe and Russia read as a look into the future, to places where the wars have not yet been fought and the earth has not yet been littered with the mines

and the bones of combatants. "Look hard, and tell me: What do you see?" Russian guide Valery Shtrykov asks Donovan as he escorts him onto the Stalingrad battlefields. "I squint into the untracked snow, and slowly . . . as my eyes grow accustomed to the glare . . . the blanket I once thought was perfectly flat assumes subtle relief. Sticking from the snow in any direction are bones. Between the furrows, femurs jut into the air, ribs and hips and ulnas and shoulder blades poke from the snow, too. As we begin into it, crusted snow again crunching, beneath our boots, thick thigh bones and narrow clavicles are everywhere . . ."

These are farmers' fields now. "How do they plow this?" I ask Shtrykov. 'It's not too bad plowing here', he says. 'The farmer's plowshares break up the bones. Still, in this field and some of the others around here, there are times when a farmer comes to a place where the skeletons are simply too numerous.' Shtrykov shrugs. 'When the bodies clog his plow,' he says, 'the farmer will usually get down off his tractor and pile the bones at a corner of the field. I will show you such a pile'."

*Dana Priest*  
*The Washington Post*,  
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## No thank you

She didn't feel so cold  
when she was plump  
and old men used to pinch her cheek;  
workmen always whistled at her,  
and everyone said how happy she must be  
having such eyes,  
hair, thighs, breasts... .

No-one loves her still.  
But at least they look the other way  
now her teeth are too big,  
and her blue skin  
a corset  
over cheekbones.

She doesn't love her either:  
so stuffed full,  
gorged on self  
she wants to spit her out;  
always—that sick taste  
of self.

*Gillie Bolton*  
Northern General Hospital, Sheffield, UK



**Afternoon**  
*Darren Harris*

## A log fire warms you twice

Hack, grunt  
and again—  
hatchet man,  
family man;

tin man,  
toy man,  
man machine;

spring's wound,  
once again  
ratchet jerks  
clickety-click  
clickety-click:

log pile grows  
sawdust heaps  
eyes down,  
back bent;  
don't ask why,  
worker man

warming your family  
like father before you  
you're screwed  
to a groove  
on a cam-shaft  
daddy man

tickety-tack  
tickety-tack

mother inside  
looks through the window,  
nods in approval  
at each chopper blow.

Gillie Bolton  
Northern General Hospital  
Sheffield, UK



Haus aus dem Meer

Claudia Böse

## A global approach to ambulatory surgery



### **Ambulatory Anesthesia and Surgery**

*Edited by P White. London: WB Saunders. 1997. Pp 918.  
£90. ISBN 0-70-201-799-X.*

**A**mbulatory Anesthesia and Surgery has everything you would want to know about ambulatory surgery. It should be considered the encyclopaedia of this increasingly important subject, and it will serve as the standard reference for some time to come. It presents a global viewpoint and is the first major anaesthesia text, to my knowledge, to give a worldwide view of practice. This is important as the medical world becomes a village; we have many lessons to learn from each other.

In addition to standard anaesthesia topics, such as patient preoperative evaluation and pharmacology, there are sections on the organisation and management of ambulatory anaesthesia units, on medical economics and legal issues, and on the international context. Major areas of the world are included, from the top of the globe (Scandinavia) to the southern hemisphere (Australia). A theme running throughout is the many changes taking place in health care, and the role of economics as the driving force of these changes and how we practice is properly emphasised. The text ends with a chapter illustrating some controversial issues in ambulatory surgery, discussed in the

problem-based learning approach. This interesting section described seven cases, and is a chapter that might be expanded in the next edition.

Each of the eight sections has its own editor, who are all current leaders in ambulatory surgery. Most editors are from the USA, but two are from the UK, and one is Finnish. Because of this structure, there is some repetition. But this is useful in a book this size. Few would choose to read it from cover-to-cover. Most readers will choose to read a chapter or two at a time or to look up a particular subject. Repeating important information assures that the "pick and choose" reader will get everything he or she needs to understand a topic. The overall style and standard of writing is consistent, reflecting the "strong editorial axe" wielded by P White, an important leader in developing ambulatory surgery in the United States. The book is nicely produced on high quality paper. Every topic I looked up was included in the index.

Who should use this book? Among others, it will be useful to anyone interested in starting an ambulatory-surgery programme, to anaesthesiologists who frequently do ambulatory patients or who give

anaesthesia outside an operating suite, or for someone who might want to evaluate their own ambulatory-surgery programme against the current standards and "best practice". Non-anaesthesiologists will also find it useful. Physicians and other medical personnel are now more frequently called on to administer sedative medications to patients having diagnostic tests, such as endoscopies, in the so-called "conscious sedation" technique.

The chapter from the UK on anaesthesia outside the operating room is specifically for anaesthesiologists, but could be a useful introduction to the many hazards of sedation for non-anaesthetists who might have to give intravenous sedation for procedures. The chapter clearly and simply states the high incidence of hypoxia in patients receiving sedation, especially when two drugs are combined, and reinforces this basic tenet powerful with simple graphs. This chapter, and those on preoperative evaluation, preoperative medication, and monitoring equipment, should be required reading for non-anaesthetists educating themselves before starting to give sedation for procedures.

In summary, this is the definitive text on anaesthesia for ambulatory surgery and should find worldwide audience.

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## The sound of sirens



### Bringing out the dead

*A Martin Scorsese Picture starring Nicolas Cage. Directed by Martin Scorsese. Script writer Paul Schrader. On general release in the UK and USA.*

Is it ironic coincidence that the British release of *Bringing out the dead* should have occurred in the same month in which the BBC's *Panorama* television programme questioned the quality of care delivered by UK paramedic teams? *Panorama* focused principally on regional discrepancies in services, underlining shortfalls in drug administration, diagnostic skills, and airway management. The public reaction on learning that these emergency skills are based on a maximum of only 8-weeks of practical training has been predictably one of horror. Remarkably, Scorsese seems to have captured the mood of the moment through different eyes, with a film

whose central character is a New York paramedic, haunted by his inadequate airway skills that resulted in a patient's death.

The film is set in the early 1990s, a time before Mayor Giuliani's zero-tolerance regime and of internecine drug wars in the intense environment of New York's Hell's Kitchen. Based on the novel by ex-paramedic Joe Connelly, the emergency medical services we observe are still under the jurisdiction of the Fire Department. Internal audit, continuous training, and regulation are not feasible concepts, and many of the staff have taken sick leave.

The film's opening sequence shows an ambulance turning sharply into the

camera's path. A Van Morrison harmonica riff from the soundtrack substitutes for the note of the siren and the pulse from the roof-mounted flashing lights illuminates the driver's cab. Frank Pierce, played by Nicolas Cage, is a product of the old Catholic community in New York's West Side who works in the neighbourhood that raised him. Dealing with an increasing barrage of mutilated humanity on a nightly basis, he is now on the edge. He hasn't "saved" anyone in weeks and his hands that "once moved with . . . speed and skill" now only bring in corpses. A 56-h shift kicks off with a cardiac arrest, and the victim is taken to the Emergency Room at Our Lady of Perpetual Mercy, the local public hospital known locally as the Lady of Misery. Here a policeman with permanently affixed sunglasses brutally maintains security, a school-matronly triage nurse berates new patients, and a cynical ER resident tells Pierce about "Red death", the cocktail of heroin and aminoacids currently hitting the streets. And here in this place of perpetual misery, Pierce also befriends Mary (Patricia Arquette), the reformed junkie daughter of the cardiac-arrest patient. She shares a common childhood background with Pierce, and the hours that follow are punctuated by meetings with her as she awaits news of her father.

Increasingly unable to deal with the reality of his job, Pierce anxiously avoids the responsibility of caring for patients "in the back of the bus", using cocktails of glucose, adrenaline, and alcohol to get through the night. He refuses to answer calls from the dispatcher (wittily played by Scorsese himself), and is haunted by the face of Rose, the asthmatic homeless Hispanic girl whom he fatally failed to intubate. Pierce suffers for everyone around him: he has become a "grief mop". What is a normal human reaction to pain and suffering has grown into a sense of personal culpability for every death he sees. His colleagues provide a stark emotional contrast. Their defence mechanisms are robust, if inappropriate, varying from John Goodman's food-obsessed materialist, through Ving Rhames' hypocritical born-again Christian, to Tom Sizemore's frank sociopath who is intent on meting out his own violent interpretation of American Justice by beating up his patients and his own ambulance. Each character is dysfunctional but has deliberately reduced personal involvement with their cases to a minimum, avoiding the emotional penalty that Pierce is paying.

Long-time collaborators Scorsese and Schrader, whose work spans *Taxi Driver* and *The Last Temptation of Christ*, blur

### "Of course haloes are out of fashion"\*

For Nigel

so you wear your hair shirt  
under the skin,

discipline that muscle bulge  
with endless exercise,  
vomit what we persuade you to eat,  
scour away the ooze and flab  
of femaleness.

You sculpt your body  
with the purity of no food,  
float above our weight  
stuck to the earth.

The heaviness of your heart,  
your thighs  
drags at you so much  
you carve it away  
hack at the sin  
of being alive  
of being you,

and keep guard  
against the devil who mocks  
if you sleep or dream.

It feels safer up there  
high on fasting.  
Out of reach.

Gillie Bolton

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\*Dannie Abse. *Selected poems*. London: Penguin, 1977: 78.

distinctions between madness and spirituality. Superficially we know Pierce is mentally unstable. In a scene reminiscent of Yossarian's dilemma in *Catch 22*, or Klinger's similar predicament in *MASH*, Pierce begs unsuccessfully for sick leave from his unit Captain. A chemically induced dream sequence shows him pulling lost patients from the ground (a clever although not entirely convincing digital effect). The dead girl's face projected onto every passerby may be interpreted as an obsession or a true haunting. The conversations Pierce has with the now sedated and ventilated cardiac-arrest patient may be auditory hallucinations or may be a real ability to communicate with the dying and the dead. But much of his anguish comes from a loss of faith, not in God but in his acquired creed of modern medicine. He mourns the loss of the elation he felt when he could save lives, the feeling "that God has passed through you, that God was you". Destructive gods feel no such euphoria, but then again neither do they burn out or require sick leave and psychotherapy.

Despite the subject, *Bringing out the dead* is a far from grim-faced movie. The same bleak comedy recognisable to all who work in medicine pervades the film, reproducing proficiently the shield of locker-room humour used by acute medical staff worldwide. The juxtaposition of hectic soundtrack with blurred double-speed photography gives a pop-video feel to the street scenes—the sight of Nic Cage's manic eyes as he drives to the sound of "Bored with the USA" by the Clash is not to be missed. Many critics have pointed to the lack of a classic dénouement in this latest addition to Scorsese's catalogue of New York. True, the psychotic blood-bath beloved of certain Scorsese fans is lacking, yet there is ultimately resolution of conflict, albeit with heavy religious symbolism in the final scenes: the closing still-life tableau bears an uncanny resemblance to a 16th-century pieta.

Where Scorsese hits the target again is in posing the larger questions behind situations of life and death. Questions of how we as individuals in close proximity to death and injury continue to cope with our own lives and why our culture still largely denies, and often perpetuates, the impact of trauma on the carer. Although these questions remain unanswered, perhaps now is the time to start asking them. After all, how do we maintain sanity and perspective when faced with daily reflections of our own mortality?

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## Paediatric concern for the abused child



### Child abuse and neglect: a clinician's handbook

Christopher J Hobbs, Helga G I Hanks, Jane MWynne. New York: Churchill Livingstone, 1999. Pp 504. \$95.00. ISBN 0443058962.

As a practicing child psychiatrist, I was delighted to have the opportunity to review *Child abuse and neglect: a clinician's handbook* which is written from a paediatric perspective. Psychiatrists and paediatricians do not usually share the same texts, nor do they share the same knowledge base. This book, however, is an exceptional basic text for clinicians of differing disciplines. Its scope is broad enough that it provides a basic fund of knowledge, upon which the different disciplines can build a separate expertise. I was particularly impressed by how well this book filled in the gaps in my knowledge and provided me with practical information.

The book starts with a theoretical and historical perspective. Child abuse is a long-standing human problem. There are no parallels in the animal kingdom for this behaviour. There is no evident survival value for human beings. It has not had such public attention until recently. Indeed, Americans had a Society for the Prevention of Cruelty to Animals before we had such a society for children. The authors comment on the appalling history of abuse of children including chimney sweeps who were kept small and thin so they could clamber up the soot clogged flues, quoting William Blake "Little black things among the snow crying weep weep in notes of woe".

The next five chapters cover: "Failure to thrive", "Physical abuse", "Burns and scalds", "Neglect", and "Emotional maltreatment". These chapters include data on abuse that we all should know. Beyond the data is a clinical wisdom. Neglect, which is often the neglected area in the abuse literature, is well covered here. Reading the chapter, I realised that the success of the Head Start Preschool Programs was seen later on, in adolescence when children, stimulated and interactively educated early on, are able to maintain some initiative in their own education and stay in school.

There are four chapters on sexual abuse which cover the clinical symptoms and physical findings very well. The colour plate section is 32 pages long and has excellent photographs and radiographs. The discussion helps those of us who have often tried to differentiate normal peer sexuality from sexual abuse. The chapter on sexual abuse of children with special needs was exceptional. The authors note that children

with hearing impairment appear to be one of the most victimised groups. Presumably this stems from the extreme vulnerability caused by a limited ability to communicate. They also put us on the alert for sexual abuse when a child presents with encopresis or with secondary enuresis that does not respond to the usual treatments.

The final chapters include such topics as "Fetal problems", "Poisonings", "Suffocation", and "Munchausen by proxy", as well as "Other forms of child abuse", "Management and treatment of abuse", and "Fatal abuse". The discussion of fetal alcohol syndrome is excellent; it even includes the amount of alcohol (8 units per day) considered to produce the syndrome.

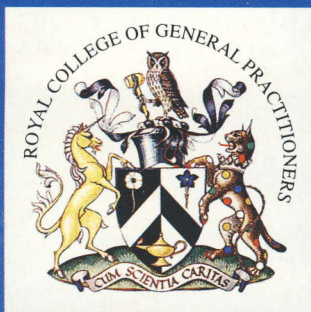
The discussion of factitious illness includes an exceptional understanding of the dynamics of the doctors who get involved in over-investigating children with Munchausen syndrome by proxy. We are usually informed only about the dynamics of the mother.

In the chapter on treatment I was glad to see a description of the abuse case with a good prognosis. This type of case usually involves only physical abuse, where parents can learn different ways to parent and to discipline their children. We see so many poor-prognosis cases that it is important to be able to recognise the families for which treatment can give good results. The discussion of cultural issues relating to abuse was also useful. In our clinic, we have found that some of our cases with the best prognosis have been children who have been physically abused by families with prominent cultural issues as well.

In summary, this book is an excellent text for any professional being trained in the child abuse area. As a suggestion for the next edition I would like to have a better description and understanding of the psychological disorders of the children who are discussed. Vulnerable children are often described as just "learning disabled" and are not given complex psychiatric diagnosis. Moreover, although there is a discussion of the psychological consequences of abuse there is little mention of post-traumatic stress disorder. This disorder is one of the most clinically significant problems that psychiatrists treat.

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# The British Journal of General Practice

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## Red Shoes

I  
'Wear these shoes,  
my love,  
and dance for your Daddy.'

She laughed then,  
clapped her hands.

II  
She wielded so many knives  
in each hand, she became a blur  
of steel, catching and sparking  
blades of light

to chop out laughter,  
singing,  
dancing  
cut by mummy's voice  
'Stop That - Now.  
'It'll end in Tears';

to ward off daddy's hand  
excited  
by her excitement.

III  
Little-girl slippers  
gnaw into woman's flesh:

'Dance to Daddy's tune, my love,  
dance.'

She knows  
the only way for a girl  
to be safe

is to slice  
her self  
from her body.

Only an axe  
at the ankle  
can remove slippers  
buckled to flesh;  
even then, her butchered feet  
in scarlet silk  
will pirouette before her  
every time she tries to laugh.

Now, though she's hobbled  
on wooden feet  
into marriage, motherhood:  
the meat cleaver's still there  
dancing,  
ready.

IV  
She watches the hammer  
jig on the anvil  
to beat that living glow  
right out of the steel:  
takes the tempered blades,

pares Daddy out of her mind,

and hurls the knives  
up and away,  
a blue brightness winking in the sun  
so she can jive -  
feel herself in heart, brain and toes;  
her skirt is a bell  
under outstretched hands,  
her laugh a banner  
of scarlet silk.

Gillie Bolton  
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## Writing – a Therapeutic Space

### Opening the box

*Gillie Bolton*

#### Safe

She drags  
darkness over her head  
and arms curled  
around knees folded to breasts  
  
the clock ticks  
but she is in the centre  
where a still nail pins the hands

Jo couldn't talk about her experiences, it hurt too much; she needed to attempt to make sense of her life on her own. Luckily she was literate enough to use a paper and pencil as her therapist, otherwise she might still be a tight ball of denial. This poem is a distillation of pages of her writing.

Jo's writing slipped between the bars she had erected around herself; her pencil wrote things she did not know, could not consciously remember from the seemingly halcyon days of her little girlhood. She wrote things, then wrote their opposite – trying and testing. At first she thought her story was something her sick mind had invented, until its intensity and clarity forced her to face the truth her pencil was telling her. The jigsaw pieces, which her blank conscious memory refused to supply, fitted together. She faced her trauma and recovered.

#### Writing as therapy – an explanation

The 'Talking Cure' is helpful for many, but others need something else as well or in its place. Personal or expressive writing can run alongside work with a therapist – keeping a daybook or journal for example. For those who find talking difficult or impossible, or those who too readily 'intellectualize', writing can be a solution. The integrity and confidentiality of the diary or journal cannot be doubted. The writers can change their minds, state seeming opposites, try things out, express the experiences of a flayed mind, without the pain or awkwardness of anyone else knowing. And writing need not be shared.

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A spoken communication can never be unsaid or unheard. Writing can be privately kept in a locked drawer, or even torn up – an important part of the process for some. Some ask – ‘Writing seems so laborious, and anyway, I was no good at English, why can’t I just think this through?’ But thought tends to go round and round, only to slip away with the ghost of a laugh, or else ungraspably merge with the next thought.

Writing *can* be an effective form of communication, when and if the writer is ready. Sharing a poem with another, or developing a dialogue, can be a vivid and dynamic process, quite different from talking.

## **Learning how to write for therapy**

‘The diary I have is therapeutic and feels like a friend that I confide in ... [but] the style and method of writing in my diary will be very different and hopefully more useful from now on. *I’ll be taking the thinking out of it!*’ was a reflection made near the end of a Writing as Therapy dayschool. The 18 group members came from many branches of the helping professions and were either counsellors, or in training. We spent the day writing as if we were clients ourselves; discussing the process; and the applicability within their very varied counselling work.

Many of the group expressed anxiety to begin with. Negative memories of school, a view that only writers/academics can write, and a natural nervousness at being exposed, all combined to create apprehension. But I’m used to this, just as I’m used to the intense excitement afterwards when course members realize what they have created and discovered. Their only way to overcome this fear is not to think or talk about writing, but to *do* it.

This was what we did. First we wrote whatever came into our heads for six minutes, to clear the brain of clutter such as traffic frustrations. This has two additional benefits – the rule is to write something, so the paper swiftly becomes no longer frighteningly blank. Also, vital fleeting ideas and images can be captured and expressed – to be considered and built on later. People must know this six-minute writing is not for sharing, unless they choose to do so. I always say: today you can’t write the wrong thing; whatever you write is of value.

I then scattered all sorts of containers between us: an egg, a sheep’s skull, a tom-tit’s nest, a police officer’s helmet, a Victorian ink bottle. Everyone had to choose something and begin to write straightaway – continuing the free-flow style. First we described the look, feel, smell, etc., of the object, then what it would be like to be *inside* it. Everyone would be invited to read a bit of this writing out, but of course there was no compulsion. About 25 minutes later the intensity of the scribbling seemed to be slackening off; hopefully anyone who wished to write more would continue in their own time.

Next we silently studied our writings. This is a vital stage as you do not always know what you have written until you read it; also intriguing connections and areas needing further exploration appear, to be marked for further attention. We each choose a part to share with the group, though many felt their material was too private. But everyone did (including me), emboldened by each other. Verna chose a big and a little seahorse:

## Some writings

Why no comforting presence, no warmth, no eyes which  
shine with love and pride,  
Only father leads the little one, who follows,  
confused, empty and alone.  
Yet go it must, for to be alone in the great ocean is to die.  
The child must follow the man longing, yearning, hoping  
for recognition, but none comes ...  
Who is here to find and hold?  
Who is there to love and comfort?  
No one emerges from the quietness, the blackness.  
There is only silence, more profound than death,  
Silence and nobody there.

Joan felt the empty coffee box would be straightforward:

Why did I pick the bright box which had held coffee? Well, I used my 'ordered' mind to realize we were going to be asked to write about it. Then, Gillie has told us not to be 'ordered' and let our thoughts and feelings rule the writing. Very difficult sat round a group of tables with thirteen other pens all scribbling at the same time!

The box is bright, descriptive and instructional, like parts of my life, the decoration is ornate but represents, for the coffee maker, something they wish to impart to everyone. Are we like that? Do we have a part of us that represents to the outside world what is acceptable and what we think it wishes to see? Yes, of course.

And what happens when I open the lid? That it's plain inside, dark grey and empty. There is a side to me that is like that. Unfulfilled dreams and hopes. How then can I expect or think that anyone can cope with death better because of my input! How clever do we think we are that we can be trained to make things better. Walking alongside is what we can do best. Having someone to walk with is so important. What about the Franks of this world who had no one and died with only the love of us to save his loneliness? Second chances. We don't get one really. Life is like the box, looks bright, descriptive and has instructions, take it off the shelf and claim it as yours, and the brightness will dull and the instructions fade if not preserved and loved ...

After reading this Joan felt amazed, shocked even: 'I didn't even realize I'd written about Frank (a patient) until I read it back.' She'd thought this death had been thoroughly dealt with at the funeral and in supervision. She enjoyed writing, despite her emotion on reading it out.

Sue too had written and written breathlessly, only to realize how vital it was on reading it back. She wrote in her summative evaluation: 'I was shocked by the impact the exercises had on me. There are a number of issues I realize I have not dealt with as well as I'd thought.'

Unlike many of the others, Doreen's writing brought only happy memories – suggested by a tiny lidded basket:

When I was seven or eight I had the most beautiful Christmas present. It was a basket-work sewing box – with a lid. Perfectly round, the basket weave could be followed round to a point in the middle of the base and a point in the middle of the lid. My mother had lined it with white taffeta. The basket had a wonderful smell, and half the joy of it was burying my head in its soft interior and savouring this smell ...

From time to time the pins fell out – a tangled mass upon the floor. Then we fetched the magnet and created a stream of shiny, shimmering connected pins, stuck even more closely together than they were before ...

Everyone gave a part of themselves when they read. One expressed what we probably all felt: ‘It’s been a privilege.’ The remainder of the day was spent discussing the uses of writing within counselling or therapy.

## **Writing myself?**

The benefits of this kind of writing are clear. Yet it seems to be an indulgence for the therapists/counsellors themselves. Writing in an attractive folder or book with a special pen or pencil is facilitative, but – can we allow ourselves? When? Someone might *need* us just as we’ve settled.

The best time and place might be away from telephone, family and clients. Amazing things can happen at a time of low barriers such as the very early morning, or in an unusual place. But we must feel safe enough: bed alone in the private middle of the night might be perfect. And then – how do I begin to cover this blank paper? Many many writers, even the most successful, suffer from this. Yet another cup of coffee is needed first, this letter must be replied to, I’m not really ready to write yet. All these prevent us from setting out on this explorative, possibly dangerous journey. But – you need only write for six minutes in the first instance, and can always throw it away afterwards.

Once started, the initial writing must be allowed to flow – without anxieties about grammar, making sense, or subject. There may well be later stages of more structured writing, threads may emerge to be followed diligently. Follow them without a *why?* or *this is rubbish!*

## **And now for my client**

Writing can be self-therapy, as for Jo; therapist and client can collaborate; or a professional writer can work with a group, as with this dayschool. Writing can become an integral part of a therapy process, or used intensively when appropriate. The therapist can suggest tactics, or write alongside the client; or leave the client to keep a journal. This helps the client to continue therapeutic work between sessions.

Privacy is important. A student counsellor told us of a client’s mother who had read and destroyed her diary, forbidding her to write another.

Although writing as therapy is different from other approaches, there are similarities. Like art therapy it offers direct access to a client’s creativity (Milner 1950). ‘Art as therapy is a mirror that the patient makes to find his (*sic*) own self reflected’ (Simon 1992). ‘The image is ... often an external expression of some unconscious internal state which has yet to emerge into consciousness’ (Waller and Dalley 1992). Anyone can gain from this kind of writing, including professionals: ‘Writers end up writing about their obsessions. Things that hurt them; things they can’t forget; stories they carry in their bodies wanting to be released’ (Goldberg 1986).

## **Working with my clients – what about me?**

Writing can be a support for the caring professional. Focusing on work experiences (particularly ones that have caused anxiety or fulfilment) can be self-educative and releasing.

Patricia Benner (1984) advocates building on the huge body of knowledge embedded in experience in nurse training. Here is a nurse writing about the death of a patient fifteen years before:

She had felt troubled by the memory of Ashiko, that she had not done enough to help her, that 'there was still unresolved business between us when she died'. Writing about her made it clear, however, that things had been resolved, since (she now realized) they had both learned from each other: 'As I was writing, I thought, No, I really think we came to some agreement at the end.' (Landgrebe and Winter 1994)

## How to start

The dayschool discussed many different pathways for our clients: dialoguing with parts of oneself, perhaps the inner child with the parent; writing unsendable letters to mother or schoolteacher; rewriting an event with a different ending ...

- Dreams can be endlessly rewritten: relocating the 'I' in each of the characters or objects; dialoguing between characters; rewriting the ending, and so on.
- Myths, nursery rhymes or fairy stories explore facets of our everyday experience. Retelling from a novel angle (such as 'Buttons' or 'a little kid') can be powerful.
- Soap-box writing: shout your pain or rage on to the page with a thick red felt-tip pen.
- Reminiscence work is useful with the elderly and the dying, a holistic experience, helping them come to terms with difficult episodes, and re-experience happy memories. It's also a record for loved ones to keep. Many more ideas for therapeutic creative writing, and reports of practice can be found in Birren and Deutchman (1991), Bolton (1999 a, b, c) and Bolton et al. (2000). We heard about a beautiful book created for her daughter by one hospice patient. At a previous workshop we'd heard about birth mothers writing letters to their children about to be adopted: a difficult and heartwrenching task.

Then we turned to some of the many ways to actually start writing. Shells can, like containers, lead to thoughts of safety or enclosedness, or of holiday memories. Clients' precious mementoes or old photographs, buttons or plastic animals to sort and arrange, well-known tunes or playground games can all be triggers. Key words (such as stockpot, burrow, apple) introduce free association.

*'I like the idea of lists,' a hospice worker said, 'I shall use this with bereaved relatives – asking them to write positive and negative feelings.'* Or: things that make me feel squirmy and uncomfortable/warm and happy/rage. (Morris 1971)

Listing can deal with *should I?* or *should I not?* dilemmas, pros and cons being listed separately, possibly in different colours. These then can be re-ordered and weighted with numbers from one to ten. The answer is now there in front of your client – but don't be surprised if she chooses the opposite one! The answer is not as important as the process of examining and weighing.

The *spider* is a dynamic form of listing. The initial problem word goes in the middle – *writing block*, for example. Everything relating to this theme clusters around according to their relationship to each other. *Lack of time/no space in the house*, and *Miss Jones/spelling* might be two clusterings.

## Final word

The group were astonished writing had offered such accurate expression; they'd felt able to share it and even shed tears; the group had offered support and interest and even 'gave me permission to be human'.

The writing itself, moreover, had been so enjoyable! The reading aloud had brought the shock of the content.

Writing does seem to offer a direct path to an inner voice, bypassing some blocks and shutting up that inner critic. An intense therapeutic journal-writing method has been developed in America (Progoff 1975). 'Slowly the argument about the healing power of the arts has begun to be considered more widely' (Senior and Croall 1993). Writers-in-residence are being employed in hospices, hospitals, old people's homes, prisons, doctor's surgeries and schools (Alexander 1990; Hague and Barnett 1991; Corner 1992; Senior and Croall 1993).

The urge or need to create is strong in us all. It doesn't have to be perfect but it is our own. Joan, the coffee box writer, said:

As a carer you have to give 80–90 per cent of yourself. So you have to protect that last part of you, keep that bit back.

But that didn't happen with the writing. And then when I started reading that back I thought 'hell, did I write that? Oh yes I see, oh gosh that's interesting.' What happens when I open the lid, and then off I went ...

When you said ten minutes I thought ten! Give me two! But by the end of the 25 minutes I wanted longer. It isn't until you actually do it that you realize what it costs the writer. You realize counselling's deep and important and might think writing's easy and cosy, but it's not! Did I write that? Was that really me? When you sit and role-play in the training you can pick something safe, but you can't with the writing. I suppose it's because you're not listening to yourself as you write.

Writing takes you out of control. It should be trained for like the counselling.

Opening the box – it's like a jack-in-a-box, isn't it?

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### Discussion issues

- 1 Creative writing can be a useful tool for any therapist or counsellor to use.
- 2 There are a very large number of ways writing can be used with a client.
- 3 Writing can help a client be more independent in therapeutic work.
- 4 Writing can be a confidence-building and enjoyable creative process.

1990.<sup>9</sup> And it is of very high affinity, making it active in the ng/mL range, exactly as requested by McLachlan and Rapoport. The remaining criteria—that the monoclonal should be inactive after preadsorption with the TSH receptor but active after fine purification, and that expression of recombinant protein derived from the heavy-chain and light-chain genes should also produce a thyroid-stimulating immunoglobulin—have not been addressed in the current report, but seem likely to be met.

So is the final proof of the existence of thyroid-stimulating immunoglobulin after a journey of 47 years of anything more than academic interest? Almost certainly the answer is yes. First, it might lead to a new generation of assays for thyroid-stimulating immunoglobulin in which competition for labelled TSH is replaced by competition for specific monoclonal antibodies.<sup>10</sup> If a sensitive assay can be developed, it should have close to 100% specificity for Graves' disease and replace all other antibody tests, such as antithyroid peroxidase and antithyroglobulin, in this condition. Second, it should finally allow us to understand how such antibodies, even in the monomeric Fab form, can activate the TSH receptor. Such understanding of the biology of glycoprotein-hormone receptors may lead to new small-molecule agonists and antagonists not only for thyroid disease but also for hypogonadism and infertility (via the closely related receptors for luteinising and follicle-stimulating hormones). And it may prove possible to clone a potent human TSH-receptor-blocking antibody which might provide a rapid initial treatment for thyrotoxicosis. Third, the finding may lead to a better understanding of the pathogenesis of Graves' disease. How is it that the spontaneous development of such agonist antibodies, unique in autoimmune diseases, occurs so frequently (almost 1 in 100 of the population)? Does the agonist activity itself, once it appears, promote autoimmunity in a positive feedback loop? Most intriguingly, cloning of agonist TSH-receptor autoantibodies might reveal antibodies that contribute to thyroid eye-disease, the most mysterious manifestation of Graves' disease, and perhaps lead to inhibitors for these antibodies. And finally, agonist antibodies may prove a useful therapeutic agent in their own right, such as to enhance iodine-131 uptake in thyroid cancers. Many of the holy grails of biological science, from the structure of DNA to the nature of the T-cell antigen receptor, have been found. Thankfully, once in hand, they change into pointers to the many more waiting to be discovered.

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## Medicine, the arts, and the humanities

"Knowledge is limited. Imagination encircles the world"

Albert Einstein<sup>1</sup>

Medical and scientific developments and innovations, with their attendant social and ethical consequences, rely on a multidisciplinary involvement of science and humanities. The practice of medicine furthermore involves knowledge and skills based on education and experience in both. The arts and humanities can also contribute ways of reconceptualising medicine itself. Stephen Pattison<sup>2</sup> and Robin Downie<sup>3</sup> recently discussed what medical humanities is, what it might and might not be able to do, and what they hope it will not do. "Medicine and health . . . are human concerns in the widest sense", according to Pattison. Study of the humanities may not be able to make clinicians more humane, says Downie, but it can foster a depth of human and humane understanding, knowledge, and experience.

Arts and humanities approaches are intrinsic to society's understanding of medicine. Bodies, minds, emotions, and relationships are explored and expressed through the arts and humanities as well as science; academically and intellectually, as well as personally. Do the sciences not also rely for their effectiveness on understanding, critical analysis, meaning, discernment, interpretation, visualisation, and creativity, all fostered by subjects traditionally considered to be based on humanities and arts?<sup>4</sup>

The humanities are reflective and disciplined inquiries that involve the recording and interpretation of the range of human experience.<sup>5</sup> The medical humanities encompass history, literature, philosophy, ethics, theology, sociology, anthropology, and possibly law. These disciplines offer a multifaceted view. They value the aesthetic as well as reason, focus on meaning as well as emotion, and explore ambiguity, uncertainty, and complexity as well as theoretical lucidity. They offer understanding through synthesis as well as analysis—all integral elements of medicine. Educationally, the medical humanities can enable and develop critical conceptualisation and analysis of personal and professional values, and the reflexive and reflective capacities of empathy, collegiality, and teamwork. All these approaches can foster critical evaluation and effective understanding of patients' unique narratives and needs.<sup>6,7</sup>

Medical consultation is a complex communication, both verbal and physical, involving issues of risk, values, and ethics. The clinician brings tacit understandings and personal experience, as well as professional expertise and knowledge. Patients bring broken bodies or minds. But often more than the body or mind is broken: patients' understanding of themselves and the



certainty of their lives is often also disrupted and disturbed. Together, clinician and patient can co-construct a curative and healing narrative that involves medical and healthcare interventions, and mental and emotional understandings, which can help the patient constructively rebuild their life, or prepare for death.<sup>8</sup>

A recent UK Government directive states that: "The greatest challenges for society . . . are all ones in which the arts and humanities, and science and technology need each other . . . [Medical] education is about understanding and imagination, as well as training and skills".<sup>9</sup> Medical humanities is responding fast,<sup>10</sup> and all involved in the field are asked to join a dialogue of its nature and effects.<sup>11</sup>

Medical practitioners work with people through the biggest dramas of life: birth, death, disablement, and life-altering disease. Such work also brings anxiety, harassment, frustration, and disillusionment. Some of these intimate and privileged encounters inevitably include extraordinary comedy as well as tragedy. The treatment and care of ill and often distressed people constantly confronts practitioners with fundamental questions about the meaning and sanctity of life and the problem of suffering. A sound grounding in the arts and humanities can enable an effectively critical, humane, and ethical response.<sup>12</sup>

For the medical humanities to continue to be of real use, they need to retain an intrinsic value, and not become "instrumental technologies"<sup>2</sup> (as a mere means to promoting, for example, communication skills). An interdisciplinary breadth, inclusivity, vigour, and spirit of intellectual inquiry is needed. Pattison<sup>2</sup> and Downie<sup>3</sup> also caution against pitfalls into which medical ethics has fallen: "routinisation, exclusivism, narrowing, specialisation, and professionalisation",<sup>2</sup> which could result in the elimination of "radically different approaches to the big questions and issues of life".<sup>2</sup> Medical humanities, like all other disciplines, is rooted in imaginative inquiry.

A dynamic communication between humanities, arts, and science can offer a challenge to medicine, as well as to the humanities. Developmental change is neither comfortable nor easy. Medical humanities, with the richness it has to offer practice as well as academic and intellectual pursuit and education, could support a rounded development of medicine, able to respond with cutting-edge research, as well as to human needs—social, ethical and scientific.

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## Ombudsman's seventh report

Four complaints were referred directly to the ombudsman in the past 12 months. One, relating to one individual's allocation of travel funds by *The Lancet*, fell outside the ombudsman's remit.<sup>1</sup> The other three cases are summarised in the panel.

### Complaints July, 2002, to June, 2003

#### Case 1

Author of rejected letter alleged bias and possible lack of integrity on the part of the journal. No deficiencies identified in editorial process. Editorial decisions are not open to the ombudsman's scrutiny. Rejected.

#### Case 2

Delay of 17 months between receipt of manuscript and final editorial decision. Major defects found in editorial process consequent on prolonged absence of member of editorial staff through sickness and failure of manuscript-tracking system in the office. Failure partly mitigated by misdirection of some correspondence by authors and the journal's difficulty in finding appropriate external reviewers. Measures taken to ensure that similar gross failures do not occur again. Upheld.

#### Case 3

Delay of 4 months between submission of manuscript to *The Lancet Oncology* and editorial response, requesting revision. Revised manuscript rejected. Editorial processing confirmed to be slow, but problems encountered in finding external assessors prepared to review text. Initial editorial opinion eventually based on one external opinion and detailed inhouse assessment; judged to be sensible compromise. Subsequent editorial decision to reject revised version falls outside ombudsman's remit. Rejected.

The ombudsman's last report<sup>2</sup> noted *The Lancet's* protracted handling of letters responding to previous published papers. The editorial process has now been shortened.<sup>3</sup>

Richard Carter

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- 1 Horton R. *The Lancet's* ombudsman. *Lancet* 1996; **348**: 6.
- 2 Carter R. Ombudsman's sixth report. *Lancet* 2002; **360**: 272.
- 3 Mullan Z. *Lancet* correspondence: old letters, new rules. *Lancet* 2003; **361**: 12.

Gillie Bolton

2003

‘Around the slices of herself’

In Kim Etherington (editor)

*Transformations: Healing the Wounds of Childhood  
Trauma*

Jessica Kingsley Publishers  
London

healing. She was very much a teacher to me and gave me confidence that my spirit was sound and that my energy skills were strong. She encouraged my Taoist lifestyle and my devotion to it. We were acquainted for two years. I recall occasions, shopping, for example, when her shoulders would sag more than usual. The side effects of her mastectomy were telling and seeing her laboured posture reminded me of what I had felt when I also stooped like that. We had much in common.

Vera contrived to have our wedding on my forty-ninth birthday in 1995, at her bedside, three days earlier than we planned. She died 17 days after that. During breaks from her deathbed vigil, I performed Tai Chi in the gardens below her window, sending energy and good wishes up to her. As my only personal bereavement, I finally have in Vera 'my someone special' who I can go to after this lifetime. Those who have their own families of birth or marriage, or who are parents, siblings or someone's child, may not understand the significance of this 'presence'. I have none of those and I choose to be none of those.

I would like to believe that our next life would be with truly loving families surrounding us and without illnesses and disadvantages. But as a simple Taoist I don't pretend to know. It's just wonderful for me, whose relationships have been painful ones and whose condition had been weak and meek, to have gained healing through Taoism, England and Vera – all in this one lifetime.

# Around the Slices of Herself

*Gillie Bolton*

*Safe  
she drags  
darkness over her head  
and arms curled  
around knees folded to breasts  
  
the clock ticks  
but she is in the centre  
where a still nail pins the hands.*

Bolton (1991)

How do you write a story like this? I am bound by social rules which instruct me not to tell, that this should not even be whispered within the family. I carry the belief that my suffering is my own fault. Psychological wisdom preaches that the child is the innocent victim and not the wicked perpetrator of the crime. But that's theory, not me. But I will try; I will try and tell you what I can.

But the story cannot be told straight. As Emily Dickinson (1970) said, it has to be told slant. I will tell it using the medium in which it presented itself to me: poetry. Poetic diary writing is an effective route to self-understanding as it uses images, metaphors and the voices of others, just as psychotherapy does. The girl in the poem *Safe*, does not know she is in a catatonic, foetal position, or why. She senses the world whirling dangerously and retreats from it. The image of the hands of a clock compulsively moving around a holding stationary nail is important.

Poetic voices and images are explorations. They are a way of trying things out, rather than expressing literal truth. The poems in this chapter were all part of my own therapeutic journey using writing for dealing with

my own incest-related psychological and physical problems. As an adult I could never trust a person enough to explore this horror, so psychotherapy was not very useful. But the page is a silent, accepting recipient. It holds secrets trustworthily until I, as writer, could bear to become reader and develop the understanding of those secrets further.

Now a senior research fellow at Kings College London, I am researching the power of therapeutic writing. For the last 20 years my work has centred on this, as well as expressive and explorative writing for reflective practice in medicine and healthcare. I reckoned that if this kind of writing could enable me fruitfully to explore seemingly impossible areas, then it could also work for others. I began training as a psychotherapist, but decided to concentrate my energy on the research. I trained as a counsellor with Cruse for the Bereaved.

## Voices from cultural heritage

Twenty or so years ago, I came to understandings through allowing the different voices within me to express themselves. There are so many abused girls in history, literature and folk-lore, such as Ygraine, Gretel, Cordelia. They clamoured to tell their stories to help me understand mine. They offered their voices and I accepted gladly because I did not understand what had happened to me. As I explored my story, it helped that I didn't have to tell my own experiences directly, even to a safe piece of paper.

*This is the story of Susannah and Leda  
of Elizabeth I, Ygraine,  
Cordelia, and Freya, of Gretel,  
Mary and Tracy.*

*To begin – a little girl  
little more than a baby*

### ***Little Red Riding Hood and the Wolf***

*I hold up my chin  
As Mum fastens the buttons  
and ties up the hood of my red shiny mac.*

*'Tell Granny we love her  
and give her these cakes and these flowers.  
But beware, in the woods.'*

*Red is the light of the day on my head  
through my crimson umbrella:  
a shield from the footsteps of rain.*

*Daddy holds out his hand  
and I take it – the path is all  
Slippy and sloshy with wet.*

*The quicksilver bole of the beech  
is the pole of a tent and the pattern of leaves  
on the grey of the sky is a roof.*

*I am cold, my legs bare. But I do as I'm told  
In the wet and the rustle  
and the grunt of the whispers of the wood.*

*Granny caresses my cheek and my hair:  
'You look pale dear; your lip trembles  
and oh, your hand shakes.*

*'The wind in the trees should bring  
roses of joy to your skin,  
when you walk with your daddy.*

*'You're safe with your daddy,  
he's so big and so strong with such a sharp axe,  
and he loves you so much.'*

Bolton (1991, 1997b)

Little Red Riding Hood told her tale, as did the daughters of Lot. I took comfort from the sense of the universality of this story: that Elizabeth I, Freya and Mary the child next-door-but-one could have told it.

***Two daughters which have not known man.***  
(from the story of Lot, Genesis 19.8)

*You took the easy way out, Mother  
drowning in your weeping,  
theatrically crystallising yourself  
in the salt of your tears.  
You can stand there forever  
looking towards home.*

*We had to carry on.  
We have to think of the future.*

*It'll be forgotten that you lowered your eyes  
when Father offered us to the Sodomite mob.  
It was no thanks to you  
we weren't raped.*

*And we're here in the cold and dark.  
No home but this cave, no company but each other  
and Father.*

*What's the good to us now  
of your spotless floors, and the glass from Tyre  
reflecting the light in blue pools?*

*He sits scowling at the fire.*

*He won't speak.*

*He drinks his wine.*

*He'll sleep and snore.*

*Now we're here and you're not.*

*Would you've been proud of your girls,  
our bellies swollen with our own  
half-brothers?*

*They will grow and leave –  
despising their patrimony, their mothers.*

*The only jewels here, they reach for the flames.*

Bolton (1991)

The tale of Lot's daughters (they have no names) is shocking. They are only saved from their father pimping them to the rape-mad hordes of Sodom because the hordes are only interested in two beautiful male angels. God kills this wicked mob by throwing fire and brimstone and, because there are no other men, the daughters later bear their father's sons – the fruit of incest.

The above didn't start out as poems. They began as reams of wild diary notes written on A5, A1, backs of envelopes, in crimson felt tip and hard faint pencil. The writing sometimes went round in circles, or in blotches on the page, in huge capitals, or tiny script. This writing enabled me to come to understand what had happened: slowly and in a paced yet inexorable way.

## **An idyllic childhood**

My childhood had all the ingredients. Our little house was built on a notch out of my grandfather's dairy pasture on the edge of a huge beech and hornbeam forest. My paternal grandparents lived at the bottom of that field

in a Georgian farmhouse, my other grandparents about a mile away. When I was at home I had the kind of country childhood no longer experienced due to the current obsessive fear of those bogeymen: strangers.

Yet it isn't usually the stranger who molests, disturbs, rapes. It's far more often the very known person, the one within the cosy hearth and home. Such as the father. I didn't know this until I was in my late twenties.

This was post-war Britain. The family was centrally important: with its integrity and ability to build the kind of good citizens needed by Britain. Where else could a child, especially a girl, the mother of future Britain, be safely nurtured? The strength of this belief inculcated a culture of secrecy. No tales could be told out of the home. I wonder if any tales had been told, whether they would have been believed anyway: such was the need for this myth. The secrecy and the attendant sense of guilt enormously increased my trauma.

My schooldays were dogged with anxiety, fear and frail-seeming health. I went to boarding school at the age of nine in 1960; it had a progressive student-centred approach. We pupils were considered to be people with thinking minds and ability to look things up, invent and discuss.

But I was desperately homesick and sleepwalked so badly I'd wake up completely disoriented at the far end of the school and had to work out where I was, and walk back in the dark or moonlight, through the large sprawling Queen Anne mansion with classroom extensions. And I was always frightened – in the dorm, in the classroom, in the grounds with my friends. I didn't know then that this is not normal.

I was skinny, pale and always ailing – colds, flu, earaches which broke my eardrums. Looking back, I was a pain in the neck. But no one tried to find out why I was a pain. I came from an extremely respectable family. I went to an extremely respectable prep school: one of my friends was the son of the admiral, another the daughter of a sculptor whose work graces the New Tate. No one bothered that I was a far greater pain to myself than to my parents or school.

The following poem has an inevitable boarding school central image of food. I wrote it after a conference held in a building which felt like school to me. I suppose I will always have problems with events held in institutions like this, just as I still dread the end of August – the beginning of the new school year.



***Boarding School, Age Nine***

*the row of iron framed beds is dwarfed  
by many paned windows  
overlooking the terrace, lawn and lake;  
  
it's still light as we squat, dressing gowned  
where ladies once sipped tea  
on straight backed chairs;  
  
surrounded by the smell of steamed fish  
we share impossible plans of goodies to buy  
for the Midnight Feast that's always tomorrow  
  
just some fruit would do  
give me an apple and I'm home.*

Bolton (1995)

That school really was an idyll compared to the girls' public school I was then sent to. This was in the great British tradition of repression of childish individuality, flair, thoughtfulness, creativity, high spirits or any enjoyment. We were regimented from the rising bell in the morning, through lessons and sport, finishing at 6.15 with chapel, through prep all evening, until lights out. Sundays were worse. Saturdays – joy oh joy – had a few hours in the afternoon when I could do what I liked (within the rules and bounds of the school).

From the age of nine I was too old to be molested at home, so the job was given to my school. I was safe at my prep school, but at public school the molestation was all psychological and social, rather than physical or sexual. Boys suffered physical and sexual molestation at their boarding schools.

Bars were put on the windows of my dormitory because of my sleep-walking. But no one mentioned it to me at the time. No one tried to help, that is until my teens when the school doctor made the completely inexplicable (to me) suggestion that I talk to her every week. The only thing I can remember of those encounters is telling her I couldn't sleep at night because I worried about my father. I trusted her, along with my village primary school teacher, my music teacher at the prep school and my home village postmistress. That's a pathetic handful of people isn't it?

## A less than idyllic adolescence

By the time I left school – age 18 and completely ignorant of the world – I was terrified of becoming independent and going to university. I was continually afraid. I had illnesses – constantly examining my body and analysing myself looking for abnormalities. I had spells when I lost control of my body: I did not lose consciousness but had to watch helplessly from somewhere up at the ceiling while my body collapsed and had to be carried to lie down; sometimes I was in bits in different parts of the ceiling. I had periods when I thought my feet weren't reaching the ground, that I was floating. At times I thought my hands and feet were huge and the rest of me tiny. I was terrified I would get smaller and smaller until I was snuffed out like a candle flame. This last I had had since I was very young: a neurologist my mother took me to see said Lewis Carroll might have suffered from similar and so created Alice with her size and shape variations.

Once at university I saw a wonderful psychotherapist – the last of that line of amazing women I trusted through my childhood. I saw her till I was 20. Having brought me to realise that my problem was my father – but no more than that – she finished with me. If only she'd continued, might she have saved me years of anguish and symptoms and anxiety? I think perhaps she retired at that point.

I think I pulled through because once I did go to university I never looked back. I met my husband whom I married at the end of my first year. I was afraid of nearly everything and my husband bore with many of my symptoms.

### *Thirty-five Years Later*

*stroking those marks on her mouth  
with his softness*

*he licked her eyes  
as she lay rigid, hands like clubs –*

*afraid of loving, afraid  
of not loving, afraid;*

*he unwound that curl of her  
so she could be near him*

Bolton (1991)

## Writing my way into understanding

The symptoms did not go away: a problem as I had two small children. I knew I had to bring my feet firmly onto the ground and pull myself together, literally. I knew I had to give myself permission to exist – to eat properly, not to be ill. But I didn't know how to help myself; I didn't know there was anything underlying all this.

My husband said he'd have to leave me if I couldn't do something about myself. He suggested – goodness knows where he got the idea from – that I write my autobiography. I wrote the idyllic story sitting at our kitchen table in our village in the middle of nowhere where we grew all our own vegetables and kept goats and hens. I never re-read it.

Then I started again. I had discovered writing. I realised I could allow my writing hand to write whatever it wanted to write. I realised I could allow my angst onto the page, instead of making me collapse, tread air, be terrified of being in an enclosed space or amongst many people, or be unable to distinguish between my dreaming and my waking self. I realised that writing was private, that the paper would not snarl at me, frown at me, burst into tears, or be horrified. I could say what I liked, and unsay it, or say the opposite if I liked. There was always a danger in speaking to or being with a person, especially if they knew things. I trusted my husband implicitly; but there was a limit to what the poor fellow could listen to and help with. A piece of paper and a pencil were safe enough. I'd had little experience of safety.

I scribbled dream and waking dream images. I wrote anything, however mad it seemed. I wrote curled in my duvet at a corner furthest from the door; I wrote in a wood, with my back against a tree where no one would find me; I scribbled at the top of the moor and against the window of a borrowed fifteenth floor office overlooking a city.

Later I went through those chaotic diaries and transcribed and tried to make sense of the images. This was the start of the long redrafting exercise which was to become poetry writing. I defined and redefined. I refined and tried to work out how the images fitted with each other and what they could possibly mean. The images gave me odd sideways glimpses into a far from idyllic country childhood.

***Sunday Lunch***

*rat teeth gnaw  
 eyes sharpen on food  
 tail whips round  
 rat on the lawn  
 just the other side of the glass  
  
 from us, our spoons poised between mouths  
 and bowls whose rims fruitlessly await sucked  
 stones for soldier, sailor, whom will I marry  
 cherries hang in custard  
 congealing as we watch  
  
 the rat, and Daddy silently leaving the room  
 listen  
 to the protective click of the door  
 rattle  
 and fumble  
 rat body jerks  
 food falling from claws  
 and fangs  
 in the sunshine. The shot  
 echoes through me  
  
 as blood spills  
 on the rat side of the glass  
 still holding spoons we sit  
 yellow drips thick onto  
 red*

Bolton (1991)

I have a very poor recollection of my childhood, in common with many trauma sufferers. But this snapshot memory where my father shot the rat from my bedroom window while we watched from the other side of the french window, eating our pudding, was crystal clear. The image came to stand for a great deal.

The impetus to discover these vital images often came from other people. A poet in a writing workshop I attended suggested Little Red Riding Hood. She suggested writing in the voice of a fairy tale or nursery rhyme character, allowing the story to change slightly in the retelling. The shot rat image started off during a psychotherapy training lecture with the

question: 'When did you first die?' The question made no sense to me. But I was in no doubt of my answer. I still don't understand the leaps of consciousness (or lack of) which brought me to the image of the shot rat, and then to what it told me about my relationship with my father. But I don't have to understand, just be grateful for what it gave me, however painful.

## How to start writing

I might have made it sound like magic: pick up a pencil and write and write and then think about the images which emerge, redrafting and elaborating on them. But although it *is* magic – an everyday sort of magic anyone can tap into – it's really hard work. The first hard (and brave) thing I did was to allow my hand freely to write images which were usually firmly and safely held within my body.

I had to trust my writing hand. I do this, and enable others to do it, by writing for six minutes without stopping with no subject other than what is in my mind at the time. It's often utter rubbish, but that doesn't matter (there's plenty of dross with the gold in writing). Sometimes the images begin then. Then I introduce a loose open subject such as: I imagine that an object, which was important to me some time in my life, is held in my cupped hand (such as my spoon holding cherries and custard when I was little). Then I write and write (anything between ten minutes and ten hours). But I stop if I think I am becoming self-conscious and thinking about my writing. The writing must come first and the thinking later.

Then, later, I revisit that sometimes joyful but sometimes very uncomfortable place. I need to re-experience those images, reconstruct them and force them into greater and greater clarity. It's a bit like blowing up a chosen image on a photographic negative; a point is reached where the image gets blurrier. I have to know when to stop obsessively working at an image and move on to the next one.

A neighbouring garden had a toy windmill: a little wooden man had endlessly and jerkily to dig when the wind blew. This seemed to me like the way we can dance like puppets to cultural or familial pressures. I thought of the way my own problems perhaps had a basis with my grandparents, and perhaps further back. The rhythm seemed also to stand for that insistent force.

*A Log Fire Warms You Twice*

*Hack, grunt,*  
*and again –*  
*hatchet man,*  
*family man;*  
  
*tin man,*  
*toy man,*  
*man machine;*  
  
*spring's wound,*  
*once again*  
*ratchet jerks*  
*clickety-click*  
*clickety-click:*  
  
*log pile grows*  
*sawdust heaps*  
*eyes down,*  
*back bent;*  
*don't ask why,*  
*worker man*  
  
*warming your family*  
*like father before you,*  
*you're screwed*  
*to a groove*  
*on a cam-shaft,*  
*daddy man*  
  
*tickety-tack*  
*tickety-tack*  
*mother inside*  
*looks through the window,*  
*nods in approval*  
*at each chopper blow.*

Bolton (1997a)

Help from another, while using writing in this way, can be sanity saving – at the right time. My husband held me through thick and thin and I've had good friends, but I did also accept occasional psychotherapeutic help. There was that brief undergraduate period with my Cambridge psychotherapist; then I did rebirthing and other psychotherapeutic interventions for a short

time with a lovely therapist in my thirties. He wished me to continue, but I knew I needed the confidence and privacy to go it alone with writing. There was another time in my early forties when I got to the end of my husband's and my own tether and sought help from my GP. But by the time the psychological services had spat out a community psychiatric nurse in my direction I felt able to cope and refused her efforts to persuade me I needed professional help.

This next poem started off with me musing on a teenage conundrum. I come from a family of staunch village Church of England churchgoers and had to attend chapel daily at school. Yet I refused to be confirmed, or to take communion without really knowing why. When I went to Cambridge I found the Quakers (Religious Society of Friends), who believe that every meal is communion (and that everyone has that of god in them, and is equal to everyone else – Friends have no priests or hierarchy). I knew I'd found my spiritual home.

Writing enabled me to realise that the image of eating the body and drinking the blood of a man – in Christian communion – was inextricably linked with my own oral rape. The empty stanza, indicated by square brackets below, is the child communicating in silence: she cannot speak because her mouth has been filled against her will. I apologise to readers who are communicating Christians. This poem is not meant to be offensive, but an exploration of what the image and symbol was for me.

### ***Communicant***

*come unto me, little one,  
that you may be filled  
with the waters of light*

Please Father  
I'll thank you,

*everything that you have  
is given by me, ask  
and it shall be given unto you*

I am not worthy  
so much as to gather up  
the crumbs under thy table

*eat to thy fill,  
for waste is ungratefulness.  
Thou art fortunate  
among the children of Eve  
to be My Daughter*

I only want milk  
and an apple  
*take, eat, this is my body*

please, Father  
no thank you

*that you may evermore dwell in me  
and me in you*

*now repeat after me:  
Thou that takest away the sins  
of the world  
have mercy upon us.*

Bolton (1991)

I'm sorry; these are horrid poems. Rereading them to put them in this chapter, I'm finding them horrid. But then it's a horrid subject.

## Anorexia

*Communicant* and *Sunday Lunch* might read as the poems of an anorexic, pre-figured by *Boarding School, Age Nine*. I have long been aware this is the path I did not take. I had been half-starved at boarding school, the food was so filthy; I was given malt and cod liver oil and extra milk I was so pale and skinny. At home, in a post-war farming family, food was very important.

When I first left school, I found eating very difficult. I was very fashionably thin (it was 1969, the time of Twiggy). But my husband hated and still hates pernickiness in eating and enjoyment of food is terribly important to him. I suppose that's why that symptom never developed. I am unable here to tell you the story of others. But I can tell you about my daughter's severe anorexia.

My daughter said a contributory factor was that I brought her up as a boy, because in my experience it's very dangerous to be a girl. She and her brother spent their pre- and early school years with no television in a tiny village where there were only 12 children in their school. My pre-school



daughter did not really know of the social difference between boys and girls.

Another contributory factor, which my daughter found through psychotherapy to be linked to her anorexia, was that we brought up both children to be independent and to think things through for themselves. This was partly due to my husband's educational principles, but partly due to my own desire to enable my children to create their own boundaries, to make themselves safe. Of course they were far too young to do so and had accordingly to be too responsible in an adult sort of way. She felt this 'robbed her of her childhood' because we did not create enough rules.

I felt angry and helpless that my own experience of incest, culled I am sure in turn from a previous generation by my own parents, created intense problems for my own children. The fear of this certainly fuelled my desire to work my way out of my own traumas using my writing, and the help of others when I could not manage on my own.

My daughter is pulling through after a long and tough struggle. But her anguish, that of others, and my memories of my own, led me to explore them in writing. I formally interviewed my daughter to enable me to write the following poem. The process brought us very close to each other. She also said it helped her greatly in understanding and respecting aspects of herself.

***'Of course haloes are out of fashion'*** (Abse 1977)

*so you wear your hair shirt  
under the skin,*

*discipline that muscle bulge  
with endless exercise,  
vomit what we persuade you to eat,  
scour away the ooze and flab  
of femaleness.*

*You sculpt your body  
with the purity of no food,  
float above our weight  
stuck to the earth.*

*The heaviness of your heart,  
your thighs  
drags at you so much  
you carve it away  
hack at the sin*

*of being alive  
 of being you,  
 and keep guard  
 against the devil who mocks  
 if you sleep or dream.  
 It feels safer up there  
 high on fasting.  
 Out of reach.*

Bolton (2000)

### **My work in *Therapeutic Writing* and *Reflective Writing***

I found writing to be personally fulfilling and decided to share my discovery. I directed the creative writing programme at Northern College, Barnsley. My students were all unemployed, from South Yorkshire. The impact of writing upon their lives was huge. I became privy to many personal revelations in supervisions and classes. One lass, a fellow incest survivor I discovered, was able to deal with her obsessive need to scrub herself clean until she bled. I also remember the poetry of one of the first squaddies to enter Dachau after the war. I taught at the English department at Sheffield Hallam University. I realised I was not the only one who could be helped to understanding and acceptance through creative writing.

So I turned to developing expressive and explorative creative writing as a form of therapy and as reflective writing for professional development in medicine and healthcare. I train psychotherapists and counsellors, doctors and nurses, psychiatrists and social workers to use therapeutic writing as part of their work (Bolton 1999a and b, 2001b). I also initiate them into how to write stories and poems about vital issues in their work, in order to understand better and develop their practice (Bolton 1999a and b, 2001a; Bolton *et al.* 2003; Bolton, Gelipter and Nelson 2000).

### **Endnote**

There was still a long way to go. I wrote a further two sequences, and a novel about a woman who murdered seven men. These increased my clarity and strength. I spoke to my parents, confronted them with what they had done to me. This led to a great deal of upset, family disagreement and estrangement, and to my thinking I might cut myself off. But I felt my young children wanted and needed their relations. Eventually I was able to tell my

parents that I forgave them for everything. I knew I had hurt my own children by being so hurt myself; it had to end somewhere.

The symptoms got fewer and fewer. I no longer think I have terrible illnesses or float or lose contact with my body. I'm still unconfident and anxious much of the time and I don't go in lifts or willingly into supermarkets, but I'm working on all that. I'm lucky. I pulled through; I found writing, or rather it found me.

This final poem is all image, written with intensity, followed by great relief and understanding. All my life I have found the moon to be immensely powerful. I am fascinated to watch it in the night sky; but I used also to be terrified of seeing it through glass. I was also afraid of its ghostly seeming light. Having written this poem, and exorcised those memories, I now love the moon in all its phases, as well as its magical light.

As a little girl I watched the moon silently wax and wane from my bedroom window. I watched how it seemingly was sliced up, leaving a smaller and smaller segment. This seems rather like my symptom of being disintegrated in bits on the ceiling while my body lay unreachable on the ground. The moon seemed to my childish self to be fragile and alone up there in the dark sky, like an anorectic getting smaller and smaller until it might disappear altogether – rather like my own symptom of being just about to be snuffed out like a candle flame. There is in the poem a pun on *pane*/pain, and a play on the fact that the father should be the *comforter*, but yet comes to kiss goodnight as the rapist. I realised through my writing that I empathised with the moon's apparent losing of itself and its tragic seeming inability to protect itself.

### ***Sliced Moon***

*the last of the neat slices  
wavers on its tip  
falls backwards through blue-black  
  
unable to whimper  
the comforter stabs when the pane  
shatters in fragments as sharp as his knife  
  
the night without the glass  
is just as dark  
framed by the window's white sheet  
  
she cannot wrap herself around the slices of herself.*

Bolton (1991)



# *Boundaries of Humanities: Writing Medical Humanities*

GILLIE BOLTON

## ABSTRACT

Literature and medicine is a discipline within medical humanities, which challenges medicine to reconfigure its scientific model to become interdisciplinary, and be disciplined by arts and humanities as well as science. The psychological, emotional, spiritual and physical are inextricably linked in people, inevitably entailing provisionality, disturbance and lack of certainty; lack of closure and therefore of control. Arts and humanities approaches can foster significant interpretive enquiry into illness, disability, suffering, and care. Reflective expressive writing, undertaken and engaged with critically, and particularly when explorative of narrative and metaphor, can enable professionally developmental enquiry into values, ethics, identity and responsibilities. This article offers examples of reflexivity, reflection, and disciplined questioning of the narrative and perspectival nature of medical and healthcare clinicians' experience. Creative writing is a focus, as art can observe and connect from unconventional angles.

**KEYWORDS** *literature and medicine, medical humanities, metaphor, narrative, reflective writing, uncertainty*

I'm not sure I can tell the truth . . . I can only tell what I know.

(A Cree hunter, cited in Clifford, 1986a: 8)

The function of the writer is to act in such a way that nobody can be ignorant of the world, and that nobody may say that he is innocent of what it's all about.

(Sartre, 1950 [1948]: 14)

## INTRODUCTION

WRITING STORIES, POETRY AND DRAMA about medical and health-care practice can foster critical reflection upon experience, roles, values and knowledge, towards professional development. Perceiving, recording and

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discussing life as narrative is a natural human mode, as is the understanding of abstract social, cultural and psychological forms and structures. This article focuses on the role of writing narrative and fiction (for an equivalent examination of metaphor see Bolton, 2005). Writing and discussing literature are elements of medical humanities that challenge medicine to become interdisciplinary, with aesthetic and humanities-based enquiry alongside the scientific: 'to reassess the value and values of its higher education, and the various pedagogic modes that deliver it' (Chambers et al., 2006: 5). Medical and healthcare practice, education and research primarily concern individual people, each of whom, made up of inextricably linked psychological, emotional, spiritual and physical elements, is also inevitably impinged upon by cultural and social forces.

Since 'medicine and health . . . are human concerns in the widest sense' (Pattison, 2003: 34), in order to foster full understanding, medicine needs to be disciplined by the Humanities, the Arts and the Sciences. The Humanities strive to make sense of the human condition's seemingly unmanageable complexity. So the medical humanities are concerned with the human experience of sickness, health, disease, medicine and healthcare (Arnott et al., 2001). For example: the study of history gives perspective to contemporary medicine; philosophy facilitates tussles with medical ethics; literature enables insight into how people think, feel and function in society and culture, how they relate in sickness and health. Study of the humanities cannot make clinicians more humane (Downie, 2003), but it can foster a depth of human and humane understanding, knowledge and experience (Charon, 2001, 2006). The Humanities and Arts offer complex, explanatory and experiential frameworks for grappling with medical and health issues involving uncertainty and provisionality – issues untouchable by randomized control trials, the 'gold standard' of medical research. For instance, Clare Connolly, a family doctor (GP) said:

Sometimes I begin to sense that what I read expresses a dilemma or difficulty I have wrestled with in my working life as a doctor. That it expresses the nuance and complexity more accurately than can ever be detailed in a list of skills or how those skills can be learned and tested. In *Regeneration* by Pat Barker, perhaps it is the layers of doubt; the exploration of unfounded psychological techniques with very distressed individuals and the essential loneliness within the intimacy of the consultation which speaks most clearly to me as a modern physician. (Connolly, 2002: 97)

Literature and medicine, particularly creative writing, can value the aesthetic as well as reason, focus on meaning as well as emotion, explore ambiguity, uncertainty and complexity as well as strive for theoretical lucidity; it can offer understanding through synthesis as well as analysis. It can foster critical evaluation and effective understanding of patients' unique narratives.

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Professionals can enquire into actions, thoughts, feelings, beliefs, values and identity in professional, cultural and political contexts. Sartre (1950 [1948]) clearly places responsibility on writers not only to observe closely but to communicate vital truths about culture and society in order to effect change and development. Narrative and poetic writing can also be a straightforward, enjoyable enquiry into practice and its underpinning values. 'Medicine is wrapped in written words' (Hutt, 2006: 84):

The art of medicine is a literary art. It requires of the practitioner the ability to listen in a particular way, to empathise and also to imagine – to try to feel what it must be like to be that other person lying in the sickbed, or sitting across the desk from you; to understand the storyteller, as well as the story. (Helman, 2006: 1)

Writing, often initially a shock to medical and healthcare practitioners, brings them face to face with themselves, patients and colleagues. Professionals, hitherto used to pragmatic ways of working, have said things such as: 'I like poetry because I can't make it do what I want. It has to do what it wants'; 'Things come out because the story lets them out'; 'This writing enabled me to find what I had never lost but didn't know was there'. Specific writing techniques can circumvent habitual day-to-day narratives and metaphors, enabling perception from a range of perspectives, artistically and critically enhanced. Clinician-writers use artistic methods to question from outside their everyday walls, rather than aiming to create art. Reflective writers experiment with different voices and genres, for different audiences, paying attention to the identities of both narrator and reader. Writing exploratively and expressively can take practitioners up to and beyond their habitual boundaries, overcoming previously perceived barriers to perception and understanding. Clinicians can begin to leave at the border professional assumptions, such as clinical detachment or the inadvisability of sharing significant doubts and disasters with colleagues. Such critical enquiry is at the heart of medical humanities.

## STORIES OF PRACTICE

Writers learn about narrative, perspective, character and chronology, how place affects actions and events; they learn how to observe vital details and subtle nuances of behaviour and situations. Clinician-writers observe details missed by good observant clinicians (see Charon, 2004). They might observe a patient walking into clinic, and later capture on paper how he holds himself, breathes and moves, his characteristic gestures and sayings. They might consider what he reminds them of: cat?; river in spate?; locked filing cabinet?

Writers have unparalleled privileges of entry into the lives of others. Entering (virtually) another's feelings, thinking, perceptions and memories can

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offer insight (as Munno demonstrates in the quotation that follows shortly). Clinician-writers might write the conversation a patient had with her husband after the consultation, and how it affected her thinking and actions. Some artistic methods may be used, such as not planning ahead but writing free of the 'mental policeman', tapping tacit understanding. It doesn't matter that the patient perhaps had a totally different response from the one written about. What matters is the understanding and insight gained. The writer can then share the writing reflectively, confidentially in a carefully facilitated forum with trusted colleagues, and perhaps rewrite with the fresh insight gained. Reading and discussing colleagues' writing can enhance understanding about the different perspectives from which clinicians unwittingly work.

Clinical accuracy of perception (Mattingley, 2000) and interpretations about patients (Garro and Mattingley, 2000) are not jeopardized or distorted because the writing's purpose is critically to explore and express clinicians' understanding and perception. The perspectival nature of perception is brought to the forefront of attention; feelings, ideas and thoughts may be interrogated and come to be trusted. Poet and surgeon Jack Coulehan (1997: 102) said, 'empathy, metaphor and imagination are really at the root of the art of medicine'. For example, Antonio Munno, a family doctor (GP), used empathetic fictional writing to clarify his understanding of patients' perspectives, developing his professional perception and therefore his professional conduct.

*A complaint that changed my practice*

The family asked to meet me. Their daughter had recovered from meningococcal septicaemia, and they wanted to know why I hadn't diagnosed it when they saw me that morning six weeks ago at the GP surgery. A few hours after I had treated her for an upper respiratory tract infection, her parents noticed a rash on her legs and took her straight to the accident and emergency department, where the seriousness of her condition was recognised.

The letter of complaint arrived a few weeks after she was discharged: How had I missed the diagnosis? And how was it that the emergency doctor who had seen their daughter at home a few hours before me had also dismissed her illness?

My stomach wrenched with anger and frustration. Can't they see? That's the whole point: two doctors a few hours apart both made the same clinical judgment that this was a viral illness. There was nothing that morning to indicate meningitis or septicaemia. To the family, the fact that two doctors had failed them compounded their criticism of the quality of care they received: to me, that double failure showed the difficult reality of naming an illness that often declares itself only with time . . . .

As the date for our meeting drew closer, that black churning bitterness was still there, and I realised I had to do something.

. . . I decided to try one of [Gillie Bolton's] suggestions and write the story of the family's complaint from the point of view of the parents. The first line came easily: 'She nearly died you know. Our daughter nearly died'. At that point my perspective on the complaint changed. I felt the parents' fear, and I understood their terror. They had taken their ill child to a doctor and had trusted him to keep her safe. They needed a doctor

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to walk with them, support them, and to give meaning to their fears. The child got worse and nearly died. They lost the doctor; they could have lost their daughter.

The complaint wasn't about diagnostic skills or statistical probabilities but about a family trying to make sense of the horror of nearly being ripped apart forever. By thinking about the complaint from the family's point of view, I understood that my role in the meeting wasn't to defend but to listen. (Munno, 2006: 1092)

Munno was able to engage with this event from different points of view. Every perspective is valid; examining the range enables a wider and clearer understanding of the impact of actions, one's own and others', and of cultural or social forces. A medical student wrote in the voice of an angry child in a consultation, helping her see how she might talk to him in a way he could understand. A doctor wrote about a consultation as a children's story to explain medicine to a child; expressing it in straightforward terms helped her clarify and affirm what her practice meant to her. A substance abuse nurse wrote a story about a frustratingly disastrous event but changed the ending to a successful one, which helped her overcome her feelings of despair. A manager wrote what a dominating senior colleague might have been thinking (as 'thought bubbles') at key moments in a meeting: some were surprisingly unconfident, giving him future coping strategies. A senior doctor wrote furious letters to his managers, but sent none until he came to grips with his anger and worked out what he really needed to say.

Metaphors too can be insightful. GP Nigel Gibbons wrote metaphors from a patient's perspective, for example: 'If my doctor were a car he'd be an Austin Cambridge – years out of date, mediocre, middle of the road, too big, using up too much fuel, and you can't get the spares. If only he wasn't the way he is, he'd be a proper doctor' (Gibbons, 2003: 101). Gibbons discovered that, although he considered the patient to have social problems untreatable by medicine, the patient might think that *he* was inadequate. A practice manager delighted herself and her colleagues by describing her work as a Christmas tree hung with intriguing gifts and decorations. Increasing perception by writing in such ways can enable significant development of practice, as these examples demonstrate.

## REFLECTIVE AND REFLEXIVE WRITING

People know, understand, intuit, remember, feel and think far more than they realize. Creative artistic processes can enable expressive exploration of areas to which logical or analytic thinking has limited access. For effective thinking and grasp across the spectrum of experience we need to use 'the full tetrad of fact, logic, metaphor and story' (McCloskey, 1992: 1). Metaphor, story and narrative could be said to supply a rigour to the intuitive system. We saw that



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Munno used such literary devices, writing from the point of view of his patient's parents.

Ted Hughes wrote: 'The progress of any writer is marked by those moments when he manages to outwit his own inner police system. Writers have invented all kinds of games to get past their own censorship' (Hughes, 1982: 7). Such literary 'games' or devices can open up associative, metaphoric, narrative and synthetic channels reflexively. Reflecting critically with trusted others in a carefully facilitated confidential forum can lead to ideas for developmental writing. For instance, a midwife wrote about a badly behaved mother she had felt angry with for years. At the group's suggestion she wrote from the mother's perspective and at last understood that perhaps her 'bad behaviour' was due to distress. Such insights can lead to significant professional change.

Reflection is a process of enquiry into what we think, feel, believe, dream, remember. It can describe an occasion, how we saw it and how we thought others perceived it, and can open us up to critical scrutiny by others through our actively seeking wider social and cultural perspectives. Reflexivity, a response to critical reflective engagement with situations, events or relationships, is a dialogue with the self: an enquiry into our own thought processes, values, prejudices and habitual activity, and how they influence our actions. These processes of reflection and reflexivity can be politically and socially disruptive, laying open to question anything taken for granted: enquiry-based education, 'education for creativity, innovativeness, adaptability, ease with difference and comfortableness with change . . . [is] education for instability' (Reid and O'Donohue, 2004: 561). Smooth-running social, political and professional systems proceed on the well-oiled cogs of stories we construct and connive at being constructed around us; welcoming diversity may be window-dressing. By contrast, reflection and reflexivity are often transgressive of stable and controlling orders; they may lead cogs to decide to change shape, change place, even to reconfigure whole systems.

Human narrative-making can be self-affirming and uncritical; it can be an attempt to create order and security out of a chaotic world. Our stories frequently do not explore sensitive issues, but express what we feel (or would like to feel) comfortable with. But for experiences to be developmental – socially, psychologically, spiritually – our world has to be made to appear strange. Story-making processes are examined critically: creating and recreating fresh accounts from different perspectives, and in different modes, and eliciting and listening to the responses of peers. Listening critically to peers' stories also enables learning from their experience. The exploration of experience, knowledge, values, identity is what matters, rather than any attempt at a 'true' account: we can only tell what we know. A closely observed event

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(Wordsworth's 'spot of time' (1975 [1850]: 208), a professional 'epiphany' (Joyce, 1944)), written about, reflected upon, discussed critically and re-explored through further writings can stand metonymically for the professional's practice. Stories and poems are slices, metonymically revealing the whole of life. A narrative or a poem can be seen as a fractal.

Cecil Helman created such a fractal; a memoir drawn from notes and explorative expressive journals kept through his medical training and practice as a GP. He wrote from a need to understand his experience of 20th and 21st-century medical malaises, especially the erosion of the cornerstones of effective medical practice: healing and compassion informed by science. These stories critically engage with failures, drawbacks and successes. For example, Helman attended 'Grand Rounds' at Harvard along with many Important People. Although interested in slides and x-rays, he waited in vain for the vital lecture ingredient. Finally, he inquires of his neighbour "what about the patient?" . . . My question puzzles him. "The patient?" he asks, frowning, shaking his head in disbelief. "The patient?!" (Helman, 2006: 133).

Medicine has become too high tech, bureaucratic, and specialized. Patients are increasingly feeling stranded, reduced to a disease or malfunctioning organ, with diminishing personal and physical contact with doctors. Curing the body and healing the mind and emotions should go hand in hand. (Helman, personal communication, 2007)

Publication and reading of Helman's *Suburban Shaman* will hopefully affect the future of medicine. It is: (a) corroboration by a medical practitioner of an increasingly voiced public need; (b) an affirmation of human doctor-patient relationships, and doctors' roles as story-holders and storytellers; (c) being read on medical education courses by tomorrow's doctors.

## AUTHORITY

Writing, exploring and discussing essential narratives can be a route to taking greater responsibility and control, professional and personal (as again Munno demonstrates). Professional development aims to support such authority over what is learnt, and the integration of that learning into practice. Reflective practitioners recognize responsibility for their own life stories, the structures around them and their actions within those structures. They can then create strategies for responsibly taking charge of as many areas of their experience as possible. The slowness of reflective learning, with its constant reflexive involvement, frustrates some practitioners and students. Surely tutors should just tell it as it is? But when addressing experience, only the learner (practitioner or student) can tackle it from the inside with the help of peers' outside perspectives and tutors' expert support: a Socratic maieutic approach.

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In order to take responsibility for professional actions, and some of the actions of others, we need a clear understanding of how we and others build our world, its narrative and metaphoric structures and content. Artistic processes can open up experiences for examination. Writers have to take control of what and how they write, enhancing and affirming authority over their own lives and practice.

## OUR STORIED NATURE

Why ask clinicians to write stories? Other reflective processes ask for case studies, ordered 'critical incidents', or responses to straightforward questions such as what happened, what did you think, how might you have done it differently? Stories create memorable and comprehensible structures, using clarifying devices such as causality, and are attentively heard and remembered. Writing narrative opens up wider thoughts, feelings, ideas and insights which, whether we know it or not, are central to human understanding, memory systems and communication. Lives are habitually made sense of and ordered in the recounting of stories, told and retold daily through actions, memories, thoughts, dreams, habits, beliefs, speech and behaviour patterns. Storying and restorying ourselves, and contributing to social stories around us, is as natural to being a person as breathing (Bruner, 2004; Charon and Montello, 2002; Doyle and Carter, 2003).

Information is retained in the human mind as narrative. We do not go to a particular section within a file, a drawer, a cabinet in our memories; we go to a particular place in a narrative – an association of events, faces, voices, places, foods and senses of roughness or softness. Since the Enlightenment we have suffered under mechanical metaphors that depict bodies and minds as 'machines'. We are not. Our feeling, cognitive, physical, spiritual selves are intermixed; they condition and are conditioned by political and cultural contexts. All are experienced, understood and expressed as narrative. Narratives express the values of the narrator; they also develop and create values, as well as a sense of self-purpose, in the telling. T.S. Eliot (1953: 110) commented that 'in the seventeenth century a dissociation of sensibility set in, from which we have never recovered'. Clinicians writing fiction and poetry can help heal this Cartesian divide.

We are brought up surrounded by stories. They flow through us and ratify us from birth, telling us who we are and where we belong, what is right and what is wrong: 'A man is always a teller of tales, he lives surrounded by his stories and the stories of others' (Sartre, 1963: 61). Small children are clear about story structure (Rowland, 1984), they require stories to be told to the end, their imaginative play is often continuous story, and first writings have a

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good grasp of structure. Ask small children about their drawing or painting and they will tell its story rather than describe the images. Many of our stories are traditional, whether or not they have been given contemporary dress. Tales in which wicked stepmothers receive their comeuppance explain that mothers can be horrid, but good will ultimately conquer evil (Bettelheim, 1976). Levi-Strauss (1978) tells us that myths offer us ways of classifying and ordering society. We do not tell our mythic stories, they tell us. A language created each time they are told, they provide ways of dealing with the complexity of human relationships and strange and often scary psychological worlds.

If our lives were not constantly told and retold, storying each new experience, we would have no coherent notion of who we are, where we are going, what we believe, what we want, where we belong, and how to be. Just as my skin holds my organs and body-fluids in a form which is recognizably me (to myself as well as others), my psychosocial selfhood relies upon my grasp of my narratives of relationship, chronology and place. Everyone naturally, to a lesser or greater extent, reflects, seeks support and advice, accordingly alters their behaviour, challenges others, and even drastically changes their life situation. Life-changes such as a new job or house, marriage, birth, bereavement, illness or disability necessitate reformulations. Although we are embedded and enmeshed within our stories and story structures, and those that have been created around us, some we are aware of and some very much not. Family doctor Mark Purvis was unaware how deeply his life and work was affected by his brother's death when he was nine, until he wrote a poem about it in the voice of his child-self (Bolton, 2005). He was then able to discuss this life-changing event with his family, who had never discussed it with him before, and to explore his learning with practice partners. He began to understand how his unacknowledged personal distress had stood in the way of treating dying children and dealing with bereaved parents.

Our stories form a complex volatile system. Complex, because my apparently coherent life is constituted by a range of interrelated plotlines, characters and situations; volatile, because the story constantly changes with every individual action or event, mine and those of the people around me. Constant repeating and refashioning of life stories is an essential part of living with their complexity and fluidity, but it can be uncritical. The stories told over coffee, or reflected upon in the car, are told in order to create a coherent and live-withable structure. Such reflections might prompt questions such as 'How could I have done it better?' or 'Do you think Mrs S thought it was OK?' The answers, whether in solitary reflection or conversation, are unlikely to be challenging. Perceiving the taken-for-granted story structure for what it is, and seeking strategies for development, cannot be done in the car or over

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coffee. Purvis did not tell about his brother's death over a beer, but waited many years to write it in a safe-enough critical environment.

These story structures, even while shifting and changing all the time, often seem inevitable, how-things-are, inviolable even: a set of taken-for-granted. But each one of us is responsible for the creation of many of them and aspects of others, for connivance with, and even uncritical acceptance of wider social narratives or 'norms'. People vary a great deal in their awareness of their story structure. Some struggle with it daily, questioning and reformulating. Some live in blissful unawareness (for example, Celia in George Eliot's *Middlemarch*); some (such as Hamlet) in agonizing unawareness of their own agency and possibilities for control. However, some authorities postulate a non-storying type (Strawson, 2004a, 2004b). While this might be true of the autistic, everyone else, at the very least, retells aspects of their day for recreation, listening and restorying collaboratively. They make further sense of their lives by relating to the social, political and spiritual narratives in which their lives are embedded: news or drama on TV or radio, in newspapers, magazines and literature. Booker (2004: 59) maintains that our stories 'emerge from some place in the human mind that functions autonomously, independent of any storyteller's conscious control'.

Stories might be what we live by, but life-as-lived lacks the comforting fictive form recognized from infancy – a beginning, middle and end, clearly defined characters and a sense of place. The function of the endless stories we tell and write gives life a spurious, satisfying and memorable sense of shape. 'Narrative seeks to redeem life and pain from chaos by creating sequence . . . In narrative form, one event seems to belong before and after others – not to happen randomly but to *make sense exactly there*' (Frank, 2004: 213). Life-as-lived is not structured like an adventure; adventures only happen in stories (Sartre, 1963). A created written story can give events a concise structure, more readily grappled with than an unwieldy chunk of experience with no perceptible beginning and end. It can offer the aesthetic distance of literature: characters and events in a story can be queried and experimented upon in a way impossible with remembered real people, what they said and what happened to them. GP Helen Starkey had lived for many years with the shameful memory of an early consultation. Having had previously to conquer her shyness as a young doctor in genito-urinary medicine, she had asked a patient who presented with warts to take his trousers down and get on the couch for examination. The patient had looked at her in shock, saying 'but they're on my hands doctor'. Starkey later wrote:

Writing this story has helped to reframe the experience from a completely excruciating one into one which if not exactly my proudest moment at least demonstrates an ability to see the funny side of misfortune. Pomposity is one of the ever-present pitfalls of

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working as a doctor and sharing stories such as these is a powerful antidote to it. (Starkey, 2004: 93)

In life ‘we always begin in the middle’ (Lyotard, 1992: 116), and ‘we are always in the middle’ (Chuang Tsu, 1974: 136). The hero of *Nausea* realized that those essential aspects of adventure – beginnings and endings – are only in the recounting of a life, rather than in life-as-lived: ‘When you are living nothing happens. The settings change, people come in and go out, that’s all. There are never any beginnings. Days are tacked onto days without rhyme or reason, it’s an endless monotonous addition’ (Sartre, 1963: 61). Trying to *live* our lives as adventure or story can only lead to depression or mental instability: ‘I wanted the moments of my life to follow one another in an orderly fashion like those of a life remembered. You might as well try to catch time by the tail . . . You have to choose: to live or to recount’ (Sartre, 1963: 63). And Virginia Woolf (1982 [1925]: 5), in her entry for 18 March, writes: ‘The past is beautiful because one never realises an emotion at the time. It expands later, and thus we don’t have complete emotions about the present, only about the past’.

Many professionals argue that they don’t need to *write* their stories. But once a story has been written, read and discussed, they understand how an artistic process can significantly develop their perceptions and understanding. The story has to be communicated: told, read, reflected upon; it cannot only be thought:

‘Is that the end of the story?’ asked Christopher Robin.

‘That’s the end of that one. There are others.’

‘About Pooh and Me?’

‘And Piglet and Rabbit and all of you. Don’t you remember?’ . . .

‘I do remember,’ he said, ‘only Pooh doesn’t very well, so that’s why he likes having it told to him again. Because then it’s a real story and not just a remembering.’ (Milne, 1958: 31)

Similarly, the identity, or *character*, of a person is not static or fixed. ‘We all talk about “me”’. How do we know that there is such a person as “me”?’ (4th-century BC philosopher Chuang Tsu, 1974: 136). In life-as-lived, identities change and develop; writing and sharing stories celebrates this. For example, Helen Starkey was able to laugh at her former youthful self instead of retaining a sense of agonized embarrassment.

#### WHY NARRATIVE-BASED REFLECTIVE PRACTICE?

Stories are the mode in which our culture is transmitted, from history books to The News or bedtime readings. Stories create the way we see our place in

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society and perceive it as moulded around us, telling us what to expect of each other and ourselves. Stories shape and make sense of our world by reiterating the social and political orders. Soap opera, Verdi, strip cartoons, Shakespeare, the Bible and Koran tell us what is good, what bad, what likely to succeed and what to fail. These meanings are usually implicit, as in Aesop's Fables. New Testament parables are perhaps the closest to didactic storytelling, with meanings made explicit. We remember to sow corn on good fertile ground rather than among stones; that it is more comfortable to assume that the unattainable bunch of grapes is probably sour. We habitually draw meaning from narrative.

But no story has only one meaning. Stories are essentially ambiguous and resist singular interpretation. Questions and theories arising from a single text may conflict. Discussion following readings can be fruitful because everyone has their own views. Many insights into a story's implicit meanings will be new to the writer and other listeners, and will widen their understanding. Clinicians frequently have to face new perspectives on events they thought they had understood. A hospice bereavement counsellor wrote about an event tackled in supervision, confident that she had dealt with it. Her writing threw up significant emotional areas requiring reflection. She concluded that writing took her 'out of control'. Writers, as Ted Hughes has told us, surrender control, and therefore learning, to the artistic process.

Each reader views a story from her or his individual viewpoint, often refreshingly different from that of the writer. Perceptions of experience and selfhood are conceived enmeshed within the frame of social, political and psychological understandings; we cannot know ourselves and our experience independently. Individual experience has been described in the reflective practice literature as raw and authentic. Yet it is no more and no less than another story; a story which others will cap with their own. Frank describes dynamic involvement with narrative or story as working with stories, rather than about them: 'what counts about any story is what those who hear it [and who tell or write it] choose to do with it' (Frank, 1995: 209). He calls the practical wisdom this develops 'phronesis', after Aristotle: 'Phronesis is the opposite of acting on the basis of scripts and protocols; those are for beginners, and continuing reliance on them can doom actors to remain beginners' (Frank, 2004: 221). The fundamental importance of narrative and story to medicine is well documented (Brody, 2003; Charon, 2000; DasGupta, 2003; DasGupta and Charon, 2004; Engel et al., 2002; Greenhalgh and Hurwitz, 1998; Montgomery Hunter, 1991).



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## NARRATIVE REFLECTIVE PRACTICE

All life-stories can be questioned; many can be altered or struggled against. The narratives and metaphors by which we structure our lives, the taken-for-granted, can be questioned, challenged, and – most significantly – rewritten: making the familiar strange, and the strange familiar. Life does not present with inevitable chronological consequences of certain actions or events. We are free, and have the authority to choose how we act and influence others. In this we have to take full responsibility. We can try out different characteristics for ourselves and colleagues; alternative ways of perceiving our environment; fresh angles from which to grasp our roles as protagonists of our life-plots. This might entail the opposite of a comfortable characterization and plot development: the baddy might have previously-unperceived qualities, the good adviser might be lining his own nest, the impossible work place might have a magically transformable space, the terrible blunder might have good consequences: and, of course, the opposite.

Bringing our everyday stories into question is an adventure. No-one adventures securely in their backyard. Professionals need to face the uncertainty of not knowing what is round the corner, where they are going, how they will travel, when they will meet dragons or angels, and who the comrades are. They even have to trust why they're going. A masters student in medical science commented: 'What a relief it is to know that this uncertainty is essential; knowing that makes me feel less uncertain of being uncertain. Now uncertainty is my mantra'.

Certainty does not generate the flexibly questioning, enquiring attitude required by learning. An experienced practitioner learns all the time, and is open to being wrong. 'Certainty goes down as experiential knowledge goes up' (Phillion and Connelly, 2004: 468). In my experience some senior practitioners are defended against reflective professional development. They attempt to subvert, prevaricate, do anything to avoid laying themselves open to creativity, involving uncertainty and doubt. More than one, having written, has cried about the patient he killed 30 years ago as a young doctor, a story never previously told. A group of practitioners shared equally shameful hidden experiences, supporting each other and questioning medical mores which ensure the keeping of these damaging secrets.

Writing about professional life can develop awareness of narrative structure (plot, characterization, chronology, environment), sensitivity to perspective (from whose point of view is the story is told) and the functions of metaphor, simile, metonymy, alliteration assonance and so on. Interpretive abilities can be developed: the narrator's role (omniscient? reliable?), the value of multiple perspectives (viewing the same situation from the point of view of doctor and



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patient, teacher and student), and the inherent ethical and value structures depicted. This is fiction: writers are free to draw deeply upon imagination, aesthetic sense, and intuitive knowledge of social and human relationships, motives, perspectives, causes and effects, ethical issues and values.

## FICTION

Stories are perspectival, containing details the narrators noticed and remembered, interwoven and shot through reflexively with their memories, dreams, prejudices, personal and cultural values (Denzin, 1992). 'We don't see things as they are, we see them as we are' (Nin, cited in Epstein, 1999: 834). A different narrator, especially from a different culture, would tell a different story about the same event. Enquiry into the range of different perspectives on any event can therefore give insight and increased clarity. Fiction offers a way of experimenting with storying experiences – less or more realistic, less or more close to actual events. Experiment has found that the value of people writing about a fictional trauma is as therapeutic as if they had written about a memory (Pennebaker, 2000).

Case studies, also, cannot be true, detached or impartial depictions, although they concern real people and events (Clark, 2002). Their *truth*, as in ethnographic writing (Clifford, 1986b), can only ever be *partial*. Necessarily perspectival, constructed edited texts, they can have only 'indirect or partial correspondence with reality . . . despite their apparent verisimilitude' (Pattison et al., 1999: 43). They include biases of inclusion and exclusion, prejudices and values, and are generally written by professionals, not service users. 'The telling and understanding of a really good story' is the best approach to 'the project of narrative [clinical] ethics' (Ellos, 1998: 315; see also Montgomery Hunter, 1991). If this is the case, and if as Bleakley (2005: 537) says, 'case studies are autistic' in their futile attempt to be true, detached and impartial, then fresh methods are needed, preferably from literature, the home of the story (Brody, 2003; Charon and Montello, 2002; Montgomery Hunter, 1991). Even a video records only within its field – no smell, taste, sense of touch, or sight and sound material outside its range. 'People talk about true stories. As if there could possibly be such things as true stories; events take place one way and we recount them the opposite way' (Sartre, 1963: 62). The belief that any study can be objectively true, with a single 'teleological meaning' (Barthes, 1977: 146), is itself a fiction.

Medical students write patients' illness stories in the voice and vernacular of the patient, imaginatively and vicariously entering patients' contexts. They 'become the other' (Engel et al., 2002: 32) through creative writing, just as the student who wrote about the child's destructive anger in order to learn

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how to communicate with him. It is not quiddity we seek – the real nature or essence of a thing – but our experience of it. The realization that accounts of practice do not need to stick to what happened in life-as-lived can offer confidence in the expression of experience, and widen the range of possibilities for reflection. Fiction can omit slow episodes, or effectively combine events that took place at different times with different people. Writing fictionally from professional experience can be more dramatic, leap over the boring bits, tackle issues head on, convey multiple viewpoints; it can sidestep problems of confidentiality, fear of exposure, and some of the inevitable anxiety that accompanies the exploration of painful events. Writing about ‘she’ or ‘he’ rather than ‘I’ can be liberating. Fiction can feel safer to write: less personally revealing. Later rereading, sharing and discussing with trusted colleagues in a confidential forum can offer a paced way of exploring areas which might otherwise seem too painful to address.

Fiction can be a vehicle for conveying the ambiguities, complexities and ironic relationships that inevitably exist between multiple viewpoints. Writing fiction, with awareness that it is a creation, can enable writers to head straight for the heart of the matter. Fictional characters and situations take on a life of their own. If writers try to discipline them to do what they want, the writing will be flat, lifeless and dull. Each character is an aspect of the author, and needs full expression through the creative process. This allows expression to the non-logical, non-rational parts of the writer’s mind, allowing contact with previously unperceived internal voices.

#### CONCLUSIONS

Reflective reflexive writing can foster sustained examination of practice, enabling critical development of experience and perceptions. Practitioners or students can take positive and constructive attitudes to medicine and healthcare’s inherent uncertainty, rather than attempt to deny provisionality, disturbance, lack of certainty, closure and therefore control. Frameworks for interpretation, understanding and communication of the human experience of illness, disability and suffering, and the connections between areas of experience or knowledge, can thus be developed. Reflexivity is essentially synthetic as well as analytic. It can encourage abilities to link and make connections, as well as to interpret, understand and communicate the human experience of illness, disability and suffering.

Practitioners and students enquire into the significance of health, disease, sickness, sanity, caring, curing, peace of mind, quality of life, medicine, healthcare. They ask themselves in depth: ‘what is medicine?’ ‘what is it for?’ ‘why do I do it – or want to do it?’ ‘how is it best practised?’ ‘for whom?’; ‘who are

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my patients? who are they as individuals?' 'what is this patient saying to me and why?' 'when am I really helping and not just being a doctor/nurse?' 'where is an appropriate/effective locus of healing?' They can reflect upon their relationship with themselves, their own feelings, thoughts, ideas, and spirituality, as well as those of patients.

Anthropologist Clifford quoted a Cree hunter denying knowledge of the truth, and asserting his ability only to tell what he knew (Clifford, 1986a). The perennial professional development or educational problem, however, is how to gain access to and articulate what we know, think, believe, remember. Creative reflective writing harnesses dialogic small-group methods with narrative and metaphoric approaches in order to develop human understanding, the ability to listen, willingness for practitioners' own stories to mesh with those of patients and clients, and practical wisdom from experience. Practitioners can engage critically with habitual narratives and metaphors, and potentially redraft them.

Medical humanities is about charging medicine with the power to (re)integrate the body, mind and spirit. It is about developing the model of medicine to become interdisciplinary, to include the aesthetic, and the whole person of both patient and clinician. Harnessing the Arts and Humanities in tackling the joyous but utterly messy and uncertain complexity of these professions can help us avoid hearing the story but missing the plot.

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# "Writing is a way of saying things I can't say" therapeutic creative writing: a qualitative study of its value to people with cancer cared for in cancer and palliative healthcare

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# “Writing is a way of saying things I can’t say”—therapeutic creative writing: a qualitative study of its value to people with cancer cared for in cancer and palliative healthcare

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## ABSTRACT

This paper reports on a therapeutic creative writing project undertaken at King’s College London and University College Hospital London, funded by Arts Council England. The project sought to increase understanding of experiences of personal expressive and explorative writing by cancer patients receiving palliative care. Narrative methods were used to analyse and interpret patients’ written and oral (transcripts of semistructured interviews) responses, researchers’ field notes and written responses of staff. These indicated that writing: (1) facilitated patients’ ability and opportunity to discover what they thought, felt, remembered; (2) enhanced their awareness of, and ability to express, issues to which focused attention needed to be paid; and (3) offered satisfaction and fulfilment of creative expression and exploration and the production of writings which to them and close others were vital. Illuminatively drawing upon patients’ writings and responses, this paper is underpinned by discussion of therapeutic writing and its relationship to creative writing, with reference to a range of previous research.

Now having been stretched mentally to the outer limits, I’ve realised because of my terminal position, how we worry, too much, about the future ... We can only live, and should become more aware of, the moment, now! That doesn’t mean reckless and irresponsible behaviour. It means consider the value and quality of whatever you’re doing now. (Cancer patient in palliative care)

This exploratory study began a unique process of qualitative enquiry towards the “heart” of therapeutic creative writing and its value to patients in palliative care and oncology settings. It sought to gain increased understanding and clarity about their experiences of personal expressive and explorative writing, and the existential criteria they used to describe their response to it.

No art gives answers. The experience of this type of writing does, however, present deeply personally intriguing questions, the answering of which is an endless quest. More questions are thrown up, in this context the fundamental ones of life: what happens when I die? what might my bereaved relatives feel? what is wonderful in this world I am about to leave? in which way was my life meaningful? These questions, this life quest, looks inward and, involving only paper and pen, takes the palliative or cancer patient–writer no further

than their bed or chair; it accords with the words of the ancient sage:

Without going outside, you may know the whole world.  
Without looking through the window, you may see the ways of heaven.  
The further you go the less you know. (Lao Tsu, p46<sup>1</sup>)

And wisdom adapted from a saying (about travel) by the poet GK Chesterton:

The whole object of [writing] is not to set foot on foreign land; it is at last to set foot on one’s own self as a foreign land.

Patients said such things as “I have been able to reach that depth”; “it became quite purgatorial, therapeutic”. Staff commented that “for some it was a pleasant hour but for others it went much deeper. Some found a new talent for story writing, which gave them creative release and improved their self-confidence and esteem. Others discovered the value of diary writing and continued to express their feelings in writing long after the sessions. Others used the time to really tackle some of the harder issues they were facing.”

All the patients involved in the study indicated they found the therapeutic writing process beneficial, saying such things as “it made it less traumatic than it might have been otherwise.” Analysis showed that writing (1) facilitated patients’ ability and opportunity to discover what they thought, felt, remembered; (2) enhanced their awareness of, and ability to express, issues to which focused attention needed to be paid; and (3) offered satisfaction and fulfilment of creative expression and exploration and the production of writings which to them and close others were vital. The “essays” of staff members offered insight into a range of benefits to patients as well as the intrinsic value of staff writing groups.

This research began to demonstrate the value of writing to very sick people: how it can enable them to understand themselves better; think through issues, memories, feelings and thoughts more clearly and appropriately; accommodate to what is happening to them better; and communicate more effectively with significant others. They also gained the focused satisfaction of involvement in an artistic process. This not only can take their mind off present problems, anxiety, and pain, but

can give a sense of achievement, and authority in a valued sphere. These writers were not, however, concerned to create artistic products; the focus of the work was on the process of doing it.

The World Health Organization in 1948 defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease”. Mental and social well-being, and therefore health, would seem to be enhanced by exploring and examining personal material privately (alone with writing rather than talking to another person); expressing and communicating personal material both through the medium of writing (saying things in writing that can’t be spoken) and using the writing as a stimulus and aid to talking to appropriate others; and experiencing the pleasure and intense involvement that only a creative activity can bring. Other research<sup>2–7</sup> (and see below) indicates that deeply expressive and explorative writing can ease symptoms because the psychological and the physical are so closely linked (this relates to the well-known placebo phenomenon). Extracts from patients’ writings, interview transcripts, and essays and from staff essays and researchers’ fieldnotes illuminate the following examination of cancer patients’ writing and how they reported its meaning to them.

### THERAPEUTIC CREATIVE WRITING: A DEFINITION

Therapeutic writing employs processes of personal, explorative and expressive writing, which might also be creative or literary. Patients or clients are offered guidance and inspiration by a clinician or creative writer and support in choosing subject and form. Each writer works according to personal interests, concerns, wants and needs. Authority and control always reside with the writer. The emphasis is on processes, to create material of satisfaction and interest to the writer, and possibly a few close individuals. Occasionally there is no final product. Literary writing, on the other hand, is oriented towards a literature product of as high a quality as possible (eg, poetry, fiction, drama), generally aimed at an unknown readership.

Therapeutic writing can be the initial stage of literary writing, ensuing stages of literary crafting, redrafting and editing being focused towards publication. Expressions of private experience are crafted into a public text. The reader of published literature is primarily interested not in the writer, but in what the writer has to say. A reader of therapeutic writing, on the other hand, is principally interested in the writers, their confidential private expression and their personal development.

### CREATIVE WRITING AS THERAPY

People very often don’t know what they are troubled by. Some are aware they are unsettled or anxious; others experience physical symptoms. Our minds have a way of storing our most troubling or distressing memories or thoughts in such a way they are very difficult to access. This enables everyday living to take place relatively unhindered. But the material has not gone away; it is still there, causing sleeplessness, headaches, worsened symptoms, background unexplained anxiety and so on.

Some people do know what is troubling them but find it very difficult to express it to anyone in a helpful way. The bigger the problematic issue, the more the difficulty in expressing it, and the more it needs expressing, often repetitively. Friends and relatives can only listen to so much, and psychotherapeutic time is limited and costly. Writing can be done alone with only paper and pen; sessions with a professional work on material written in the patient’s own time. No one doubts the beneficial effects of the talking cure. The writing cure<sup>8–9</sup> can be an adjunct to

psychotherapy or can be used as an extremely effective, relatively cheap and straightforward artistic form of expression and exploration. Research and my experience (see below) indicate that it has the power to take the writer very quickly to the heart of what they need to reflect upon.

### The role of narrative

Illness and dying bring pain, disfigurement, disorientation, lack of mobility or sense impairment; moreover, people have to readjust their notion of who they are, what their primary relationships are, where and how they might live, what—if at all—their work might be, what their hobbies are and what their hopes and fears are for their lives. Their sense of the story of their lives has been disrupted; they have to work hard to develop a new, appropriate, yet satisfying story, instead of dwelling in a depressing sense of destruction.<sup>10–11</sup> Even the dying have to have a sense of the trajectory of their life, even if it is much shortened. And if they can come to have a satisfying life story, then their dying will be gentler for them and enhance the lives of their loved ones and those who care for them professionally. This re-creation can be as much to deal with as the medical problem itself. Writing to help prepare for death has good precedence: “Montaigne [wrote] to heal himself, and those who attend to his *Essays*, of the pain and fear of dying” (p105).<sup>12</sup>

Involvement in artistic processes can offer primary support in the rewriting of a hopeful, helpful life-towards-death narrative. Writing offers reflective processes upon memories, hopes, fears, anxieties and angers, without tackling these emotional states head on; it can be enjoyable, life-affirming and confidence-enhancing. Image such as metaphor is used, as are characterisation and plot. Such writing enables deep emotional, spiritual and psychological work, especially when supported by an experienced arts therapist or writer-in-health. Writings also create a record for loved ones: “Art is the closest you can get to immortality.”<sup>13</sup>

### The healing arts

Art—the use of the imagination—that magical quality which marks us out as different from all other living beings, can help us to achieve increased communication, self-understanding and well-being,<sup>14–20</sup> alleviate stress and anxiety,<sup>7–18</sup> and dramatically support positive self image;<sup>21</sup> and it can have significant therapeutic effects.<sup>22</sup> This power of the imagination and art has been known about and harnessed for thousands of years. At the temple and hospice of Asklepios in ancient Greece, for example, patients watched plays (Greek plays, written in poetry, were high art and communicated deep psychological, cultural and political insight). Aristotle wrote about this (see below). Asklepiian patients also undertook healing work based on the images given to them in dreams. This tradition continues. John Kani, coauthor of *Siswe Bansi is dead*, said “theatre is a weapon of change”.<sup>23</sup> The writing of his play *Nothing but the truth* enabled him to forgive himself for hating perpetrators of apartheid atrocities and his brother’s murderers. His daughter only understood about the fight against apartheid when she saw the play. The editor of the *British Medical Journal* recommended that a percentage of the NHS budget should be spent on the arts.<sup>24</sup>

### The relationship of therapeutic writing to creative or literary writing

The first notes or draft of much writing and some of the redrafting stages, of poetry in particular, are deeply personally

expressive. The value of a piece of writing depends upon how successfully it expresses experiences and observations from the writer's exterior environment (such as nature), or their interior (memories, dreams, reflections). The writer's internal critic often needs to be disabled, as it always strives to keep exploration and expression at a superficial, safe level.

The different branches of literature have bodies of rules and forms (sonnet, for example), as does everyday written language (syntax; letter-writing form), to ensure as effective communication as possible. These therapeutic writers were given permission to ignore all these rules, or to use as many of them as they wished in whatever way they wished, sometimes following suggestions from the facilitator. There is no need for rules, as this type of writing is usually intended for a tiny audience, often only of one—the writer, whose understanding can leap over idiosyncrasies. Blog writing, which could reach audiences of millions (but is probably only read by a handful of sympathetic people) is usually also written in a personal, non-rule-directed form. Strict form, such as the sonnet in poetry, can, however, also be extremely therapeutic.<sup>9</sup>

Literary published writers often use the initial stages of writing to help with self-understanding: “we write before knowing what to say and how to say it, and in order to find out, if possible” (p119)<sup>25</sup>; others have more to say about this<sup>17 26–30</sup>. Such exploratory writings are redrafted and edited to create publishable material. Therapeutic writers also sometimes undertake these later stages as the writing moves towards publication.

## PREVIOUS RESEARCH

Research has shown that personally disclosive writing, undertaken under trial conditions with fit individuals, is associated with benefits to mood and quality of life,<sup>31</sup> and with patients is associated with benefits such as an increase in immune function.<sup>3–5</sup> An editorial concerning JM Smyth's 1999 research stated, “Were the authors to have provided similar outcome evidence about a new drug, it likely would be in widespread use within a short time. Why? We would think we understood the “mechanism” (whether we did or not) and there would be a mediating industry to promote its use”.<sup>32</sup> Such studies of writing interventions have typically asked subjects to write about a traumatic or stressful event in their lives in a research, rather than therapeutic, setting,<sup>5 6 33</sup> an approach that is not considered appropriate for, or useful to, patients in palliative care or oncology patients.

Previous qualitative research with depressed primary care patients,<sup>34</sup> hospice patients<sup>7</sup> and counselling clients<sup>35–38</sup> gave similar results to this study. Research with women with breast cancer indicated positive effects.<sup>39 40</sup> Considerable research has been undertaken with a wide range of patient and subject groups, including the positive effect of writing on the success of young romantic relationships.<sup>41</sup> Pennebaker and Chung have undertaken an overview of current research.<sup>42</sup> Poetry writing is used in cancer and chronic illness,<sup>43–46</sup> and haiku writing in palliative care in Japan.<sup>47</sup> Schwartz and David<sup>48</sup> tell us:

Clinicians have noted that [cancer] patients [during their last year of life] do not discuss their dying unless they are given a context in which to do so,<sup>49</sup> and that when patients are given opportunities to shift their focus to inner life concerns—existential and relational concerns—then a sense of preparedness for coping with mortality may enhance emotional well-being during this poignant period.<sup>50 51</sup> When cancer patients focus on the medical at the exclusion of other facets

of their lives, we believe that they miss critical opportunities to address the emotional and existential issues that would lead to intimacy with loved ones and closure. These issues are critical to improving quality of life at the end of life and in fact have recently been documented as being core attributes to a “good death” experience for 81–90% of patients.<sup>52</sup> In the spirit of facilitating this process, we have developed a written expression intervention that seeks to provide patients with a vehicle for processing the emotional and existential issues that arise in the face of the later stages of a terminal illness.

Although the intervention described here was appropriately facilitative, in-depth and creative, and was clearly valuable to the patients, this was a quantitative study on such a tiny sample (12 patients) that the outcomes are not useful. Qualitative data, such as patients' personal response, were sadly not obtained.

## THE WRITERS IN THE STUDY, AND THE CIRCUMSTANCES OF THEIR WRITING

The study involved 13 teenage cancer patients and 11 cancer patients receiving community palliative care (aged 40 years and older) who undertook different sorts of writing in a range of settings. They wrote stories (fictional and semifictional), poetry, personal journal entries, autobiographical accounts, descriptions of their homes, wards, and experiences of cancer and treatment, and so on. I worked with them in workshop settings (up to eight teenage cancer patients in the dayroom of the Teenage Cancer Trust Unit), individually at the bedside, in their homes (community patients), and in the Unit dayroom. A considerable bulk of the writing was undertaken alone and read to me later. Involvement in the project was entirely optional. Authority and control over each piece of writing resided with each writer, who gave signed consent to involvement in the study and to publication of their writings and interview transcripts. Those who undertook three pieces of writing were invited to write an evaluative essay *What this writing has meant to me* and to be interviewed by a voluntary experienced research interviewer; interviews were transcribed.

My content analysis of patient essays, writing and interview transcripts gave significant elements concerning the personal value or impact of the writing processes. I then studied these alongside my field notes for themes and narrative lines that explicitly or implicitly seemed to offer insight into the therapeutic writing process: how it had been used by the patient and its possible functions and effects. The analytic and interpretative focus was consistently the personal and developmental: many of the pieces had artistic value, but that is another line of enquiry. Following an initial sensitisation process, the project steering group discussed data analysis in order to bring wider perspectives.

Two staff writing groups, one in each setting, offered staff experiential knowledge and understanding of the processes. One member of staff in each setting was invited to write an essay *What this writing meant to my patients and colleagues*, to give professional background in the report.

All this material was collected with a view to discovering the value, to patients, of writing: benefits, disadvantages and harms associated with therapeutic writing in these settings. The enquiry process was based on narrative approaches.<sup>53 54</sup> Narrative analysis has been seen as an empowering social science methodology, paying attention to subjects' articulation of their own viewpoints and evaluative standards. It focuses upon how the past shapes perceptions of the present, how the



present shapes perceptions of the past and how both shape perceptions of the future.<sup>55 56</sup> All the material was scrutinised for either expressed or implicit value and function. Elements and interpretations, which I drew from the four forms of data, were in turn scrutinised, examined and discussed by the research steering group.

The research steering and management groups met regularly. They supported, advised and oversaw the project. They included two medical (clinical) academics with experience of medical humanities and the healing arts, an experienced academic medical qualitative researcher, a professor of higher education, a literature officer from the Arts Council England, and me.

Carried out at King's College London University, Medicine and the Arts (English Department), the fieldwork was undertaken at Camden PCT Community Palliative Care Unit and the Myerstein Institute of Oncology, University College London Hospital, specifically the Teenage Cancer Trust Unit. Ethics approval was gained from the local research ethics committees responsible for research in the care settings. Honorary contracts were obtained for researcher and interviewer from the health trusts concerned.

### THE STUDY: HOW THE CANCER PATIENTS EXPERIENCED WRITING

A particular quality of explorative and expressive writing is that it is private: "not really for anyone else other than yourself", as one patient put it. Personal writing is tentative: "If it's written only for the self, then it can be un-said", said in different ways, or deleted and the opposite tried instead. Its impermanence is an essential element: this is process work, not writing for a literary product, though the artifact in progress can be extremely important to the writer.

An expression of the otherwise inexpressible seems to be enabled. The quietness of writing, and there being no immediate listener, unlike the case with speech, seems to make it conducive. "Writing is a way of saying things I can't say. I do it when I'm on my own, and as a way of coping with being down. I know I mustn't give in to being down and give in to the cancer and writing helps."

The content is generally spontaneous and written "in a fairly haphazard, unstructured kind of way". "I write without pre-censoring what I will say", with "recklessness, in a moment of madness".

These very sick or terminally ill people said they had a "mass of jumbled thoughts and feelings". Writing in this way can help to "put it in some sort of order". It gets these "things which swirl around my head" "outside" where "it will be easier to deal with", "instead of just keeping them like bottled up".

Many people felt the process "unburdened" them: "what's within me is externalised, is deposited outside myself"; "words on a page are one of the dustbin men". All these expressions give a sense of service rendered by the writing: dustbin men remove unwanted waste; an un-carryable load is taken away. These writers and others filled in more about how writing then deals with this "burden" or "dustbin material": one said it "took me some way towards purging it and integrating it into my life". "Purging" and "integrating it into my life" might seem to be opposite, but I think this writer meant similar to those who said, "once it's outside it's easier to deal with", and "I do find it easier to talk about it now". It seems that writing can purge (unburden, release from being bottled, empty from the dustbin) this personal material from an inaccessible internal lodging, to where it can be dealt with, talked about and reflected upon.

Then it could be repositioned "in some sort of order". These people did not read each other's essays or interview transcripts on how they felt about the writing, so it's interesting that so many expressed themselves in such similar metaphors.

This writing was not easy: it was a deeply emotional journey for each writer. Such thoughts, feelings, and memories were not lightly given to the "dustbin men": "the writing process allowed me to discover the things that were still problems and unresolved issues in my mind ... [it] brought a lot of simmering and difficult emotions to the surface." Yet these writers felt it was worth it, the same person finishing his essay with "so it's been a good experience for me", and another wrote, "writing is a safe vehicle for recklessness." Aristotle speaks of watching a poetic tragedy on the stage "producing through the pity and fear caused, a catharsis of those emotions" (p10; 49b27).<sup>57</sup> One of the writers spoke of their writing as cathartic, and two others as purgative (the literal translation of cathartic). The cathartic stage of experiencing these extremely painful feelings, and the ensuing stages of reflecting upon the emotions, memories and thoughts and facing the situation, were all powerfully disturbing and painful. People need support both when undergoing them and also to reach therapeutic acceptance.

A very young teenage cancer patient, an asylum seeker who lost all her family except for her sister, started writing about her home and family memories. She dissolved in tears, and was prevented from continuing by a medical intervention. On a subsequent occasion her eyes followed me round the ward until I hesitantly went to her to ask if she'd like to try again. Her eyes brightened. Despite poor English and desperate tears, she started again with the same words and wrote her heartrending piece. It begins: "In my house in Angola we had a lot of beautiful flowers because my mum said the flowers bring peace at home, and she liked that so much." Her essay about the writing was merely: "I like doing it a lot. I like to remember. I like to think about it."

To balance this, a further common theme was how the very creative process made for pride and enhanced self-respect and confidence: "I'm proud and stimulated by some of the things I've written"; "It's something I have done myself. No-one can correct me. It's mine. It doesn't matter if it's right or wrong."

A staff member who contributed to the qualitative data wrote:

As for the work with patients I thought it was fantastic on so many levels. Having someone new, who was so confident in what they were doing, became a feature of the week that many patients looked forward to. The writing sessions were a welcome addition to the routine of activities and were offered in a very approachable way that many patients felt able to try. In at least one instance a patient had not been able to verbalise his feelings but found he could express them in writing and went on to use art as well. It was deeply personal and private for him and I believe he was much more at peace for it. For others it highlighted issues that they perhaps were not aware were as important as they were ie, when describing characters in a story one patient always seemed to concentrate on the girls hair. The patient had thought she herself was fine about her own hair loss and the stories raised it as an issue for her that she was then able to talk about and accept better. The writing definitely affected other activities such as the patient group, patients who had written together talked much more easily together than they had previously.

The great thing about the writing is that the writer is in control every step of the way. It was presented in a

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non-threatening and non-pushy way, which helped everyone to feel safe.

I found the whole experience enriching and enormously positive. The writing is a hugely powerful tool, which enables people to get in touch with themselves at a level that is much deeper than many were expecting. (Staff member, web logging (blogging))

A cancer patient in palliative care emailed me after I'd visited:

A few ideas came into my head the moment you walked out the door last week. I finished up writing something. It just all came out as one fat lump. First-draft. Finished. I put it straight onto my website.

TERMINAL. 11/3/04.

Have I been abandoned,  
Or in the scheme of things, just set free,  
Like cherry tree blossom on the air,  
Or a leaf dropped upon  
The turbulent surface of a stream.  
Its not that my doctors don't care.  
What more can they do.  
I could turn, stretch out my arms  
And say "don't leave me on my own,  
I'm ill and feel secure with you there".  
But I'm the one going to die.  
The one bringing tears to the eyes of children.  
So in an effort to understand  
Why we finish up alone,  
I must rationalise my fears  
And become strong.

Blogs go out to an audience of anyone, as this writer made clear on his website: "After starting to tell you about the problems of my early teens, I feel a great relief. Some of the pressure, the need to spill more of the beans has gone, but there is more that needs to be said. Those events had a negative effect on me and the way I've lived my life." By "tell" he means post on the web. "You" is his audience out there—strangers as well as known people such as family, friends and me. The web might be public, but it is also impermanent. Such personal writing is open to being rewritten, re-thought through. This plastic quality is an essential therapeutic element: "there's always an option to un-write."

### Poetry

The writing above, which "just all came out as one fat lump. First-draft. Finished", came out in poetic form. It often does. *First-draft. Finished* poetry seems to be conducive to people exploring vital existential thoughts, feelings and experiences. Quick and succinct, poetry does not need to have the bulky prose structure of sentences, paragraphs and reaching the right-hand page margin; and it can leap from one idea or image to another. This speed of first draft composition, which can enable a grasping of psychologically elusive but vital images, thoughts, feelings, experiences, is not specific to therapeutic writers. Here Seamus Heaney writes of the process of another great poet:

... Czesław Miłosz's frequent claim that his poems were dictated by a daimon, that he was merely a "secretary". Which was another way of saying that he had learned to write fast, to allow the associative jumps to be taken at a hurdler's pace.<sup>58</sup>

Poetry is not always the right medium for the expression of strong experience such as bereavement. Here is poet Mark Doty explaining why he wrote *Heaven's Coast*<sup>59</sup> in prose. "Poetry was too tight, too contained for the amount of emotion I had to express when Wally died. I wallowed in sentences, they were deeply satisfying" (personal communication).

Poetry, furthermore, importantly uses image as a medium of expression and mode of exploration.<sup>60</sup> Are cherry blossom or autumn leaves abandoned when they fall, or are they a free beautiful gift from nature? "Like cherry tree blossom on the air, /Or a leaf dropped upon/The turbulent surface of a stream." If the first stanza was only the first two lines: "Have I been abandoned, /Or in the scheme of things, just set free", without the blossom, leaf and stream images, it would be not nearly so significant or memorable. In poetry, a writer can introduce the idea of turbulence with all its attendant emotions, by inserting the one single powerful word in the right place. Without the word "turbulent", these lines would have far less power.

The poem below, by a 14-year-old cancer patient, is full of image, with a story just beginning at the end. Note how the writer moves from the outside cold and dreary images to the hopeful, joyful inside. I am reminded of another patient, who wrote that writing helped him to "consider the value and quality of whatever you're doing now".

Darkness, cold weather, damp and dreary  
Sleet and rain  
Cold toes and feet  
Brown and green trees in thick deep and white snow  
Owls deer and foxes  
Christmas carols and bells  
The colour of tinsel  
The smell and taste of Christmas cooking  
Drinks of all sorts  
Tommy wears a red Christmas hat  
with a white bobble on the end  
a shirt, a jumper, brown trousers and trainers  
His job is to set up the Christmas tree  
Putting up the actual tree, the lights  
Putting presents under the tree.

### Story

Writing seems to enable the creation and telling of valuable stories, either to the self or to others. Stories are our human filing system: we don't store data as in a computer, we story it. Once storied, complex events can take on an appearance of greater coherence and comprehensibility.<sup>61</sup>

Everyone has some sort of story of their life. They feel they know who they are and where they came from and have some account of where they think they are going. Illness, terminal diagnosis or bereavement can inevitably make this previously workable story no longer functional, or even broken.<sup>11</sup> "I might never see my grandchildren", for example. Previous hopes and fears, plans and aspirations can become irrelevant.<sup>10 11</sup> Considering the story of their life, in a form which includes the illness, bereavement or possibility of death or disablement, can enable people to make greater sense of their new lives.<sup>62-64</sup>

### Fiction or autobiography

Many of the people I worked with wrote about events in their lives, seeking to make some sort of sense in the writing. One patient wrote about the death of his mother, comparing it with his own experience of cancer, and trying to work out the

significance of her dying of the same disease while he was so very ill himself. Here is an extract from my field notes:

[The patient] said he used the writing to help him to regain a hold on reality. He felt he'd lost the plot in his life, was identifying too closely and muddlingly with other people he knew with cancer. He found it very useful when I suggested that the illness has made him lose the plot of his life, by disrupting it so thoroughly. I suggested he's writing to "heal his story".<sup>10 11</sup> He found this metaphor very useful.

Some write fiction. The only poem one patient wrote for this research was the one just quoted. All the rest of his writing was fiction. Here is the final section of a story about a 5-year-old protagonist:

The other children that he had made friends with on the ward were very friendly and talkative. They knew each other for about a year now, and they were ready to do anything for each other because they had gone through so much together, experienced so many pains together.

The next day the organisers introduced a singer who brings the children some presents. He sings pop music, and he's been on Top of the Pops. His songs have been number 1. He also does many charity events, concerts, and he loves children. With him he brings copies of his albums with diskmans—one for everyone. And autographed pictures, and photographs and things like that. All the children are really excited when he sings live for them.

He has heard about Ben's sleeping problem and he tells him that everything will be ok. He tells him to listen to his music and that'll help him sleep. He tells him to just think of ideas at night for stories—could be anything—adventure, fantasy, horror—like the story they heard read at night. And he tells him that the ones he wants to remember maybe he can write them in his diary or something the next day. He suggests Ben might write a diary about what's been happening.

Ben is amazed at what the superstar is telling him and he is surprised at how much the guy knows about him and his life. In the common room after hearing the story all the children and the nurses say goodnight to each other with hugs and kisses and retire to their beds.

As Ben wasn't sleepy he reflected back on the words of the superstar. And he decided to write a diary.

Firstly he wrote about his parents and his family being there for him all the time. He dedicated a number of pages to his kittens for being there no matter what happened, even when he was in trouble.

We wrote about all of his friends, his superstar, all that had happened on the first day. He wrote about the nurses taking care of him well, activities taking place, and what he planned to do ahead.

He writes a couple of lines about the surroundings and the countryside.

He thinks he can cope with it now, and people have comforted him and told him of techniques he can use.

He came back to the present and dreaded the moments when his parents would leave him.

He lifted up his diskman, put the headphones in his ears and slowly closed his eyes.

I quote from my research field notes:

[The patient], an extremely polite, serious charming 14 year old, whose school work was nearly always scientific. Yet this

long story was written on several occasions. His little protagonist is very young, yet he bravely tackles his fear and isolation in the story situation (one similar to the writer's cancer ward). And he is helped by an authority figure—a pop star. He used his little character's struggles and life successes to say things to himself. A 5 year old can be frightened, and accept such help. [The patient] can accept it on the 5 year old character's behalf.

[The patient] was always very definite about his stories. I made an error once in typing because I couldn't read the writing. He very politely told me he must have said it wrong before, but what he *meant* was ... He then repeated exactly what he'd written the week before. Yet despite this clarity and certainty, he often used the provisional tense—maybe the character did certain things. Does he live his life in maybe? The pop star is the wise person who knows Ben inside, and can offer wise advice. The pop star knowing about Ben's sleeping problem came quite out of the blue; the story shifted emphasis and importance from then.

This young fiction writer was using his story to hear the strong wise authority figure in his own head: the pop star is his own wise strong self.

## CONCLUSIONS

These palliative care and cancer patients expressed the ways in which therapeutic creative writing can be beneficial for exploration and expression of personal thoughts, feelings and experiences. Such areas can normally be difficult to access and painful to communicate. The patients found useful (a) the processes of writing and (b) talking about their writing to me—the writing therapist researcher—and to others such as relatives and clinical staff. Engaging in writing processes similar to the initial stages of literary writing, as well as talking about their writing, provided essential reflection at a significant stage of their lives.

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## Opening the word hoard

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# Opening the word hoard

Tread softly, because you tread on my dreams<sup>1</sup>

## LITERATURE AND MEDICINE: WRITING AND READING IN THE MEDICAL SCHOOL CURRICULUM

Reading literature, and writing to develop insight and understanding rather than publication, can both offer significant service to the medical curriculum. In this final Word hoard, five authors give their own perspective on literature and medicine, both reading and writing, in the student curriculum: three students (now young doctors) and two academics. Taken together, they form an invaluable resource for anyone developing such a course (for further reading, see box 1). A further piece is by a doctor who came to literature and medicine late: it gives an insightful, harrowing account from her student days. The reader can't help but feel how things might have been very different for her if she'd been a Literature and Medicine student.

"I, being poor, have only my dreams; / I have spread my dreams under your feet."<sup>1</sup> Our sleeping dreams, and waking ones expressed in literature and writing, are our riches. To find them spread openly under our feet, we need only books to read, and pen and paper to write our own. The five fundamental principles that literature and medicine demand from us are (1) trust (in the processes of writing and literature reading); (2) self-respect (for ourselves as readers and writers); (3) responsibility (to have authority over the learning from reading and writing); (4) generosity (to the self in giving time to learn from these pursuits) and (5) positive regard (for the patients and colleagues about whom we write, and whom we reflect upon through reading). Personal professional values are considered and reassessed in the process. Trust, self-respect, responsibility, generosity and positive regard are sound foundations for individuals in society and for professional identity and practice.

This is my last Opening the word hoard: editing it has been stimulating, challenging and enriching. Thank you for

exploring this treasure chest with me and the many authors who have so generously shared their experiences and reflections.

G Bolton

<http://www.gilliebolton.com>

## HUMANITIES IN UNDERGRADUATE MEDICAL TRAINING: A PERSONAL STORY

I always loved stories. As a child, I read all the time. All through busy years of clinical practice, parenthood and the encroachment of academe, I read for leisure and pleasure—a symbol of escape, the end and beginning of each day, the bliss of holidays. I dreaded the tedium of a flight that lasted longer than a novel. I also loved the theatre, the gallery, the opera house. And as I went on in academic medical education, I found—oh, lovely evidence base that lends itself to our own values—a rationale for the inclusion of humanities in medical training.

There are many drivers to make medical humanities attractive in medicine: a new topic for research, a sexy profile for a medical school, political fashion, public enthusiasm (patients like the idea that medical students broaden their minds) and keeping up job satisfaction. More important, its academic rationale fits with the general aim of strengthening students' abilities to read and extract relevant findings from different literatures and to achieve the generic competencies of graduates in composing argument and accurate self-expression. I also believe in the professional rationale—introducing students to a range of sources that both allows them some emotional scope and gives insight into the perspectives of others—is a crucial tool in their professional development. Stories of patients, whether face to face or reframed in other ways, have great impact on students' insights, providing a "safe" and explicitly non-clinical way of experiencing pain and healing by proxy.

So what would be more natural at a new medical school than to include medical humanities in the curriculum?

We did this—with some significant successes. The University of East Anglia (UEA), blessed by a wide range of potential short-course options run through other departments, has a solid commitment to studies outside medicine in the third and fourth years (table 1). We have had "one-off" events, such as a hosted play with a mental health theme. We also run events for staff—I recall the general practice tutors on a guided tour of the Sainsbury Visual Centre for the Arts, or using their own hobbies as examples of how to teach others (napkin-folding, knot-tying, and so on). We also ran, for two glorious years, an option called Out of the Box in years 1 and 2, where students could sign up for a picking list of introductory sessions, ranging through drama, music therapy, and creative writing—but that didn't last. Why not? ... The pressures on students and staff are huge in a medical school. Stuff that is core stays in, stuff that isn't goes—and the definition of core depends on the institutional memory.

The Studies Outside Medicine (SOM) course is intact, because it was planned from the beginning and has a clear slot, but finding tutors to fit the medical student timetable and ethos is a constant challenge. Once-only courses can always be slotted in—but the costs, time and effort are a deterrent and the financial risk is considerable. Students sign up in droves at the start of the year for exciting voluntary humanities events, but attrition rapidly occurs in the face of core workload, and ending up with three students for an interactive discussion of a film with a tutor who has taken an afternoon out of clinical practice is embarrassing and wasteful. Nevertheless, overall evaluation is relatively positive. In our end-of-year evaluation, it sits alongside other components, and tutors all have their own in-course assessment. Comments from previous years include:

Archetypal psychology—very interesting and enjoyable. Feel I spent too much time on the assessment essay at expense of studies within Medicine as I found the subject a challenge.

SOM was excellent. I was doing Theology. This provided an interesting

### Box 1: Further reading

Charon R. *Narrative medicine: honouring the stories of sickness*. New York: Oxford University Press, 2006.

Hudson Jones A. Writing and healing. *Lancet* 2006;**368**:53–4.

This is the final Opening the word hoard.

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addition to the course, which was very well tailored to give us a good range of theological experience, covering everything from theological basics to theology applied to clinical situations. I very much enjoyed these sessions and if anything would like to have been able to spend more time studying them. Our tutor was very helpful, friendly and available.

Literature and Medicine was a thoroughly enjoyable, informative and deeply rewarding SOM. It was nice to discuss things that were not medical and to explore the pleasures of reading with like minded individuals. The tutors were fantastic and so enthusiastic.

My SOM was very good and v well taught (Counselling)

Enjoyed it and useful.

Five years on from the start of the UEA MB/BS is a good time to take stock, and to advise others of the lessons learnt. First of all, get any learning you want to organise into the core early on—otherwise it is seen as extra work and will be marginalised. Ensure that it has a viable number of students, so that tutors cannot be let down by small audiences. Secure appropriate resources—tutors do not do this for love. Appeal to the ethos of the course or institution—easier in a university that prides itself on its arts profile. Make a clear academic case for the skills gained, and ensure that these form part of the core assessment—otherwise, in the clamour of timetabling for extra ear, nose and throat slots there may be legitimate criticism of “soft options”. Give a choice—all students will find something to their liking but not all will want to do experiential work, and some will want to see a clear link with health-related topics. And ensure that different options have similar amounts of work—one complaint in our course was of overenthusiastic tutors trying to fit a year’s work into a 10-session module.

The extent to which the students are better with patients because of doing this component is difficult to evaluate. The impacts cannot be separated from other unique components—patient contact from week 1; intense, group-based learning; a lot of general practitioner contact; and strong emphasis on medical humanity as well as technical competence ... We shall soon have a detailed exit interview with our first graduates: whether they will remark on the medical humanities strand as an important part of their learning remains to be seen. At the very least, offering such a strand puts down a

marker that training to be a doctor needs to include more than clinical facts and technical procedures. And a little fun and soul-feeding doesn’t go amiss in a busy course. Roll on, next term.

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### STORIES FROM THE SICKBAY: A REFLECTION ON THE ROLE OF NARRATIVE IN MEDICINE

Originally I believed that literature had no place in medicine other than as an escape from the drudge of rote learning and the scientific staple of fact reproduced and described. Medical language was in absolutes and it felt very important to apply myself in those terms. With a background in English literature, I was self-consciously not open to the possibility of multiple truths or subjective reality when it came to, say, the pancreas. But then I started meeting patients.

Patients have their own medical language. It describes a world of experience that requires a response in the same terms. Thus it occurred to me that the “issues of language” brought to light by critical theory and literature must also be in play in the medical textbook and at the bedside. I don’t mean that we should begin by asking Mr X, “What does your pancreas mean to you?”, but patient-centred care has a new focus on language and communication that is interesting from the perspective of deconstruction and a postmodern approach to language.

Here, I am using the term *deconstruction* as developed by the French philosopher Jacques Derrida.<sup>2</sup> The meaning of a word or sign is layered and it can be unravelled according to its context, drawing on assumptions inherent within that word. Deconstruction is the process of taking apart and exploring all the inherent possibilities of meaning in a text. Language is cultural and political, loaded with agenda, and any meaning to be generated is dependent on the position of the reader. Thus there can be no single and absolute reality or truth, only a play between multiple possibilities.

Postmodernism is the application of this multiplicity where the concept that there is no single or absolute reality is self-consciously placed at the centre of the world view. Old modes of certainty, linearity and the traditional two-dimensional perspective are broken down. In novels that play with linear time—for example, *The French lieutenant’s woman*<sup>3</sup> rewrites its own ending, in which the narrator suddenly appears as a character—the reader is forced to be self-conscious of the fact that the book is a constructed narrative, but at the same time the story is given a multidimensionality that is actually closer to real experience than a story with a straightforward beginning, middle and end. In film, this can be seen in Quentin Tarantino’s *Pulp fiction*,<sup>4</sup> from its non-linear time frame and its self-conscious references to other sources. The use of dictionary definitions of “pulp” at the start of the film dramatises the impossibility of a single meaning to a word. Art that “breaks the rules” of perspective and transgresses traditional modes of representation is exemplified by Picasso’s cubist portrait of French prostitutes, *Les Femmes d’Alger*.<sup>5</sup> Once we acknowledge that the possibilities of representation and truth are inherently flawed, we begin to see things as they really are.

Postmodernism explodes the traditional viewpoint, and it has infiltrated society. This can be seen in how society, politics and history are often portrayed by the media. Politicians are regularly criticised for spin—for masking events by the language used to describe them. Society is conscious of the power of language to manipulate and misrepresent.

The traditional view of history is that it refers to events in the past and that it is based on fact and evidence. But history, too, is political. All texts represent an agenda, a viewpoint. This can be seen in old maps of the world, where Britain at the time of its empire was placed conveniently in the centre. The act of writing history is to create a new, separate reality, which becomes dangerous in the wrong hands—for example, a history in which Nazi concentration camps never existed.

**Table 1** Options for Studies Outside Medicine, University of East Anglia, 2006/7

Introduction to Counselling Skills	Beginners/Intermediate French	Beginners/Intermediate Spanish	British Sign Language
Art and Health	Medicine and Society in Modern Britain	Archetypal Psychology in Medicine	Theology and Medicine
Literature and Medicine	Human Rights and Medicine	Introduction to Cognitive Behavioural Therapy Skills	Archaeology
Introduction to Law	Introduction to Politics	Creative Writing	Film Studies

Text is physical language. As well as writing, it includes the language of buildings, landscape, art and, most critically in this context, the body. When we are applying postmodernist ideas to medicine, the idea of “the body as text” is a good starting point.

When a Mr X walks through the door of the hospital, he is an individual. He has a name and unique identifiers such as clothes, belongings and companions. When he becomes admitted, he is stripped of these things. Lying on the bed naked but for a speckled gown tied up at the back, he is less individual person, more patient body. Then the process of reading and interpreting signs begins. His hands; his face, x ray images, blood samples and electrocardiograms are all pieces of information to be gathered and read, and inherent to this is the storytelling process. “Well, doc, it all started about three months ago. We were on a coach trip through Greece. It was the morning after we’d had a load of dodgy seafood—I started getting these terrible pains in my chest ...”

As students and junior doctors, we turn to our seniors and retell, using more focused terms but still partly blind to the physical events hiding behind our words. Clinical medicine is full of red herrings (dodgy seafood), metaphors (“heart attack” is much more descriptive than ischaemic infarction of the myocardium), similes (“like a ton of bricks sitting on my chest”) and analogies (“You know all the fat and crud that blocks up your sink? Well that’s what’s happening to your arteries ...”) and it is always wrapped up in narrative. Surely there must be a link between what goes on in literature and what goes on in medicine.

On another level, the story of medicine is documented in the anatomy, physiology and pathology of the human body, making it a text of medical history. The islets of Langerhans and Bright’s disease, first, have clinical significance but, second are souvenirs of tales of personality and discovery.

When I found out about medicine and literature, or medical humanities, it became clear that the different disciplines of humanities and science have a lot to say to each other—so much so that it appears to have become a genre in itself: Anthropologists writing about medicine—*Making doctors*;<sup>6</sup> doctors writing medicine as fiction—*Bodies*,<sup>7</sup> and *A country doctor’s notebook*;<sup>8</sup> writers turning medicine into literature—*Saturday*,<sup>9</sup> and *A fortunate man*.<sup>10</sup> The medical world spills over from fact to fiction in *Slaughterhouse five*<sup>11</sup> and

*Metamorphosis*;<sup>12</sup> and there is a wealth of theory around Medicine and Literature—for example, *Illness as metaphor*<sup>13</sup> and *The wounded storyteller*.<sup>14</sup> This list could go on and on, and the ultimate question, for me, is, what can medicine and literature learn from each other?

But then I started work as a junior doctor and the theoretical was obliterated by the onslaught of the job. Thinking about the multiplicity of being or the problems of meaning and experience was not just irrelevant, but impossible. I managed only the occasional moment of self-consciousness, such as when a confused 94-year-old was describing the thick of the D-day landings at Normandy, I found myself smiling and nodding in frustration thinking, “I asked you a *specific question about your bowels* ...” Or the man who produced a hospital diary the size of a novel when I asked him about previous illnesses: “It’s all in here, Doc,” he said. His diary contained every single detail of the goings-on of the ward. Eventually I found his pulmonary embolus between some tepid chicken soup and the meter in the car park.

Deconstruction draws attention to what isn’t included in a text. Could it be that there is no true pancreas, that all we have are representations of the idea of the pancreas? It seems a ridiculous concept that, when faced with day-to-day life, the elliptical nature of the sign, or the word, should be relevant to the body and all its goings-on, but there is something about it that feels crucial. Mr X’s pancreas exists as much in his mind as in his body. It is not the same organ as the one existing in the mind of his consultant, the junior doctor or the student. The difference comes in the action we take. For the patient, it may be compliance and life-style, for the doctor it may be management and communication, for the student it may be learning with an open mind. Each of these has an origin in language and meaning.

Medicine as a science demands absolutes; it relies on evidence and aspires to certainty. The fact that it is all about humans almost refutes this possibility. Whether as clinicians or as patients, individuals are infinitely variable in the way they approach situations, interpret information and take action. The human condition is not a science. Literature is a landscape wherein we can explore what we are and what we do.

The world of medicine is one of the richest worlds of human experience, but people are often too involved to untangle what is actually taking place on all levels. Literature and a self-conscious approach

to language and meaning represent an opportunity for insight into what goes on in medicine, where the unscientific nature of being human is bound hand in hand with clinical practice.

**N Battye**

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### Not Here

**Jade Edwards**

Oh death where is thy sting?  
Oh Grave, where is thy victory?  
Not here, under the plastic sheet;  
Not here where the air smells of pine-apples  
And the bed is of metal,  
Not here, where the coats are white,  
Not black, and the only signs of life are the  
Marks it left on them rather than the  
impression they made.  
Not here, where there is no love, only  
respect.  
Oh death, where is thy sting?  
Oh grave, where is thy victory?  
Not here, but many moons away;  
Here, as the stunned daughter replaces  
the handset;  
Here, as the ward staff stand, heads  
bowed at the rumble of the trolley;  
Here, where the air smells of lilies and  
the only sounds are  
Sobbing; and a favourite hymn.  
Here, with the love and the loss.  
Oh death, where is thy sting?  
Oh grave, where is thy victory?  
Not here in the DR where life goes on;  
Not here, where death is cheated;  
And they share what their lives brought  
them with those who came after;  
Not here, where they live on through  
their bodies;  
Not here, where there is respect for their  
generosity.  
The sting? The victory? Not here.

### Afterword

The poem describes my experiences of death in the dissection room (DR), based on the quote “Oh death, where is thy sting? Oh grave, where is thy victory?” taken from 1 Corinthians 15:55.

Having worked in a hospital as an auxiliary and been very much involved with patients at the end of their lives, when I arrived at medical school I was struck with the treatment of the idea of death within the dissection room. The cadavers are treated with the greatest of respect at all times. It was the pathology of their lives, however, rather than their illnesses that I had in mind when I wrote *Not Here*. In writing the poem, I compared my experiences of death both in the hospital and personally to the reality of



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life in the dissection room ... where the human loss and misery of those left behind remains unremarked and life is celebrated, indirectly, through the miracle of their bodies.

**J Edwards**

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### LITERATURE AND MEDICINE: REFLECTIONS LATER

As it turns out, these last four weeks have saved me. I've written my way into trouble, but it needed to be done. In terms of medicine, my viewpoint has changed. My determination not to be beaten into a "pre registration house officer" but to become a doctor instead is striking. This course has put me back together and I've left behind such clouds I didn't realise existed. My only one further aspiration is that other people might get this wonderful opportunity too. Is it so big that it can't be done? Four weeks of thinking in a caring and natural setting—doing what we've done has gone a long way to saving me from medicine. (Literature and Medicine module evaluation).

You could say I wandered in to medical humanities by accident. I remember having to choose two special studies modules for the winter of my third year at medical school. Two days before it was due to start, one of my choices had been cancelled. A list of what was left was pinned up, on it Medicine and Literature. I did enquire what that meant, as my first thought had been of Medicine and The Literature: systematic reviews and meta-analysis, and that didn't altogether appeal. Reassured that it meant books, and not evidence, I felt curious and awaited our first session.

What I found was to help me in the short term, and to give me a grounding for something I hope will remain with me through my professional life.

First, I remember there being space—so much space I was anxious about how I'd fill it. Two tutorials a week, with time in between, initially overwhelmed me: I'd been stuck in the mill of lectures, teaching and studying for the past two and a half years, and this had kept me busy and occupied. But I soon learnt to fill my time with books and thought and writing. I discovered curling up with a pencil and notebook, and reading books for hours, instead of snatching a few pages last thing at night before I fell asleep. I realised my mind was working in a new and totally different way from before; I likened it to

having been programmed as if a robot, full of facts and knowledge but little capability of thought and debate.

The business of the Medicine and Literature course was two-fold. First, we discussed books we had read. John Diamond had just written *C: because cowards get cancer* too<sup>15</sup> and, having followed his column in *The Times* for some years, I wanted to bring this to the group. He eloquently wrote of his loathing of the cancer "war" rhetoric. He didn't like that people were said to be "fighting" or "battling" cancer, as it implied that those who were weak or afraid should not survive. He wrote, "My one great pride in all of this is that there are now medical schools where they use the book I wrote about being cancerous as a textbook to give apprentice doctors some idea of what it's like to be a patient."<sup>16</sup>

In turn, I discovered a wonderful book by Arundhati Roy, *The god of small things*.<sup>17</sup> I liked its style—an unstuffy prose with a beautiful word play that painted a picture of childhood. It also was my first introduction to what was then a relatively little known children's book about a young wizard called Harry Potter.<sup>18</sup> I remember discussing how medical school and Hogwarts had their similarities—rights of initiation, conformity, and that casting spells could be likened to prescribing.

Second, we had sessions with a GP where we watched a surgery and then went away to write creatively about what we had seen. I remember this teaching me to really think about patients and, from what little I had seen of them, try to imagine their lives. I have no idea if I was totally off the mark, but that wasn't the idea. We imagined lives we had never lived, illness we had never had, poverty we would never endure, relationships that would never be ours. This linked neatly to the books we read and widened our experience of being human—for me, what medical humanities is about.

One previous experience of "teaching" during the early clinical years was that of being asked for three signs of right-sided and three of left-sided heart failure. When we didn't know the answer, there were mutterings of "well you have a lot to learn", in front of patients, which I found humiliating. Of course doctors must know their job, and had the consultant said to us the previous day to go and learn about heart failure we might have stood a chance. But our first clinical placement and we hadn't got there yet, and this random question from the entire field of clinical medicine was beyond us. To my

mind that wasn't teaching, and I found it unnecessary.

The Medicine and Literature course with Gillie Bolton and David Gelipter was different. We had mentors in the true sense of the word. Our opinions were valued, and we were listened to. I in particular owe a debt for that encouragement, as my teachers were to encourage me in wider ambitions. I had always read and enjoyed *Student BMJ*, a monthly magazine for medical students produced by the *British Medical Journal*. It was edited by a medical student on a year's sabbatical. Two of the editors during my early years at Sheffield were Sheffield students and I formed wild ideas that I might one day get there myself. I put this to the group, I think after we'd been asked how we might take medical humanities forward after the course ended. I said it as if it would never happen. But my teachers said I should believe in myself and asked me why it couldn't happen.

I so enjoyed writing that the next step for me was to get involved with the medical school magazine. I wrote for it and eventually was the deputy editor. We worked hard and pulled a few all-nighters to get it to the printers on time. A year after the Medicine and Literature course, I saw an advert in *Student BMJ* for a scholarship to spend eight weeks at the journal. I decided not to bother applying, but two days before the deadline changed my mind, after thinking back to the course. I put in a last-minute application, sent direct from Grimsby District General Hospital where I was staying on an obstetrics and gynaecology placement.

I got the scholarship and moved to London for two months the next summer. While I was there, the coveted editorship of *Student BMJ* was advertised and I put in my application. I was successful, and took a year out of medical school for the job. It was challenging, I was editing, writing, promoting the magazine and even teaching other students how to write for the magazine. It's given me priceless skills and experience, not least of which is a fairly critical eye, of myself as much as anything. It won the *Guardian's* student magazine of the year two years in a row and part of the prize was a week's work experience on the paper. So as war broke out in Iraq, I found myself with the privilege of observing the editor's daily conference and a debate about whether it was acceptable to put pictures of dead Iraqis on the front page.

These days I can be found on a general practitioner vocational training scheme in London. My scheme has a medical

humanities bias and our weekly teaching incorporates books, films, and museum and theatre visits into the programme. This, of course, has its critics, who would rather be learning about the latest NICE guidelines, but they miss the point. We watch Ingmar Bergman films and discuss them, something that we wouldn't necessarily get to do outside of this forum.

The 4 week Literature and Medicine course was a firm foundation, and has been hugely significant to me. At the time I felt it had "saved me", and by that I meant that it had put humanity back into the facts and the science I was trying to learn. Anyone can learn signs of left- and right-sided heart failure. But to win the trust of your patients and successfully treat them is art; science is just one of the tools. Otherwise we would have been made redundant long ago, replaced by automated algorithms and robots dispensing frusemide.

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## STORY OF A DREAM: SPECIAL STUDY MODULE 2001

It's so wonderful being asked what I think.

My brain hurts.

The module was an accidental occurrence, an eight-week overlap in a changed curriculum, a one-off process to fill a space, in the early part of the clinical course. A corridor question, the time available and absolutely the right person to collaborate with. A poet's (Gillie Bolton's) counterpoint to my more staid physician's approach. The module lasted for four complete weeks and was repeated once.

The guiding premise was the view of literature as an essential study for medicine. Each week had two fixed points, a three- to four-hour tutorial, and an observational session with a general practitioner in consultation. In addition, there was a creative writing workshop in the first week and an evaluative session on the final day. The students were asked to keep a journal of their weeks, to reflect on their observations of clinical situations, the texts brought for discussion, and anything else, including the course. Assessment was based on attendance and an informal portfolio as evidence of participation. For me, this was an opportunity to spend protected time with medical students, to give and to take, to

observe and to listen, to guide and to learn.

Each week, the students would bring a story or poem written from their observations in general practice. Thus, they were not asked to display clinical knowledge or to discuss clinical management, but rather to dwell upon their emotions engendered by their observations. There was also some autobiographical writing ("incidents which led me to want to be a doctor"). The literary texts were brought each week by each student and by both tutors. Gillie's idea of the students sharing favourite texts with the group rather than being subjected only to the tutors' choice was, we believe, innovative and enabling. Both tutors wrote their own journal notes after each session and shared them with each other and the students by email. As a result, the students shared their journals (or parts of them) with each other and the tutors.

This *modus operandi* produced a vast and rich portfolio of writings for each four-week period.

The final 20-minute act of all of us writing an evaluative story produced evidence of immense involvement and growth.

The (observational) writings I found were a great way of communicating anxieties, thoughts or feelings about the situations we observed or have encountered.

Even the weekly journal of our sessions was therapeutic writing. I found myself writing things that I would normally never even talk about, yet it seemed easier to say it in the journal.

It actually makes a huge difference writing in the journal before writing my essay as it puts all your thoughts on to paper, so when you come to write your mind is clear.

We get to know each other through the writings in a way we are never normally privileged to do.

Can the last four weeks be explained without sentimentality—to the point of credibility? Stand me next to me four weeks ago and we don't match. Four weeks of thinking in a caring setting. It's saved me from medicine.

I even felt we taught you (our tutors) some things, and we were going through something together, and that's precious.

**D Gelipter**

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## THE WESTDENE DAM BUS DISASTER

As a fifth-year medical student at University of the Witwatersrand, Johannesburg, South Africa, I was one of the first on the scene when a double-decker bus carrying 72 high-school students went off the causeway of a small suburban dam in March 1985. Forty-two children drowned that afternoon (see [http://www.joburgnews.co.za/2005/mar/mar24\\_westdene.stm](http://www.joburgnews.co.za/2005/mar/mar24_westdene.stm)).

I lived opposite the Westdene dam and was at home that Wednesday afternoon, having been up late the night before doing my emergency medicine attachment at Johannesburg Hospital's casualty department. Hearing a woman yelling for help, I went outside to see a handful of people in the water, some clambering onto the just-submerged roof of a bus.

By the time I got to the dam wall a few minutes later, several passers-by had started to pull children out of the water, dropping them on the road before going back for others. The first ambulance arrived within 6 minutes and immediately called for backup. But for the first critical 10 minutes, there were only two or three of us able to do CPR, with dozens of blue, unconscious children at our feet. Within 20 minutes, numerous fire trucks, police and ambulances had arrived, but by then we had dozens of dead children.

At one point I stood up and looked at 12 teenagers lying on the tarmac around me and thought, how do I decide which one to do CPR on and which ones to leave? How long do I try on each one before going onto the next?

Of the several people I worked on that day, the only one that I know for certain who survived turned out to be the bus driver—a "Coloured" man, William Horne, driving a busload of white, Afrikaner school children. In the South African context of the mid 1980s, this added another layer to an already hugely traumatic event. Conspiracies and allegations came fast and furious in the next few weeks, along with death threats.

I had tried to resuscitate six children by the time help arrived, but they all looked the same in their school uniforms: in the chaos that followed, I never learnt which ones lived and which ones didn't.

The next day, I went back to my emergency department attachment, arriving an hour late, not having slept much with the events of the previous afternoon churning through my head with constant visions of dead, pale and perfectly unmarked teenagers lying at my feet in the Highveld autumn sun.

While my fellow medical students were supportive (and very grateful that it

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hadn't been them), my most vivid memory of that morning was the scathing comments from the emergency department consultants as to how incompetent those first on the scene had been and how they would have done much better.

I felt battered and raw, and what I needed as a young doctor in training was a more practical approach—were there any criteria I could have applied to decide who to do CPR on and who not, how long should I have kept going on one child when new ones were being dragged out of the water and dumped next to me? What would they have done differently? But they were too full of their own self-importance to pay attention to the needs of a fifth-year medical student. In retrospect, I wonder if perhaps their bluster was part of the impotence everyone felt over the deaths of 42 children.

Intellectually I could see that there was probably little that would have made a difference. Logistics, the number of children involved and the very short critical period were the main determinants of the death rate, from the moment the bus left the road.

After that first day and the hostile, critical comments from senior colleagues, I did not talk about it again at medical school.

In the aftermath of the disaster and allegations that the bus driver had been drunk, I had made a statement to the police. The bus driver had vomited while I was doing CPR and I had got a good mouthful of his recent lunch—cheese sandwiches with no taste or smell of alcohol—before rolling him onto his side to clear his airway. Blood alcohol and toxicology tests later confirmed this.

A year later, while on my rural attachment in the Eastern Transvaal as a trainee intern, I was summonsed to appear in the Johannesburg high court with a day's notice. I had previously been told by the police that they would not be calling me as a witness in the trial of the bus driver, now facing 42 counts of manslaughter.

With a week of my rural block to go, I handed over my part of the project and drove the five hours back to Johannesburg on my own. I dreaded recounting the events of that day to a court packed with parents and school friends of the dead teenagers. Many had already made it clear that they resented that the bus driver had survived and that it would have better all round if he hadn't.

I spent the next two days on my own, sitting outside the court waiting to be called. After giving evidence (and the judge thanking me for my efforts at the scene, one of the few people to do so), I phoned my medical school supervisor. The medical school wanted me to return to the rural hospital for the final three days of the attachment. I refused, said I needed some time out and that I intended to hibernate at home for three days. They backed down eventually and did give me credit for the attachment. No one asked if I needed to talk through what had happened, on a medical level or an emotional level.

After a three-week trial, the bus driver was acquitted of all charges. None of the evidence, including my tuppence worth, really shed any light on what had caused the bus to drive off the causeway road. Horne himself had no recollection of the events or the weeks that followed when he was in hospital with aspiration pneumonia (those cheese sandwiches again) and the several broken ribs I had given him.

None of the surviving children could shed any light on the events either. The judge concluded that in the absence of evidence to the contrary, it was presumed that the bus driver had had a blackout.

Several months later I got a phone call late one night from the bus driver, saying he wanted to thank me for saving his life. We had an awkward conversation in which I expressed my apologies that I had had to give evidence against him and my relief that he had been acquitted. It ended with me saying that I hoped that things worked out for him in the future.

They didn't. After a series of suicide attempts, he succeeded in killing himself, leaving a wife and five children.

Johannesburg rewrote its disaster management plan to include mass drowning along with mine disasters, bombs, fires and airplane disasters. They also established a joint police and fire department dive team, which had previously been thought a luxury in an inland city with no big rivers or lakes, just private swimming pools and a handful of small, suburban dams. Small they may have been, but one was just big enough and deep enough to cover a double-decker school bus.

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## The Art of Medicine

### Writing values

"Stories do social and political work. A story is never just a story—it is a statement of belief, of morality, it speaks about value."

*Ivor Goodson, Storying the Self*

"Writing a personal narrative of practice is a moral project."

*Arthur Frank, The Wounded Storyteller*

What are values? How do we discover those we live and work by? More crucially, how do we reappraise and develop them? Values inherent in practical wisdom, along with technical knowledge and skill, are the foundations of living and working, according to Aristotle. Values have substance only in practice: we are what we do; actions speak louder than words. Professional integrity can be defined as working according to values integrated within daily practice, but many practitioners might never have defined their own values explicitly. Insights into this vital area of professional life can be gained by writing stories about practice and discussing them with peers in confidence.

People experience their lives and work as narrative. Every situation can be narrated as a story. Such narratives of experience begin to make certain inherent values apparent; they might be pointed out in discussion, or in a piece of writing. Writing narratives and reflecting upon them, particularly in confidence with a trusting group of peers, can enable professionals to grasp the values they practise, and clarify what they think of them, and how they might modify their attitudes. Practitioners focusing on their own written narratives of practice can pose challenging questions as well as be constructively reassuring and inspiring.

Values come into view more clearly when events are narrated in writing from different points of view. Someone might ask "what do you think your patient felt?" What is meant here is what would I feel if I were my patient, not what would I feel if I were still me, but in my patient's position. These questions are slippery and difficult to grapple with critically, even in focused professional developmental discussion.

Strategies for writing that enable scrutiny and reappraisal of key professional experiences can be borrowed from literature. Literature's power resides in its ability to offer a range of values with effects and outcomes graphically displayed and explored. A piece of writing, whether read, heard, or acted, has unique impact. Reflecting on a good novel, poem, or play brings to mind the dilemma or question and the consequences of the way it is acted upon, which is at the heart of its plot.

Clinicians cannot know the myriad effects of their actions, or what their patients and colleagues feel and

think. They can, however, narrate an occasion in writing, using evidence recollected from spoken words, tone of voice, body language, and so on. Here is Antonio Munno's experience, recounted in the *BMJ*:

"The family asked to meet me. Their daughter had recovered from meningococcal septicaemia, and they wanted to know why I hadn't diagnosed it...My stomach wrenched with anger and frustration. Can't they see? That's the whole point: two doctors a few hours apart both made the same clinical judgment that this was a viral illness. I felt that their criticisms were unfair...I decided to...write the story of the family's complaint from the point of view of the parents...At that point my perspective on the complaint changed...By thinking about the complaint from the family's point of view, I understood that my role in the meeting wasn't to defend but to listen."

Munno's clarity that the value of listening can take precedence over defending his professional judgment lies in his final half-sentence. He reached this conclusion by examining the situation from the parents' point of view, using story writing as a vehicle. This approach helped him begin to reassess his value judgment as to appropriate action. It happened because he humbly and honestly put himself in the parents' position, by harnessing the narrative power of story writing.

At a senior medical educators' conference I asked a workshop group to write a list of words about their work: any words. We took some time listening to each list; the items carried such importance. All physician-writers then chose one abstract noun from their list (trust, respect, for example) and wrote reflectively about it. I asked them to write a narrative about any experience in their lives. The group understood they would be invited, but not required, to share their writing. Allan's abstract noun had been vulnerability, and he now also wrote about missing a diagnosis of meningococcal meningitis. He wrote:

"I lost some of the confidence I'd had, and have been since more wary of my patients. I sometimes fear my involvement in them compromises my professional judgment and makes me more vulnerable. Perhaps it would be better to be less interested and more detached. Perhaps I would be a better doctor and less "sloppy" if I maintained a more professional distance."

The group delved deep in discussion about professional responsibility: how relating closely to patients enhanced both their clinical practice and their personal experience of it, but could increase anxiety. Each group member brought his or her own interpretation, perspective, and experience to bear on the discussion. They offered individual insight into the story's implicit meanings, widening understanding. The



Dan Rowland

discussion enabled them to tussle with issues around their relationships with patients: relating to them with empathy opened up insight, but entailed vulnerability. Allan found that writing about his loss of confidence and sharing this with trusted peers helped him re-establish confidence built on more appropriate values.

On a different professional development course I led, group-members wrote narratives as if they were to be read by children. Lucy, initially non-plussed, followed my recommendation to write whatever came into her mind, in whatever way. This advice is fundamental to the process of reflective writing, as the philosopher Jean-François Lyotard pointed out: "We write before knowing what to say and how to say it, and in order to find out, if possible". The exercise enabled Lucy to find out what she needed to reflect upon. Her story concerned a tricky consultation with a boy presenting with listlessness and stomach pain. By attending carefully to what child and mother expressed, she was able to give him the confidence to express himself about his deepening anxiety about his mother's new boyfriend.

"His mother, quieter than I had ever seen her, reached over, took his hand and squeezed it. 'It's going to be fine' she whispered, 'We'll work it out together, Bill'.

Bill didn't look quite as small as he went out, and his Mum didn't seem quite so tall and loud either. It was almost as if, whilst we had been talking, he had grown taller and she had grown smaller so became much closer than before."

Reflecting afterwards on the story and group discussion, Lucy said that she felt proud of having valued listening and openness, rather than maintaining professional distance. She had made herself vulnerable and open to being trusted with the sensitive kernel of the problem. The task, to write as if for a child, enabled her to re-experience and re-evaluate the event, and therefore to clarify her implicit values.

Finding strategies to gain access to and articulate what we know, think, believe, and remember is a perennial problem of professional development. Reflective writing harnesses small-group discussion with narrative in order to develop human understanding, the ability to listen, and practical wisdom from experience. Narratives express the values of the narrator; they also develop and create values, as well as a sense of self-purpose, in the telling. The poet William Butler Yeats asked "Oh chestnut-tree, great-rooted blossomer, / Are you the leaf, the blossom or the bole?" Who we are, what we stand for, and why, are integrated with how we act. Engaging dynamically and critically with stories of experience through writing can illuminate our values, and help us reappraise them.

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Key Terms, Chapters 1, 2, 3, 4, 5, 8, 12, 13, 14, Bibliography

# KEY TERMS

*Reflective Practice* uses key terms, explained below. They are sometimes used inaccurately and superficially in professional development; some are from other disciplines and can seem foreign. These explanations are accompanied by a brief description of *through-the-mirror* reflective writing, at the heart of this book's method.

**Reflective practice:** **Reflective practice** is paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively. This leads to developmental insight.

**Reflection:** **Reflection** is an in-depth consideration of events or situations: the people involved, what they experienced, and how they felt about it. This involves reviewing or reliving the experience to bring it into focus, and replaying from diverse points of view. Seemingly innocent details might prove to be key; seemingly vital details may be irrelevant.

**Reflexivity:** To be **reflexive** is to find a way of standing outside the self to examine, for example, how seemingly unwittingly we are involved in creating social or professional structures counter to our espoused values. It enables becoming aware of the limits of our knowledge, of how our own behaviour is complicit in forming organisational practices which, for example, marginalise groups or exclude individuals. Reflexivity uses such strategies as internal dialogue to make aspects of the self strange. It requires being able to stay with personal uncertainty, critically informed curiosity, and flexibility to find ways of changing deeply held ways of being: a complex, highly responsible social and political activity.

**Values:** **Values** are manifest in practice: *we are what we do; actions speak louder than words*. Professional integrity can be defined as working according to consonant values coherently integrated within daily action: **values in practice**. **Espoused values** are stated and might therefore be at variance with values in practice. One of the major aims of reflective practice is enabling people to make their values and practice consonant.

**Models:** **A model**, within the context of *Reflective Practice*, is a coherent structure of theoretical principles which fit together into a practical whole. They are

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idealisations helping us to understand; they are not descriptions and do not tell us how to act. *Through-the-mirror* reflective writing is a model. **Muddles in the models** happen, for example, when a way of working is chosen as if off a shelf, and combined with another with different theoretical principles. Education or practice, based on such muddled models, is likely at best to fail, at worst to cause significant damage.

**Authority and responsibility:** A *through-the-mirror* reflective practitioner has **authority** over and **responsibility** for their own learning and practice. A facilitator or mentor's role includes the creation of safe-enough educational environments with clear boundaries. In such spaces, practitioners can be brave enough to stay with uncertainty and self-doubt, thereby gaining confidence in and authority over their own thoughts, feelings and actions. Enquirers begin to realise and wield the full extent of their responsibility through reflection and critical reflexivity, leading to significant development and change.

Some models, often expressed in terms of *stages, levels, cycles* or *styles* of learning or development, have been used to constrain reflective practice. While seeming to create sufficient security for reflection, such methods can strip responsibility and authority from practitioners over their own education and development, and therefore will not be critically reflexive.

**Narrative and story:** People think about their lives in terms of **narrative**. Situations can be narrated as **story**, with beginning, middle and end; characters demonstrate intentions and interact over a specified time period; events occur in specific places. Life as lived is not story, mostly because it is all middle with no real beginnings and endings, it goes on and on: and then, and then, and then... .

**Metaphor:** **Metaphor**, a major way of making sense of the world (along with narrative), is a frame through which we perceive, understand and feel. A form of cultural interpretation, it is a foundation of communication, values, ethical beliefs and practices, shaping our perceptions and prescribing our understanding. Attitudes are formed, certain elements foregrounded, others ignored by the metaphors we use. Each metaphor, consciously used or created, gives authority, and extends and vivifies that which it describes. Metaphors used unwittingly restrict perception and understanding.

A metaphor is something otherwise unrelated or logically inconsistent standing in place of another: 'my work is the baby thrown out with the bathwater'. Metaphor makes abstract concrete. Feelings, spiritual experience, abstractions such as the mind cannot be touched, heard, smelt or seen. Metaphors give vital yet difficult-to-grasp everyday areas of our lives tangible concrete form, such as perceiving the mind as a computer. Critical insight into metaphor can enhance reflective practitioners' authority.

**Perspective:** Experience is always perceived from a **perspective**, a point of view. Assumptions that clients, patients, students, members of the public share practitioners'

viewpoints, for example, are likely to be dangerously wrong, yet such assumptions are made every day. In reflective practice, one attempts to perceive from others' perspective.

**Description:** A carefully observed **description** of an event, place or person is reflective and analytic. Something observed acutely and critically is something understood, because observers grasp relationships between separate parts of a whole, and/or elements in a sequence of events. Close and accurate description is therefore a significant aspect of reflective practice.

***Through-the-mirror* writing for personal and professional development:**

This model is so called because writers are taken right through the mirror's glass and silvering to a reflective and reflexive world where nothing can be taken for granted: everyday actions, events and assumptions about other people take on radically different significance. The perspectival nature of experience is explored via narrative, metaphor and description. Greater authority over personal principles and values can be gained, and greater responsibility over professional assumptions. Other methods of reflection help practitioners to look in the mirror and see an image of themselves reversed, but otherwise just the same.

The writing process *is* the *through-the-mirror* reflective process.

*Through-the-mirror* writing can develop professional and personal understanding and insight, each writer responding to their own concerns, wants, needs and interests. Writers can discover more about themselves, and clarify their values, professional identity and boundaries. They learn about diversity of perspective, and recognise and challenge assumptions about political, social and cultural norms.

An experience narrated in writing can be powerfully illuminative. Practitioner writers retain full authority and control: writings are theirs to store unread, read privately deciding whether they should be shared developmentally with others, or possibly destroyed. Confidential discussions with trusted carefully facilitated bounded groups or mentors, following the reading of reflective writing, can focus quickly and deeply, and enable dynamic understanding leading to significant development and change.

*Through-the-mirror* writing shares some processes with the initial explorative expressive stage of literary or creative writing. The story form (narrative) is used because it is the human natural communicating medium. This writing also harnesses powers of metaphor, observation and description, and imaginative exploration of perspective. Fiction and other literary modes can develop perception of, for example, alternative points of view (for instance, client). The examination of metaphor clusters used habitually at work can help reveal social and cultural forms creating professional and personal constructs (for example, hospital as marketplace; human body as machine). Insight can be developed by exploring personal metaphorical analogies for professional issues (for example, my work is an elephant/Christmas tree). This conscious examination of point of view and metaphorical base can deepen awareness of the perspectival and socially constructed nature of experience, helping professionals towards a deeper perception and more responsible grasp of relationships, events, consequences and possible courses of action. Greater authority is gained over role and practice.

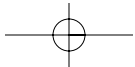
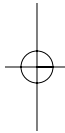
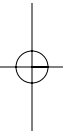
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Some reflective writers craft writing beyond the explorative expressive stage, redrafting sometimes for professional publication. Critical redrafting can offer personally developmental insight, by focusing on significant expression of vital material in a form which communicates to a wider readership. Processes borrowed from poetry, fiction, drama, auto/biography or journalism refine texts. They become interesting and comprehensible to unknown readers, and less emotionally disclosive or cathartic for the writer. Published literature is read for content, not personal interest concerning the writer. Some autobiographical published accounts (my cancer journey/how I lived with having killed a pedestrian) appear disclosive, but are carefully crafted. Few reflective practice writers redraft to create a product for wide publication, though some craft or rewrite dynamically and some for professional publication (for example, the *British Medical Journal* and *The Lancet* regularly publish such informative and personal pieces).

Writers and readers of *through-the-mirror* writing are significantly concerned with their own and each other's professional and personal development. They write for the power of the process to inspire critical insight.

## **SECTION 1**

# **REFLECTION AND REFLEXIVITY: WHAT AND WHY**



## CHAPTER 1

# REFLECTIVE PRACTICE: AN INTRODUCTION

Chapter 1 introduces and describes reflective practice, outlining its political and social responsibility. Reflection and reflexivity are defined and explained. The particular nature of *through-the-mirror* writing is introduced, its relationship to mindfulness, and the way it can tell the truth while accepting the impossibility of objectivity.

We do not 'store' experience as data, like a computer: we 'story' it. (Winter 1988, p. 235)

You understand how to act from knowledge, but you have not yet seen how to act from not-knowing. (Chuang Tzu 1974, p. 68)

I'm no longer uncertain about being uncertain: uncertainty is now my mantra. (Reflective practice student)

**Reflection** is a state of mind, an ongoing constituent of practice, not a technique, or curriculum element. *Reflective Practice* can enable practitioners to learn from experience about themselves, their work, and the way they relate to home and work, significant others and wider society and culture. It gives strategies to bring things out into the open, and frame appropriate and searching questions never asked before. It can provide relatively safe and confidential ways to explore and express experiences otherwise difficult to communicate. It challenges assumptions, ideological illusions, damaging social and cultural biases, inequalities, and questions personal behaviours which perhaps silence the voices of others or otherwise marginalise them. *Reflective Practice* can enable enquiry into:



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- what you know but do not know you know
- what you do not know and want to know
- what you think, feel, believe, value, understand about your role and boundaries
- how your actions match up with what you believe
- how to value and take into account personal feelings.

This form of reflection seems to enable practitioners to explore and experiment with areas of experience difficult otherwise to approach, such as:

- what you can change in your context; how to work with what you cannot
- how to value the perspective of others, however different they are to you
- how others perceive you, and their feelings and thoughts about events
- why you become stressed, and its impact on life and practice
- how to counteract seemingly *given* social, cultural and political structures.

*Through-the-mirror* writing is intuitive spontaneous, similar to initial drafting. Writings then inform discussion in trusted confidential forums. Reflective practitioners write for self-illumination and exploration, not to create a product.

We know a great deal more than we are aware, absorbing information unwittingly, and data we do not use and think we have forgotten, and challenging material shoved into boxes mentally labelled *do not open*. *Through-the-mirror* writing can give confidential and relatively safe access, using narrative and close and accurate observation. It enables the vital skill to use knowledge thus gained (for perceptive diagnosis for example). Constraining structures and metaphors can become clear, offering power to take more responsibility for actions.

All action is founded upon personal ethical values. We are what we do, rather than what we say we are. Yet it is hard to gain clarity about ethical values expressed in practice, far easier to *say* what we believe (espoused values). *Through-the-mirror* writing enables discovery of who and what we are in practice, and why we act as we do (for an exercise, see Bolton, 2009). This process can be unsettling (Pollner 1991) or even uneasy, leading to the uncertainty of genuine questioning, the foundation of all education. Education is about perceiving and developing our own searching questions, rather than being given answers. The search for solutions leads to yet more pertinent questions and more learning. In learning and understanding about human rights, for example, law students need to learn 'not only the practice of law. Rather it means the practice of people, their lives and the values, needs, beliefs that people hold and wish to protect, or promote, or advocate' (Hinett 2002; Williams 2002, p. 134).

*Through-the-mirror* writing can help practitioners towards perceiving and taking full responsibility. It is never good enough to say: 'I don't have time to do X', 'I did that because my senior instructed me to/it was in the protocol',

'I thought everyone did Y', 'Oh I've never thought about why I do that, or if I should!' There is much in life we are genuinely not in control of, such as birth, death, illness, accidents, and others' impingements upon ourselves (for example, a bureaucratic rule-bound manager with no interest in developing staff). We may not be in control of responsive feelings and thoughts, but we are surely responsible for our actions.

Reflection and reflexivity are essential for responsible and ethical practice, yet there have been arguments against it. One is lack of time (Copeland et al. 1993) and packed curricula taught by demotivated and over-stretched tutors (Davis 2003). Current expectations of constant activity and busyness make reflection a luxury; this, paradoxically makes it more important to point out the value of reflection (Hedberg 2009). Reflection and reflexivity can be seen as threats to position or status in organisations, where such practices are often impeded by prescriptive meetings with a low level of engagement, high role-based demarcated and political dimension, high degree of threat and task orientation (Heel et al. 2006).

Reflective practice leading to change and development only happens in learning organisations (Gould 2004), with supportive mechanisms of coach, mentor or facilitator (Gray 2007), and not when top-down, organisational visions are imposed leading to compliance (Senge 1992). Effectively facilitated reflective and reflexive professional development is amply repaid however, as practitioners take decisions more accurately and quickly by drawing upon effective trustworthy intuition (Cartwright 2004). And organisations gain from workplace reflection because critically reflective practitioners have increased morale, commitment to clients, openness to multiple perspectives and creative innovative non-dichotomous solutions, and clearer boundaries (Fook 2002). Reflection on the part of professional evaluators is also crucial, given the inherently politicised and value-based nature of evaluation, and the need for critical monitoring of bias (Clark/Keefe 2007).

Reflective practice which genuinely affects practitioners' lives, and those around them, needs confident experienced teaching and facilitating. Students or employees required to write journals and accounts of practice without being inducted and facilitated well are likely to experience feelings of helplessness, frustration and eventual burnout (Gray 2007), be resistant (Bulpitt and Martin 2005), negative (Hobbs 2007), or even 'angry, challenged, threatened, demoralized, shocked, and put off by the *leap into the unknown*' (Trelfa 2005, p. 206), and they might focus merely on technical skills (Truscott and Walker 1998), or write safely and hypothetically about themes rather than specific experiences (Clarke 1998). Leadership development students in business environments often block reflection due to negative 'mindsets' (Smith 2001) if appropriate educational environments are not created, and tuition offered. There are no half measures: if organisations want reflective reflexive practitioners they need to pay in time and facilitation.

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Creating this environment can be complex and perplexing, and managerialism will always be a significant block to practitioner critical reflection (Heel et al. 2006; Redmond 2006). The most effective education has never been easy, as any reader of Socrates (Plato)'s dialogues knows. Good facilitation can lead to: '83% of the professionals with whom I had worked within the reflective teaching model considered that, over two years after the end of the course, they were significantly more confident of being able to introduce change within their organisation' (Redmond 2006, p. xii).

Change and development take time, energy and commitment. Instructional how-to and information-giving can seem to give instant 'results' making reflective practice seem 'soft and unquantifiable' (Regan 2008, p. 219), 'self-indulgent' (Bulman and Schutz 2008).

Instruction resulting in neatly ticked competencies is tidier, less demanding than challenging students and practitioners to question the very roots of their practice, themselves as practitioners, and significantly critique their organisations. According to Groom and Maunonen-Eskelinen, narrative exploration and reflective practice are more used and valued in teacher education in Finland than in the UK, where development of competencies is valued more highly. European teacher training is less inhibited in promoting reflective practice as liberating force than in the UK (Groom and Maunonen-Eskelinen 2006).

### Write to learn

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This third edition not only clearly and thoroughly explains *what* reflective practice and reflexivity are and *why* they are essential, it also clearly and straightforwardly demonstrates *how* to start and develop, *with whom*, *when* and *where*. In this book you will discover how to *write to learn* as well as *learn to write*. *Reflective Practice* offers practical and theorised methods for understanding and grasping authority over actions, thoughts, feelings, beliefs, values and professional identity in professional, cultural and political contexts. It suggests processes for critical reflection upon the forms, values and ethics of institutional organisations and structures in which professionals work. This critique can result in radical movements for change. Most training and post-experience courses include elements of reflective practice and reflexivity. Danger lies in it being a separated curriculum element, however: it is a foundational attitude to life and work, not a set of exercises.

A paradox is that systems require reflective practice as curricula or professional development element. Since its nature is essentially personally, politically and socially unsettling, it lays open to question anything taken for granted. Enquiry-based education, 'education for creativity, innovativeness, adaptability, ease with difference and comfortableness with change ... [is] education for instability' (Reid and O'Donohue 2004, p. 561).

Smooth-running social, political and professional systems run on the well-oiled cogs of stories we construct, and connive at being constructed around us. Welcoming of diversity can be mere window dressing. Effective reflective practice and reflexivity are transgressive of stable and controlling orders; they lead cogs to decide to change shape, change place, even reconfigure whole systems.

The structures in which our professional and personal roles, values and everyday lives are embedded are complex and volatile. Power is subtle and slippery; its location is often different from how it appears. Reflection and reflexivity for development involve:

- recognizing *authority* over and *responsibility* for personal and professional identity, values, action, feelings
- *contestation* of lack of diversity, imbalance of power, the blocking capability of managerialism, and so on
- willingness to stay with *uncertainty*, unpredictability, doubt, questioning.

The route is through spirited enquiry leading to constructive developmental change and personal and professional integrity based on deep understandings. It is *creative, illuminative, dynamic, self-affirming*. Academic study has lost its suppressive attitude to artistry (Glaze 2002). 'Any dinosaurian beliefs that "creative" and "analytical" are contradictory and incompatible modes are standing in the path of a meteor; they are doomed for extinction' (Richardson and St Pierre 2005, p. 962). People only learn and develop when happy and benefiting personally. The route is not through angry confrontation: such revolution leads to destructive cycles of action and reaction. Yet it is not a thornless rose bed, as any dynamic process.

Einstein ([1929] 2002) was successful partly because he doggedly and constantly asked questions with seemingly obvious answers. Childlike, he asked why? how? what?, rather than accepting givens or taken for granted. He 'love[d] the *questions themselves* like locked rooms', and certainly '*live[ed]* the questions' (Rilke [1934] 1993, p. 35). Stories make sense of ourselves and our world. This world and our lives within it are complex and chaotic: seemingly governed by forces not only beyond our control, but beyond our understanding. We tell and retell episodes both minor and major to colleagues, loved ones, therapists and priests, strangers on the train, a wedding guest (Coleridge [1834] 1978). A dynamic way of grasping understanding, it prevents us being pawns in events seemingly beyond our control. The danger is that story making can merely be tucking ourselves securely under a quilt patchworked out of safe and self-affirming accounts: our stories can only too easily be essentially uncritical. Or, even worse, they are censoring tools: 'cover stories' (Sharkey 2004). This self-protectiveness can ensure our stories do not explore sensitive issues, but are expressions of what we feel comfortable with, or would like to be.

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Knowing what to reflect upon out of the whole of one's professional experience is not a clear process. The more it is focused upon, the more the truly important issues become elusive. It can become like looking for Piglet: 'It was still snowing as [Pooh Bear] stumped over the white forest track, and he expected to find Piglet warming his toes in front of the fire, but to his surprise he found that the door was open, and the more he looked inside the more Piglet wasn't there' (Milne [1928] 1958, p. 163). Milne's Winnie-the-Pooh stories are celebrated because they express natural philosophy. Here Milne says in simple terms how the more we look for something important the more it is not there. Only with the courage to stop *looking* and trust the reflective and reflexive processes, will we begin to perceive the areas we need to tackle. Discovering what needs to be reflected upon, and how, can be an exhilarating journey. Insights gained and inevitable changes seem obvious afterwards. Although reflective practice has become a standard in initial and continuing professional education and development, it is often elusive to curriculum planners. *Through-the-mirror* writing is an educational approach which makes the difference between 20 years of experience and one year of experience repeated 20 times.

*Through-the-mirror* writing uses an intuitive spontaneous form, the way a novelist or journalist writes their first draft. The writings then inform discussion in trusted confidential forums. Reflective practitioners write in order to learn: a self-illuminatory and exploratory process, rather than one focused upon creating a product.

Writings often focus on *non-critical* incidents, or perhaps *non-critical* aspects of such events. Insight is gained by allowing reflective and reflexive processes to light upon and enlighten that which most needs examination. These areas might be simple daily habitual actions, rather than 'critical'. Or actions hitherto unnoticed because focusing upon them is more problematic, often for unexamined reasons. 'Critical' incidents, described by Brookfield (1990, p. 84) as 'vividly remembered events', such as giving the wrong vaccine because they had been stored higgledy-piggledy in the fridge, will inevitably be examined. The events we 'forget' most need reflection, and give rise to the deepest reflexivity: 'we need to attend to the untold' (Sharkey 2004). Jonathan Miller said 'it is a passionate, almost religious belief of mine that it is in the negligible that the considerable is to be found ... The unconsidered is deeply considerable' (Miller 2009, p.12). A human resource development exercise is writing what you *do not* remember (Goldberg 1991; Joy-Matthews et al. 2004). Plato, who said 'the life without examination is no life' (Plato 2000, p. 315), reckoned education is finding pathways to what we do not know we know.

This is probably a return to the original meaning of *critical incident*: critical processes are brought to bear upon what might have been a routine or typical event, rather than the event itself being critical. A problem has arisen with the term, leading many reflective practitioner students to think they must focus

upon the dramatic, disturbing or otherwise seemingly significant. We need to be critical *about* incidents.

Reflective practice and reflexivity are states of mind, an ongoing constituent of practice, not a technique, or curriculum element, but a pedagogical approach which should 'pervade the curriculum' (Fanghanel 2004, p. 576): the pearl grit in the oyster of practice and education. To be effective they need dynamic methods. The method of travel affects what happens along the way and the destination. A medical student commented: 'we spend so much time studying medicine we never have time to study sick people'. Reid and O'Donohue (2004) argue that enquiry-based learning (a form of reflective practice) should become the organising logic of entire teacher education programmes, with students learning *through* enquiry rather than being prepared *for* enquiry. Curricula need shaking up, and more enquiry-based methods introduced. *Curriculum* is Latin for race course (Rome's oval Piazza Navona was one): perhaps we need to progress from chasing each other and ourselves round a set track.

A story is an attempt to create order and security out of a chaotic world; strong stories have unique power to make sense of issues (Weick 1995). Stories penetrate human understanding more deeply than the intellect: they engage feelings. All learning involves emotion as well as cognitive engagement. 'Reflection without passion is meaningless' (Gully 2004, p. 314). But for our experiences to develop us – socially, psychologically, spiritually – our world must be made to appear strange. We, and our students, must be encouraged to examine our story-making processes critically: to create and re-create fresh accounts of our lives from different perspectives, different points of view.

We must rewrite our stories to question assumptions about our own actions, intentions and values, and every taken for granted about others, particularly those with less power (patients, students, less dominant colleagues), and every unthought-through acceptance of the status quo, even that seemingly written in stone. And we must elicit and listen to the responses of peers. Listening critically to the stories of those peers also enables developmental learning from their experience. It is the exploration of experience, knowledge, values, identity that matters, rather than any attempt to arrive at a 'true' account (Doyle 2004).

Important knowledge about reality always comes out of [writing] ... through a ... transformation of reality by imagination and the use of words ... When you succeed in creating something different out of ... experience, you also achieve the possibility of communicating something that was not evident before ... But you cannot plan this transmission of knowledge. (Llosa 1991, p. 79)

Postulating what other actors might have thought and felt, empathising with them and the situation, as well as imaginatively reconstructing the situation in

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fresh ways, offers understandings and insights as no other process can. For example, a practitioner can retell a story from the point of view of students or clients, reconstruct it with the genders of the actors reversed, or create a satisfactory ending in place of a horrible one.

Effective reflective practice and reflexivity meet the paradoxical need both to tell and retell our stories in order for us to feel secure enough, and yet critically examine our actions, and those of others, in order to increase our understanding of ourselves and our practice, and *develop dynamically*.

### What's in a name?

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The term *reflective practice* is not a terribly useful one. The metaphor it embodies is limited: a mirror reflection is merely the image of an object directly in front of it, faithfully reproduced back to front. What is the reflection of shit? Shit.

*Through-the-mirror*, however, is a creative adventure right through the glass to the other side of the silvering. Such reflective practice can take us out of our own narrow range of experience and help us to perceive experiences from a range of viewpoints and potential scenarios. It can do this by harnessing a vital human drive – to create stories about our lives, and communicate them.

The mirror image model of reflection suggests a *me out there* practising in the big world, and a reflected *me in here* in my head thinking about it. This model is located in unhelpful modernist duality: *this* as opposed to *that*, *in* and *out*, *here* and *there*. An ancient Zen Buddhist text tells us:

You must first forsake the dualities of: self and others, interior and exterior, small and large, good and bad, delusion and enlightenment, life and death, being and nothingness. (Tsai Chi Chung 1994, p. 95)

The word *reflection* has static connotations, meaning ‘the action of turning [back] or fixing the thoughts on some subject’ (*Oxford English Dictionary*), with the associated definition of the reversed reproduction of an image. *Reflective practice* is purposeful, not the musing one slips into while driving home, which can be as dynamic as *rumination*, a sheep chewing smelly cud. I have a cartoon of a sheep nose to nose with the reflection of herself and the surrounding meadow. She’s saying: ‘I’m sure the grass is greener in the mirror, but whenever I try to reach it, this ugly ewe bars the way and butts me on the nose.’ The ‘ugly ewe’ is of course herself reflected. We need intensive explorative and expressive methods in order not just to be confronted by our own ‘ugly ewe’ reflection. We need to get beyond a notion that to reflect is self-indulgently (or painfully critically) thinking about ourselves. Isolating the



pawn of myself to reflect upon away from the chess game is not helpful. It *is* helpful to reflect in order to locate the white pawn which is me, clearly, boldly and *critically* within the four-dimensional chess game of my life and work.

The *through-the-mirror* reflective practice writing model involves wide potential interactions, opens up developmental reflexive and reflective space. 'Reflection is the central dynamic in intentional learning, problem-solving and validity testing through rational discourse' (Mezirow 1981, p. 4). Yes, true, but there is an awful lot more than just the 'rational' for us to explore.

Professionals can be enabled to think and discourse *way beyond the rational* using the methods outlined in the following chapters. They can explore the wide and rather perplexing other side of reflection, questioning everything, turning their world inside out, outside in and back to front.

## Reflective practice: a political and social responsibility

Practitioners need to take responsibility for all their own actions and values, and their share of responsibility for the political, social and cultural situations within which they live and work. Reflective practice can fall into the trap of becoming only confession. Confession can be a conforming mechanism, despite sounding liberating, freeing from a burden of doubt, guilt and anxiety (Bleakley 2000b). Confession has a seductive quality because it passes responsibility to others.

The desire to hold an audience with a 'glittering eye' (Coleridge [1834] 1978) is strong. Jennifer Nias, a researcher into the experience of women teachers (Nias and Aspinwall 1992), noted with surprise that all her potential interviewees were keen to tell their autobiographies at length. People always are, but they do not want their stories questioned: *this* is the role of reflective practice.

Reflective practice is more than an examination of personal experience; it is located in the political and social structures which are increasingly hemming professionals in (Goodson 2004). Their right to make moral and professional judgements is being eroded; they are being reduced to technicians, their skills to mere technical competencies. Practitioners are increasingly under pressure to perform, to have 'strong and stable personalities and to be able to tolerate complexity', are pushed destructively and distortingly by obsessive goals and targets in a masculine culture of assertiveness and competitiveness (Garvey et al. 2009, pp. 97, 153, 217). A supported process which allows, encourages even, doubt and uncertainty paradoxically gives them strength in the face of such attempts to control. In order to retain political and social awareness and activity, professional development work needs to be rooted in the public and the political as well as the private and the personal.

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To this end, examinations of practice need to be undertaken alongside open discussions with peers on pertinent issues, an examination of texts from the larger field of work and politics, and discussions with colleagues from outside practitioners' own milieu. Reflective practice work can then become politically, socially as well as psychologically useful, rather than a mere *quietist* navel-gazing exercise. It supports, demands even, practitioners thinking about values. Stephen Pattison et al.'s experience is similar: if we had asked people to talk about their values in abstract terms, we would have received generalised responses. By asking them to tell [write] stories about important experiences, we were able to see something of how values reveal themselves in a complex, varied and shifting way in practice (1999b, p. 6).

Values in practice are rarely analysed or questioned. Espoused values (those readily stated as being foundational to practice) are recognised and routinely stated both by organisations and individuals. Through reflexive practice professionals realise dissonance between their own values in practice and their espoused values, or those of their organisation, leading them to make dynamic change. This might not be easy, particularly if they realise an action, or an aspect of their organisation has been (or is) against their own ethical code, or that they are in an untenable but unalterable situation (Rowland 2000). Examining such fundamental areas requires a supportive, confidential, carefully facilitated environment.

Goodson creates a distinction between *life stories* and *life history*. The latter is the former plus appropriate and challenging data from a wide range of sources, and evidence of vital discussion with colleagues. 'The life history pushes the question of whether private issues are also public matters. The life story individualises and personalises; the life history contextualises and politicises' (1998, p. 11). In a similar process (*currenre*, coined by Pinar 1975; Grumet 1981) education postgraduate students *play* with the method (Gough 1998).

Gomez et al. (2000, p. 744) found how education students' reflection was unchallenging and non-risk-taking, because they only wrote personal narratives of their classroom teaching, from their own point of view: 'The nature of personal stories as ones that people actually lived limited the ways in which they could be interrogated. Questioning the viewpoint resulting from an event in someone's life was tantamount to challenging her overall integrity.' Future student narratives will be written from multiple perspectives, enabling challenge and insight. Medical students write from the point of view of patients (Engel et al. 2008).

Cartoons in another study offered a 'playfully ironic dimension for intensifying the process of critical reflexivity' (Cavallaro-Johnson 2004, p. 423). Visual images, which allow subtexts to appear unwittingly, enabled the autobiographical stories to be critical, examining values in practice for

example, preventing them from being merely confessional. I would argue that a range of different forms of text, such as from different points of view, can similarly offer layers of unwitting subtext for critical review.

Trainee cognitive therapists reported a 'deeper sense of knowing' of cognitive therapy (CT) as a result of reflective practice writing (Bennett-Levy et al. 2003, p. 145). 'The written reflections are, in my view, crucial to the process, enabling trainees to look in depth at the implications for themselves, for their clients, and for cognitive theory' (ibid. p. 205).

School students are encouraged to write reflectively too. Science students 'write to learn ... to help acquire a personal ownership of ideas conveyed in lectures and textbooks ... [which] promotes the production of new knowledge by creating a unique reflective environment for learners engaged in scientific investigation' (Keys 1999, pp. 117, 119). Phye (1997) reports school students similarly writing reflective portfolios. Kim (1999) reports a highly supported model: nurses write and share descriptive narratives in interview with a researcher, developing depth of description and reflexive and reflective critique.

## Reflection and reflexivity: demystification

*Through-the-mirror* writing enables both reflection and reflexivity. There is a clear distinction between the two.

*Reflection* is learning and developing through examining what we think happened on any occasion, and how we think others perceived the event and us, opening our practice to scrutiny by others, and studying data and texts from the wider sphere.

Reflection is an in-depth consideration of events or situations outside of oneself: solitarily, or with critical support. The reflector attempts to work out what happened, what they thought or felt about it, why, who was involved and when, and what these others might have experienced and thought and felt about it. It is looking at whole scenarios from as many angles as possible: people, relationships, situation, place, timing, chronology, causality, connections, and so on, to make situations and people more comprehensible. This involves reviewing or reliving the experience to bring it into focus. Seemingly innocent details might prove to be key; seemingly vital details may be irrelevant.

Reflection involves reliving and re-rendering: who said and did what, how, when, where, and why. Reflection might lead to insight about something not noticed in time, pinpointing perhaps when the detail was missed.

*Reflexivity* is finding strategies to question our own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand our complex roles in relation to others. To be reflexive is to

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examine, for example, how we – seemingly unwittingly – are involved in creating social or professional structures counter to our own values (destructive of diversity, and institutionalising power imbalance for example). It is becoming aware of the limits of our knowledge, of how our own behaviour plays into organisational practices and why such practices might marginalise groups or exclude individuals. And it is understanding how we relate with others, and between us shape organisational realities' shared practices and ways of talking. Thus, we recognise we are active in shaping our surroundings, and begin critically to take circumstances and relationships into consideration rather than merely reacting to them, and help review and revise ethical ways of being and relating (Cunliffe 2009b).

To be reflexive involves thinking from within experiences, or as the *Oxford English Dictionary* puts it 'turned or reflected back upon the mind itself'. This feels like a pretty difficult contortion: hence the need for innovative illuminative methods, like the *through-the-mirror* model recommended in these pages. A reflexive-minded practitioner will ask themselves, why did this pass me by: where was my attention directed at that time? Reflexivity is: 'What are the mental, emotional and value structures which allowed me to lose attention and make that error?' This deep questioning is missed out if the practitioner merely undertakes reflection as practical problem-solving: what happened, why, what did I think and feel about it, how can I do it better next time?

Reflexivity is making aspects of the self strange: focusing close attention upon *one's own* actions, thoughts, feelings, values, identity, and their effect upon others, situations, and professional and social structures. The reflexive thinker has to stand back from belief and value systems, habitual ways of thinking and relating to others, structures of understanding themselves and their relationship to the world, and their assumptions about the way that the world impinges upon them. This can only be done by somehow becoming separate in order to look at it as if from the outside: not part of habitual experience processing, and not easy. Strategies are required such as internal dialogue, and the support of others. This critical focus upon beliefs, values, professional identities, and how they affect and are affected by the surrounding cultural structures, is a highly responsible social and political activity.

Reflexivity involves coming as close as possible to an awareness of the way I am experienced and perceived by others. It is being able to stay with personal uncertainty, critically informed curiosity as to how others perceive things as well as how I do, and flexibility to consider changing deeply held ways of being. The role of a trusted other, such as a supervisor or peer-reader of an account, is vital.

Reflexivity is a *stance* of being able to locate oneself in the picture, to appreciate how one's own self influences [actions]. Reflexivity is potentially more complex than being reflective, in that the potential for understanding the myriad

ways in which one's own presence and perspective influence the knowledge and actions which are created is potentially more problematic than the simple searching for implicit theory. (Fook 2002, p. 43)

A definition of reflective practice is that it 'is designed to facilitate identification, examination, and modification of the theories-in-use that shape behaviour'. It is a process of professional development which 'requires change in deeply held action theories' (Osterman and Kottkamp 2004, pp. 13–14). In order to create a clear and straightforward method, readily adapted to classrooms and individual portfolios, this book does not differentiate between reflection and reflexivity. The *through-the-mirror* method enables a reflexive and reflective journey without analysing which is taking place at any one time (though this could readily be done if required).

## Mindfulness

An invaluable approach, mindfulness, a conscious exclusion of other elements of life, apart from that which is being attended to (Johns 2004), is achieved when senses and awareness are tuned into present action: the opposite of multi-tasking (Epstein 1999). Being mindfully aware develops accurate observation, communication, ability to use implicit knowledge in association with explicit knowledge, and insight into others' perceptions. Frank speaks of *practical wisdom*, from Aristotle: '*Phronesis* is the opposite of acting on the basis of scripts and protocols; those are for beginners, and continuing reliance on them can doom actors to remain beginners' (2004, p. 221).

The observation skills and awareness required of a reflective writer develop mindfulness, and are developed by it. Both require an acute focus upon what is happening at any time. Being fully conscious of actions can also enable awareness of their likely or possible outcomes, and therefore the appropriateness of the intended action. Mindfulness resembles reflection-before-action, which Wilson (2008) considers has immense value: for example it might have prevented the abuse and death of Victoria Climbié (Knott and Scragg 2007). Doctor-writer Vergheze exhorts: 'We should be ministers for healing [and educating], storytellers, storymakers, and players in the greatest drama of all: the story of our patients' [students' or clients'] lives as well as our own' (2001, p. 1016).

Ours is an age of anxiety, tension, hyperactivity (multi-tasking, hot-desking, hitting the ground running), an era of inflated public emotion (a sea of flowers for a dead princess, road rage, televised war-torn victims). There is little reflective, reflexive, or simply mentally absent space allowed: 'A poor life this if, full of care, / We have no time to stand and stare (William Henry Davies). We have lost even more than Davies's everyday consciousness of 'squirrels'

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and 'streams full of stars, like skies at night'. It is loss of professional agency and responsibility, because we are unaware of things of which we so need to be aware.

An example: Sam, a midwife, brought a furious account of an angry mother she had attended as a National Health Service (NHS) midwife: 'stupid, hostile upper-middle-class bitch who felt she had the right to boss me around, tell me what to do'. The birth had been exhausting and disastrous for both mother and midwife: Sam still felt bitter 25 years later. The reflective practice group offered insight and comparative cases, and suggested Sam wrote an account from the mother's perspective.

The following week saw a very different Sam: 'I don't know exactly what was wrong, but I do know, having relived it from this mother's point of view, that she was upset and confused. Because I saw her as a stupid, middle-class bitch who thought she could have everything she wanted her way, I never listened to her properly. I think I'll see demanding mothers in a different way in future.'

### Telling the truth?

The narratives we tell and write are perspectival. Looking in through a window at experience objectively to reflect on it from outside is impossible. To be objective is to be 'not influenced by personal feelings or opinions in considering or representing facts; impartial, detached' (*Oxford English Dictionary*). Humans, however open about themselves and their practice, can only perceive and understand from their own viewpoint, broad and empathic and professional as that might be. 'We don't see things as they are, we see them as we are' (Nin, quoted in Epstein 1999, p. 834).

Individual perspectives, values and understanding can be widened and deepened. One can look on the glass and only see one's self reflected, or through it to whatever is the other side as in George Herbert's poem: 'A man that looks on glass, / on it may stay his eye; / or, if he pleaseth, through it pass, / and then the heav'n espy.' Lewis Carroll's Alice does even better: she crawls right through the looking-glass, leaving her stuffy Victorian rule-bound world, entering a world in which everything 'was as different as possible', things are 'all alive' (Carroll [1865] 1954, p. 122), where dynamic connections are made between divergent elements.

A creative leap is required to support widening and deepening of perspective, and the effective ability to mix tacit knowledge with evidence-based or explicit knowledge. The professional arena can be opened up to observation and reflection through the lens of artistic scrutiny. We are still anchored to our own perspective, but these perspectives will be artistically and critically widened. We cannot really pass through the mirror's silvering,

and can inevitably reflect only upon ourselves, our own thoughts and experiences. Artistic processes such as writing can, however, enable a harnessing of, for example, material such as memories which we do not know we remember, and greater access into the possible thoughts and experiences of others. The perspectival nature of such writing is acknowledged (that is, they do not purport to be objective or true), and many of the skills used are those of literature.

Professional writers are being heard clearly, both students (for example, Charon 2006; Gomez et al. 2000) and practitioners (Charon 2006; Clough 2002; Helman 2006; Loughran 2004). Samuel Shem says fiction writing has been an essential way of humanising medicine (2002; see further *Annals of Internal Medicine*: Physician-Writers Reflection series).

Writers acutely observe small details and subtle nuances of behaviour and situations. A teacher- or clinician-writer observes details missed by good observant teachers or clinicians (see Charon 2004, 2006). Try it. Observe a student or client walking into your practice place. Capture on paper how they hold themselves, breathe, move their limbs, their characteristic gestures and sayings. What do they remind you of – a cat? A soft deep armchair? A locked filing cabinet?

A writer has the unparalleled privilege also of entering into the life of another. That this person is a character on a page does not make it any less of a insight-creating privilege. Deep understandings can be gained by entering (virtually) another's feeling, thinking, perception and memories. This is writing beyond what you know, and has to be: if you know where writing is going to take you, start at that known point, and write on into the unknown. Try it. Take the person you have just described. Write the conversation they might have had on returning home that night. Remember this is an artistic exercise: do not think about it, let your hand do the writing, free of your normal controlling thought processes. If you add in something about how they got home, where they live or drink, you really are allowing your imagination to take you through the glass. You tap into latent understandings which have possibly not been so fully exercised before.

This is fiction; the writing has been invented imaginatively: it removes the straitjacket of *what really happened*. Writers are therefore free to draw deeply upon their imagination and aesthetic sense, and upon their intuitive knowledge of social and human areas such as relationships, motives, perspective, cause and effect, ethical issues and values.

You bring what you understand and think about this person into the forefront of your mind. It matters not a jot that you do not depict what actually happened, or what your student or client really thought. Medical students write patients' illness stories in the voice and vernacular of the patient, imaginatively and vicariously entering patients' contexts. They 'become the other' through creative writing (Engel et al. 2002, p. 32, 2008).



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It is not quiddity we seek – the real nature or essence of a thing – but our experience of it.

Sharing this writing with a colleague can offer effective reflection upon understandings. Rewrite with the fresh insight gained. And perhaps a colleague, also present at the encounter with the patient, might write an account. Reading each other's account will offer the different perspectives from which you unwittingly work.

This method of reflection does not jeopardise professional accuracy of perception (Mattingley 2000). Neither does it impose distorted interpretations about patients (Garro and Mattingley 2000) because its purpose is to explore and express what is already there in clinicians' and educators' understanding and perception. It brings this to the fore to be reflected upon critically and effectively. It also brings to the forefront of attention the perspectival nature of our perception. No one can know *what really happened* in any situation. Perhaps it might become clear that the doctor understood the patient very differently from the nurse, or the teacher might think and write one thing today, reflect upon it perhaps with peer(s), and write something different tomorrow, their perception enhanced by the writing and discussions. Such a collection of stories can build up a composite picture, and what was thought and felt – getting as close as possible to *what really happened*.

Kevin Marsden, a special-school teacher, and Master's in Education reflective practice student, tells a classroom story:



### Malcolm

One morning we were doing number work. Malcolm was struggling to recognise sets of two. He was troubled by the book in front of him and sat slumped on an elbow.

I had one of those 'bright ideas' teachers tend to get. Let's make it more practical. 'Malcolm,' I said. 'Look at Darren. How many eyes has he got?'

Malcolm looked at Darren. Pointing with his finger he slowly counted in his deep voice, 'One ... two'.

'Good, well done,' I said. 'Now look at Debbie, how many eyes has she got?'

Pointing carefully again Malcolm intoned slowly, 'One ... two'.

'That's great, Malcolm, now look at Tony, count his eyes.'

'One ... two.' Let's take this a step further, I said smugly to myself.

'Now Malcolm, look at Matthew. Without counting can you tell me how many eyes he has got?'

Malcolm looked at me as if I had gone mad. 'OK that's fine Malcolm, you just count them like you did the others.'

Relieved he slowly repeated his methodical counting: 'One ... two'.

There is a magical moment in teaching, when the penny drops, the light goes on, the doors open. Success is achieved. I was starting to worry. We weren't getting there!

'Malcolm, how many eyes has Naheeda got?' Malcolm counted slowly, as if it was the first pair of eyes he had ever seen. 'One ... two'.

'Good, you're doing really well.'

We carried on round the class. Eager faces looked up to have their eyes counted. I was growing desperate as we ran out of children. Was I leading Malcolm on an educational wild-goose chase? Were we pursuing an idea that was not yet ready to be caught?

The last pair of eyes was counted. 'One ... two.' The finger carefully went from eye to eye. There was only me left. 'Malcolm,' I said, trying to hide my desperation, 'how many eyes have I got?' Malcolm studied my face carefully. He looked long and hard at my eyes. I waited expectantly in the silence. His brow furrowed. Finally he spoke.

'Take your glasses off.' (Kevin Marsden)

Kevin read this to his established sub-group of five teachers. They trusted and felt confidence and respect for each other's professional abilities and views. Kevin was able to share his frustrations and sense of failure; the group learned about the methods, joys and problems of special-school teaching. They were able to explore the probability that Malcolm had had a different understanding of his task than did Kevin. Possibly Malcolm thought he was to count the eyes, rather than 'guess' how many each had. To do this he would have had to ask for spectacles to be removed so he could see clearly. The situation of a mismatch between a teacher's intentions and a child's understanding must happen so often.

## Why reflective practice now?

The grand stories of patriarchy/patriotism, religion, family and community no longer bind society. We look to counsellors, psychologists, teachers, clerics, police, life partners, general practitioners (GPs) or social workers for essential support. Marriages founder and professionals increasingly experience stress as they now bear the burden previously carried by a nexus of local and family community.

Faith in that great god science has also been shaken: 'Science, in my view, is now at the end of certainty' (Prigogine 1999, p. 26). There has been a powerful frontier (boundary) between science (and scientific professions like medicine) and the arts since the Enlightenment. A blinkered view of what constitutes knowledge and experience cannot be held for much longer.

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The assumption that an objective view of the world (Kantian) is ‘grown-up’, that we should shed our subjective view along with sand and water play, is being questioned (see also Sacks 1985, pp. 1–21). Paul Robertson (Director of the Medici String Quartet) supports this argument from the artistic perspective: ‘If any of us are out of touch with any part of ourselves we are in an impoverished state. The dominant culture is scientific, but the scientist who concentrates on this side of themselves exclusively is as impoverished as is the musician or writer who concentrates only on the artistic’ (Robertson 1999).

An ethnographer can no longer stand on a mountain top from which authoritatively to map human ways of life (Clifford 1986). Clinicians cannot confidently diagnose and dictate from an objective professional or scientific standpoint; teachers do not know answers; lawyers do not necessarily know what is right and what wrong. The enmeshment of culture and environment is total: no one is objective.

‘Since the seventeenth century, Western science has excluded certain expressive modes from its legitimate repertoire: rhetoric (in the name of “plain” transparent signification), fiction (in the name of fact), and subjectivity (in the name of objectivity). The qualities eliminated from science were localised in the category of “literature”’ (Clifford 1986, p. 102). These categories have returned from that 300 year marginal position, to be embedded alongside the scientific approach.

Holistic coherent understandings which might support us out of our alienated mess are increasingly entertained. ‘We now see the world as *our* world, rather than *the* world’ (Reason 1988, p. 28). Complementary healing considers our wholeness, not just within ourselves, but also within our environment and community. ‘We seek a knowing-in-action (and thinking-in-action) which encompasses as much of our experience as possible’ (Reason 1988, p. 30).

Ideal professionals, gathering data on which to base their pedagogy diagnosis or care, are like social anthropologists. Geertz suggested that successful ethnographers create a ‘thick description’: a web of ‘sort of piled-up structures of inference and implication through which the ethnographer is continually trying to pick his way’ ([1973] 1993, p. 7). The reflective practice writer who explores and experiments with different writing approaches, using whatever seems appropriate at the time, is like Lévi-Strauss’s *bricoleur* (1966). This knotted nexus has then to be understood and interpreted to some degree: ‘a good interpretation of anything – a poem, a person, a history, a ritual, an institution, a society – takes us into the heart of that of which it is the interpretation’ (Geertz [1973] 1993, p. 7). An effective reflective practitioner attempts to understand the heart of their practice. Understandings gained in this way, however, are always partial; the deeper the enquiry, the enquirer realises the less they know and understand: *the more you know, the more you know you do not know*. Geertz also stresses that it is vital not to generalise across cases but

within them. Having got somewhere near the heart of clients' or students' stories and poetry, practitioners can begin to act upon this understanding.

Professionals writing about their work, sharing it with colleagues in order to offer insight, and relating this to a wider field professionally and politically, are together engaged in an activity rather like Reason's *co-operative enquiry method*, in which researcher and subject collaborate in all the stages of research, including reflecting on the experience and making sense of it (Reason 1988). The practitioner takes a full share of responsibility. There is a similarity with heuristic research (Etherington 2004; Moustakas 1990). All too often professionals act in the mould of traditional researcher; acting *on* people: collecting data, and coming to conclusions in camera.

'In this way, it may be possible to avoid providing care which is dry, barren and – perhaps the greatest sin of all – unimaginative' (Smyth 1996, p. 937). *Through-the-mirror* writing can enable care or education which is alert and alive to the client's or student's needs and wants, whether professed or not. It can enable the practitioner to use their skill, knowledge and experience creatively and lovingly, and look forward with a greater confidence.

Angela Mohtashemi, management consultant, shares reflective writing experience:



As I help organisations become more effective through better communication and engagement with their employees, I introduce reflective writing wherever I can as a tool for teamwork, learning and development and coaching. The workplace is a tough, manipulative environment where people are often expected to comply without challenge, to 'live the company's values', to 'display the right behaviours' and even to adopt the corporate language. One's sense of self can become fragile and this limits potential. Whenever I have used writing with groups or individuals they have commented on the sense of liberation and the feeling that they are getting to the heart of things.

Sometimes I have run workshops or team sessions specifically to explore reflective writing, sometimes incorporate it into other situations. A writing activity, such as writing about your name, can be a great icebreaker. I recently ran a session on writing for personal and organisational development as part of a leadership course my firm runs jointly with a university business school. The session incorporated learning theory, my own experience, principles of reflective writing and practical activities. These activities were typical of the techniques I use and included free writing and using unfamiliar imagery to look at the daily work experience.

Free writing, although very simple, fulfils many purposes and is often a revelation to people. A number of participants went to their action learning sets

(Continued)

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*(Continued)*

keen to use free writing to explore organisational issues before discussing them with the group. They were excited about the patterns that emerged and about the honesty of a conversation with one's self. I encourage people in action learning sets to reflect about the experience afterwards. One wrote to me later:

I spent almost 2 hrs writing up how I felt during our discussion and how I intended to change my behaviour as a result. It was tremendously therapeutic and enjoyable, which I found surprising, as I have, until now, been avoiding writing down anything about how I feel – so Thank You!

Sue Smith wrote:

Bringing the issue was like opening a door and seeing a crack of light – and seeing a very small slither [*sic*] of a room. Once the door was opened fully – which happened when I started to look at the amount of change I'd undergone – I could see the room in its entirety – and appreciate how full and intricate the things in there were.

Sue Smith has a tremendous opportunity to change people's lives. Writing helps her find a way to pause and reflect, to argue with herself until she believes what she says and can then find the voice to persuade others. In that way, writing can be a powerful force for change.

When I first began this work I feared the response would be cynicism and doubts about its relevance. After all, most workplaces are based on rational and 'scientific' management practices: plans, budgets, facts, timelines, blueprints etc. There is little place for emotion and individual expression. My fears were wrong. Every time the response has been very positive and unleashed the power people can have when they bring their whole selves to work. One team member said the writing was 'one of the most exciting, interesting and engaging things I've done since I've been with the firm'. (Angela Mohtashemi)

Reflective practice and reflexivity according to the principles and practice outlined here is a valuable developmental process for any professional or student. It can take its non-judgemental camera down to any aspect of practice, with patients, colleagues, administrative and other staff, the interface of home and work, and the impact of experiences in the past on present actions. No feeling, thought or action is too small or too big for this zoom or wide-angle lens.



### Read to learn

- Cunliffe, A.L. (2009a) Reflexivity, learning and reflexive practice, (Chap23) in S. Armstrong and C. Fukami (eds), *Handbook in Management Learning, Education and Development*. London: Sage.
- Davis, M. (2003) Barriers to reflective practice: the changing nature of higher education, *Active Learning in Higher Education*, 4(3), 243–55.
- Fook, J. (2002) *Social Work: Critical Theory and Practice*. London: Sage.



### Write to learn

Each chapter ends with *Write to learn*. These exercises can take very different lengths of time. Some are very affirming, some challenging, all result in positive writing. Each can be done individually or by a facilitated group: many are useful for initial group forming. *How to start writing* preliminaries is useful (see Chapter 6). For now all the advice you really need is:

- This is unplanned, off-the-top-of-the-head writing; try to allow yourself to write anything.
- Whatever you write will be right; there is no critic, red pen poised.
- All that matters here is the writing's content; if you need to adjust grammar and so on, you can – later.
- Ignore the *inner critic* who niggles about proper form and grammar, and even worse, says you cannot write.
- This writing is private, belongs to the writer who will be its first reader.
- No one else need ever read this, unless the writer decides to share it with trusted confidential other(s).
- Writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

### Advice for facilitators

- Each writer reading silently back to themselves before reading to group or partner is vital.
- Participants need to know at the start they will be invited to read out; they can choose not to read if it feels inappropriate.

(Continued)

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- Many exercises will occasion laughter, some tears: both are fine.
- These exercises are best done with facilitator giving instructions in numbered order, as participants finish each section.
- I suggest participants complete each section before being given the next.
- Participants do not need to know why they are doing each element: people are usually keen to 'play the game' unburdened with decisions, if they trust the facilitator.

**Exercise 1.1 Names**

1. Write anything about your name: memories, impressions, likes, hates, what people have said, your nicknames over the years – anything.
2. Write a selection of names you might have preferred to your own.
3. Write a letter to yourself from one of these chosen names.
4. Read back to yourself with care, adding or altering positively.

**Exercise 1.2 Milestones**

1. List the milestones of your life and/or career, do it quickly without thinking much.
2. Read back to self: delete or add, clarify or expand as you wish.
3. Add some divergent things (for example, when you first really squared up to your head of department).
4. Choose one. Write a short piece about it. If you wish, continue and write about others.
5. Read back to yourself with care, add or delete (without listening to your negative critic).

**Exercise 1.3 Insights**

1. Write a quick list of 20 words or phrases about your work.
2. Allow yourself to write anything; everything is relevant, even the seeming insignificant.
3. Reread; underline ones which seem to stick out.
4. Choose one. Write it at the top of a fresh page. Write anything which occurs to you.
5. NOBODY else needs read this ever, so allow yourself to write anything.
6. You might write a poem, or an account remembering a particular occasion, or muse ramblingly. Whatever you write will be right.
7. Choose another word from your list, if you wish, and continue writing.
8. Add to your list if more occurs to you.
9. Reread with care, adding or altering, using only a positive approach.

## CHAPTER 2

# REFLECTION AND REFLEXIVITY

Chapter 2 continues explaining reflection and reflexivity, and how focusing upon ethical values, acute observation and description, and challenging emotions to reflect upon, can help to make sense of experience. Vivid examples of practitioners' reflection deepen and clarify the explanation.

By three methods we may learn wisdom: first, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest. (Confucius, quoted in Hinett 2002, p. v)

There are in our existence spots of time / ... whence ... our minds  
Are nourished and invisibly repaired; / ... Such moments  
Are scattered everywhere. (Wordsworth [1880] 2004, p. 208)

How can we know the dancer from the dance? (Yeats 1962, p. 128)

You are watching a film. An arty one starting with a wide-angle lens: a hawk's eye city view. From this height cars and buildings look like toys, and streets and fields make a pattern: pretty but with little human meaning. People are too small to be seen.

The camera zooms: into focus comes one particular street; people walking and talking, everyday interchanges. Closer and closer up to one building, and one window; we pass through the glass into a big secondary school staffroom.

The mind's eye is likened to film. Reflection creates film like a dialogue with the self (see also Attard 2008). We become film-makers and authors of our own lives to stand back for a critical view; 'I didn't see it as a discussion



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between me and the lecturer I saw it as a discussion with myself' (Wright 2005, p. 514).

### A film of professional practice

The camera has entered the school staffroom. The atmosphere is stiff and almost silent; only one staff member, head of maths, is humming to himself, the rest look anxious and jumpy. The headteacher enters and the quiet deepens; she solemnly invites the hummer to her room. He follows her, the tension shifts but does not lessen: staff talk in low voices. This tension has been building for months: since the biology teacher began to suspect the head of maths of sexual relations with a pupil.

The camera pans out, circles at hawk level again, zooms. This time it focuses on a terraced house in a narrow street where there are tiny backyards and no front gardens. A distraught mother has run out of the front room, thrusting her dead baby into the health visitor's arms. The tiny body is cold – so cold. The little girl wants to play with 'dolly', thinking the nurse might be kind and let her; Mummy would not. The health visitor is in anguish, knowing the baby has had an autopsy: a horrifying sight unclothed.

The camera takes us now to a high-rise block of flats deep in London's East End: utterly confusing with walkways, lifts which work sporadically and jerkily, and flat numbers assigned by a dyslexic infant. A grey-haired social worker confusedly studies number after number as the wind whistles, blowing crisp packets to reveal hypodermic needles. She jumps as heavy footsteps interrupt the wind's whistle, her heart missing a beat as a dark shape looms.

What do the practitioners in our films do with the distress, guilt, anxiety, horror, anger, humiliation, which they cannot, or do not, express at work? How do they prevent these powerful feelings from draining energy, disabling them from effective practice? How do they learn from their own feelings, turn those negative energies into positive? How do they learn from each other's mistakes and successes, each other's ideas, experience and wisdom? How do they learn to empathise with another through experiences which they will never know? A man will never know childbirth, for example; how does he learn compassion and understanding to support a mother in travail?

Our films zoomed in from the distant and impersonal to the close and intensely human. *Through-the-mirror* writing can focus on the 'rag and bone shop of the heart' (Yeats 1962, p. 201). We move from the grand ideals of practice, to precise stories of individuals who cry and laugh, shout and tremble, and are involved with clients at the thresholds of life and death, at periods of intense change and development. Our professional heroines and heroes come to terms with powerful emotions, learn from mistakes and successes, and develop empathy.

*Reflective practice* concerns how practitioners can examine their own stories closely, look at themselves as heroines and heroes in their own real-life films, and perceive colleagues and clients also as heroes and heroines. They take themselves, problems, grief, anxieties, joys, seriously.

*Through-the-mirror* writing focuses upon detailed stories of practice and life: actions, thoughts, feelings, assumptions, prejudices and engagement with others' point of view. These stories are imaginative creations drawn from experience. Seen as interlocking plots, the problems, anguishes, and joys of practice become comprehensible: to be dealt with creatively and developmentally. The use of the aesthetic imagination provides a screen as wide as life itself, drawing upon all faculties. Attempting to reflect only upon 'what actually happened', and then to subject such an account to rational questions such as 'how might I have done it better?', constrains unnecessarily.

Writing stories, poetry and drama about practice can foster critical reflection upon experience, roles, values and knowledge. Perceiving, recording and discussing life as narrative is a natural human mode, as is understanding of abstract theorised social, cultural and psychological forms and structures. Practice, and its attendant education and research, primarily concern individual people, each of whom, made up of stories of inextricably linked psychological, emotional, spiritual and physical elements, is also inevitably impinged upon by cultural and social forces. Gaining access to all this via narrative can make sense of seemingly unmanageable complexity. Engel et al. (2008) describe how paying attention to narrative enhances medical education.

## Vital observation of practice

All the above film plots were written about, reflected upon and discussed in groups by practitioners. The departmental head's affair with a pupil greatly distressed the teacher who wrote about it. Closely involved with pupil, family, colleagues, community, she felt deeply entwined in the drama, but could discuss it with no one. A confidential reflective group was an ideal forum. The story was written in the genre of romantic love, on my suggestion (see Chapter 14). This distance and strong set structure perhaps enabled her to begin. Her Master's in Education sub-group became agog for each episode. Discussions and group support were so valued, the group continued as a special study module the following semester.

The health visitor did prevent the toddler from unwrapping the 'dolly' dead baby; but was distressed at not handling it sensitively enough. The group were able to help her see it through the eyes of the child, and consider carefully how she might have acted rather than just anxiously warding off the toddler.

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The black man who approached the social worker in the high-rise block courteously asked if he could help her find her way. The group helped her out of feeling intense shame at her assumptions, and enabled her to consider her habitual state of mind on home visits.

### Why practice as screenplay?

Sharing stories with each other must be one of the best ways of exploring and understanding experience. That is, if what we want and need to say is not just *stored*, but held in our minds as *story* (Winter 1988).

Narrative telling is a vital part of our lives: in staffroom, and home kitchen: 'our preferred, perhaps even our obligatory medium for expressing human aspirations and their vicissitudes, our own and those of others. Our stories also impose a structure, a compelling reality on what we experience' (Bruner 2002, p. 89). It is also a 'source of consolation' (Eagleton 1983, p. 185). Stories offer the fictive comfort of structure (beginning, middle and end), and of the closure of our desire. We are involved in an endless search for something lost: God, Lacan's Imaginary, Freud's pre-Oedipal stage, Sartre's 'Being-in-itself', a unity with the mother's body, a sought-after haven where the signified has a direct innate correlation with the signifier:

Something must be lost or absent in any narrative for it to unfold: if everything stayed in one place there'd be no story to tell. This loss is distressing but exciting as well: desire is stimulated by what we cannot quite possess. (Eagleton 1983, p. 185)

We relate to loss or lack in every story because we want good characters to gain their hearts' desires, the bad to founder. We experience joys and tragedies vicariously. Stories reinforce assumptions about what we might desire and what fear, affirming values and principles. We follow Odysseus past the Sirens holding our breath, and when a fair wind brings him back to Penelope, we will him to shoot his arrow straight to prove he really is her husband; we help Dorothy kill the wicked witch of the West. When Tony Archer's son was on trial for political activity (BBC Radio 4, *The Archers*, autumn 1999), people talked about it in my village, not the latest news or football, until they were satisfied the jury had found him 'not guilty'.

Being reflectively aware is similar to what Einstein called 'an appreciation of the mysterious [which] is the fundamental emotion which stands at the cradle of true art and true science' (1973, p. 80). Socrates is said to have observed 'wonder is the beginning of wisdom', because wonder is an open enquiring state of mind when anything might be possible, when startling inspiration appears as a result of no cognitive logical thought. The sculptor Juan Munoz

spoke of an aim of his art 'to make [the viewer] trust for a second that what he wishes to believe is true. And maybe you can spin that into another reality and make him wonder'.

This reality spinning can involve imaginatively entering others' consciousness, empathetically and ethically, as Eagleton points out:

There would seem to be a need for some special intuitive faculty which allows me to range beyond my own sense-data, transport myself into your emotional innards and empathise with what you are feeling. This is known as the imagination. It makes up for our natural state of isolation from one another. The moral and the aesthetic lie close together, since to be moral is to be able to feel what others are feeling. (2008, p. 19)

The culturally refined Nazis have forever disabused us that the aesthetic necessarily makes us act morally. Rather if we can allow ourselves to be in a state of *mindfulness* (see Chapter 1), *negative capability* (Keats 1818), *willing suspension of disbelief* (Coleridge [1798] 1969), then our moral and ethical faculties will necessarily be brought to the creative process. The Nazis called this *degenerate*, and denigrated, expatriated or murdered those who used it.

Listeners' roles are as important as writers': 'It is the joint effort of author and reader which brings upon the scene that concrete and imaginary object which is the work of the mind. There is no art except for and by others' (Sartre [1948] 1950, pp. 29–30). And:

so there is an art of listening ... Every narrator is aware from experience that to every narration the listener makes a decisive contribution: a distracted or hostile audience can unnerve any teacher or lecturer: a friendly public sustains. But the individual listener also shares responsibility for that work of art that every narration is: you realise this when you tell something over the telephone, and you freeze, because you miss the visible reactions of the listener ... This is also the chief reason why writers, those who must narrate to a disembodied public, are few. (Levi 1988, p. 35)

*Through-the-mirror* writers write for *embodied* readers, real people: peer group, supervisor or mentor. My practitioner students say how *re-storying* with colleagues is as essential as initial writing.

Reflective practice allows relationships with students, clients, patients or colleagues to be seen within a range of possible roles. The whole person of the professional relates to the whole client.

The possible roles for professional and client could be seen to be: *I, you* and *her/him*. The client as '*I*' is central to the drama, the subject, hero/heroine: the story told from their point of view. The client as '*you*' is the *other*, while the professional is the teller of the story, whether telling it as '*I*' (first person narrative) or '*he/she*' (third person narrative). The client as '*her or him*' becomes

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an object: an appropriate role in some circumstances such as research trials when the patient is only a statistic.

This poem explores a family doctor's awareness of patients viewing themselves centre stage, and the way she handles that:

#### Performance

This is your stage.  
Sit down, compose your face.  
Lines rehearsed in the waiting room.  
Family can't hear you –  
'Leave mum she has a headache.'

Headache.  
Muscle ache.  
Spirit ache.  
Tired all the time.  
Tired of the time.  
Too much time.

Let me perform for you.  
Let me touch you,  
measure your blood pressure,  
measure your worth.  
You are worth my time.  
When you get home, they'll ask what I said.  
Rehearse the lines. (Jo Cannon)

What about practitioners' relationship with themselves (me with myself)? A professional wrote in evaluation: 'Writing weaves connections between my work and the rest of my life, between my inner and outer selves, between the left and the right sides of my brain, between the past and the present.' A trainee said: 'This kind of writing has to have material about who we are and what we stand for.' A medical practitioner wrote: 'I'd considered resigning because I'd been struggling with being a doctor and who it turned me into. Reflective writing has helped me see what was happening – share it with others and begin to find a way through.' Storying and re-storying our lives helps us to keep pace with the way we change and develop over time. 'Who I am' does not and cannot remain stable:

It is important to view the self as an emergent and changing 'project' not a stable and fixed entity. Over time our view of our self changes, and so, therefore, do the stories we tell about ourselves. In this sense, it is useful to view self-definition as an ongoing narrative project. (Goodson 1998, p. 11)

*Through-the-mirror* writing helps the writer perceive *the character who is myself* as dynamically evolving, just as the stories this character finds itself

within are neither stable nor definite, but 'ongoing narrative projects'. This fluidity is contained within the expression human *being*. Words ending with -ing involve movement and change as in *doing* and *playing*.

## Why reflective practice?

Our stories are inextricably intertwined: with themselves and with those of others. We tell and retell, affirming and reaffirming ourselves in our own and each other's eyes (and ears). The accounts slip and merge as we tell, developing new twists and losing ones that have served their turn. This urge to recount and re-create each day is strong; but it is easy to devalue our own stories because they are unimportant compared with those of powerful others such as pop stars, surgeons, politicians: we have lost trust in ourselves, and ownership of our stories.

*Through-the-mirror* writing is a way of claiming control by expressing and exploring our own and others' stories: crafting and shaping to aid understanding and development. These stories are databanks of skill, knowledge and experience: much of our knowing is in our doing. We can learn from our own and each other's mistakes and successes, each other's ideas, experience and wisdom, and tackle and come to terms with our own problem areas. Although practice is continually aired – over coffee with a colleague – we do not tell each other the things at our cutting edge of difficulty. We often do not even tell these to ourselves.

Discussing reflective writings in depth enables outcomes of reflection to be taken back into practice, improving and developing (Kolb 1984). Reflection reaches the stage when 'words can do no more ... / Nothing remains but the act' (Aeschylus 1999, p. 115). This gives a 'different way of being', or as another course participant said: 'It seems like a new country, one which we've all been peering into for a long time.' This insight facilitates developmental change. Davidson reports using a reflective writing approach within an eating disorders unit:

Through reflection and writing, we can struggle to get a conceptual grip on the situation. With a leap of faith we can open ourselves to honestly experiencing what is going on in our relationships. Even if the resultant understanding and experience is partial, it should yield a point of leverage where something that we can *do* is revealed. And if it transpires what we do does not have the desired result, then at least we have new information with which to enhance our experience and aid further reflection. (1999, p. 122)

Rita Charon (2000c, 2006), general internist and medical professor, reports how sharing reflective writings with patients deepened and clarified understanding; some responded by writing also.

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I have realised that we have to make the day-to-day parts of our work more enjoyable and varied. Writing, and the reflection it allows, has brought me a real pleasure – that's why I used to smile and now I can keep that joy and even the intimacy by writing what I've felt or seen and its ironies too. (Clare)

*Through-the-mirror* writing can increase confidence and ability, by facilitating and enhancing:

- acceptance of, and increased confidence with, the essential complexity, uncertainty and perspectival nature of professional life
- reflexive critique of personal values, ethics, prejudices, boundaries, assumptions about roles and identity, decision-making processes; taken-for-granted structures
- similarly reflexive critique of professional milieus
- awareness of diversity, and struggle against misuse of institutional power and managerialism
- willingness to explore the interrelatedness of the professional and the personal
- sensitive, fruitful review of 'forgotten' areas of practice
- analysis of hesitations, skill and knowledge gaps
- respect for, and trust in, others' and own feelings and emotions
- development of observation and communication abilities
- constructive awareness of collegial relationships
- relief of stress by facing problematic or painful episodes
- identification of learning needs
- communication of experience and expertise with a wide range of colleagues.

Hoping for answers to conundrums is like searching for babyhood security blankets. Reflective practice leads to further searching questions, the opening of fascinating avenues to explore, but few secure answers. Questions like 'What should I have done?' become minor. More questions are thrown up, such as: 'Why did the maths teacher not hide his relationship with the pupil?' 'Perhaps I could have told the toddler a story about the dead baby?' The social worker's walkway story was capped by another who turned to face a threatening young gang and asked them the way (although she knew it): they immediately became kids who communicated with her as a person. This supported the social worker to reassess her attitude to seemingly threatening people.

A paradox concerns effective practice being uncertain. We all know colleagues who cannot say 'I don't know'. Their effectiveness is diminished by inflexible need to know. In order to acquire confidence, effective practitioners:

- let go of certainty, in a safe enough environment
- look for something without knowing what it is
- begin to act without knowing how they should act.

The essential uncertainty associated with reflective practice and reflexivity make it hard for many. 'Certainty goes down as experiential knowledge goes up ... Pre-service teachers want answers and methods. They want to be certain. They want to know. In pre-service teacher education, working towards habits of uncertainty and puzzlement needs to be undertaken with modest expectations' (Phillion and Connelly 2004, p. 468). Carl Rogers wrote with empathy and wisdom about education, and said:

The goal of education, if we are to survive, is the *facilitation of change and learning*. The only person who is educated is the person who has learned how to learn; the person who has learned how to adapt and change; the person who has realised that no knowledge is secure, that only the process of seeking knowledge gives a basis for security. Changingness, a reliance on process rather than on static knowledge is the only thing that makes any sense as a goal for education in the modern world. (Rogers 1969, p. 152)

Experienced effective practice concerns willingness to have faith in your own knowledge, skills and experience; to trust the process you are engaged in (*through-the-mirror* writing, doctoring, teaching, and so on); to relate to students, clients or patients with respect and unconditional positive regard (Rogers 1969; see also Chapter 3).

Willingness to subject every action and thought to reflection *in action* and self-respectful reflection *upon action* (Schon 1983) is required. Reflection *in action* is a hawk in the mind constantly circling, watching and advising on practice. Reflection *upon action* is considering events afterwards (Schon 1983, see also 1987). Self-respect is needed, while opening up to close observation, uncertainty and questioning previously taken-for-granted areas:

- *actions*: what you and others did
- *ideas*: what you thought; what others might have thought
- *feelings*: what you felt, and what others might have felt.

We live in deeds not years; in thoughts, not breaths;  
In feelings, not in figures on a dial.  
We should count time by heart throbs. He most lives  
Who thinks most – feels the noblest – acts the best. (P.J. Bailey (1816–1902) *Festus*)

'Between feeling and action there is thought' (Sophocles 1982). Effective actions arise from both feelings and thoughts. Emotions can too easily be marginalised in professional life:



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There is something rather odd about trying to get help from health workers who have not worked out their own feelings, or who deny them to themselves and others. Where do all those spontaneous feelings go and who is to say what damage they might be doing to the delicate internal workings of our minds if we continue to repress and suppress them ... The key insights and changes in the way I view myself and my professional work have come through self-reflective work. (Heller 1996, pp. 365, 368)

## Ethical values

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Stories do social and political work. A story is never just a story – it is a statement of belief, of morality, it speaks about value. (Goodson 1998, p. 12)

Writing a personal narrative of practice is a moral project. (Arthur Frank personal communication; see also 1995)

What are ethical values? How do we discover those we live and work by? More crucially, how do we appraise and develop them? Values inherent in practical wisdom, along with technical knowledge and skill, are foundations of living and working, according to Aristotle, rather than those laid down by our culture: 'A person's actions are not based on the values law seeks to universalise, but on self-reflective values' (Manickavasagam 2000, p. 4). Values have substance only in practice: we are what we do; actions speak louder than words. Professional integrity can be defined as working according to values coherently integrated within daily practice, but many practitioners might never have defined their own values explicitly.

Values become clearer when events are narrated critically in writing: 'stories ha[ve] a key part in educating us into the virtues' (MacIntyre 1985, p. 216). Narrative communicates ethics in a way nothing else can (Charon 2006), for example without stories the meaning of fairness would be difficult to explain (Watson 2003). A qualitative research study examined how stories can shape lawyers' ethics (Economides and O'Leary 2007): the 'findings were illustrative of the subtle way in which narrative both constructs and reinforces particular understandings of professionalism within legal organisations' (p. 12). They concluded: 'Stories can be used to shape morality in contemporary organisations' (p. 6). Economides and O'Leary observed that stories can also be used negatively (for oppression, dissimulation, lying), and that good stories (powerfully persuasive) can also tend to push out true ones (see Twining 2006).

Practitioners cannot know the myriad effects of their actions, or what colleagues and clients feel and think. *Through-the-mirror* writing can, to some extent, open this up.

The family asked to meet me. Their daughter had recovered from meningococcal septicaemia, and they wanted to know why I hadn't diagnosed it ... My stomach wrenched with anger and frustration. Can't they see? That's the whole point: two doctors a few hours apart both made the same clinical judgment that this was a viral illness. I felt that their criticisms were unfair ...

As the date for our meeting drew closer, that black churning bitterness was still there, and I realised I had to do something ... I decided to ... write the story of the family's complaint from the point of view of the parents. The first line came easily: 'She nearly died you know. Our daughter nearly died.' At that point my perspective on the complaint changed. I felt the parents' fear, and I understood their terror. They had taken their ill child to a doctor and had trusted him to keep her safe ... The child got worse and nearly died. They lost the doctor; they could have lost their daughter.

The complaint wasn't about diagnostic skills or statistical probabilities but about a family trying to make sense of the horror of nearly being ripped apart forever. By thinking about the complaint from the family's point of view, I understood that my role in the meeting wasn't to defend but to listen. (Munno 2006, p. 1092)

Munno's clarity about listening taking precedence over defending his professional judgement lies in his final half-sentence. He reached this conclusion by perceiving from the parents' point of view, using story-writing. His first sentences – 'She nearly died you know. Our daughter nearly died' – changed his perspective on the parents' attitude, and therefore helped him begin to reassess his value judgement as to appropriate action. This remarkable change was enabled by him humbly and honestly putting himself in the parents' position, by harnessing the narrative power of story-writing.

At a senior medical educators' conference (UK Conference of Postgraduate Education Advisers in General Practice, UKCEA) I asked a workshop group to write a list of words about their work: any words. We took some time listening to each list; the items carried such significance. Each then chose one abstract noun (trust, respect, for example) to write reflectively about. They then wrote a narrative about any experience. Allan's abstract noun was *vulnerability*, and he also wrote about missing a diagnosis of meningococcal meningitis, concluding:

I lost some of the confidence I'd had, and have been since more wary of my patients. I sometimes fear my involvement in them compromises my professional judgement and makes me more vulnerable. Perhaps it would be better to be less interested and more detached. Perhaps I would be a better doctor and less 'sloppy' if I maintained a more professional distance.

The group delved deep in discussion about professional responsibility: how relating closely to patients enhanced both clinical practice and personal

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experience of it, but could increase anxiety. Each participant brought interpretations, perspectives and experience, offering individual insight into the story's implicit meanings, widening understanding. The discussion enabled them to tussle with issues around relationships with patients: relating to them with empathy opened up insight, but entailed vulnerability. Allan found that writing about his loss of confidence and sharing this with trusted peers helped re-establish confidence built on more appropriate values.

On another course, narratives were written as if to be read by children. Lucy Henshall, initially nonplussed, followed my recommendation to write whatever came into her mind, in whatever way. Lucy's story concerned a tricky consultation with a boy presenting with listlessness and stomach pain. By attending carefully to what child and mother expressed, she gave him the confidence to confess his deepening anxiety about his mother's new boyfriend.

His mother, quieter than I had ever seen her, reached over, took his hand and squeezed it.

'It's going to be fine' she whispered, 'We'll work it out together, Bill'.

Bill didn't look quite as small as he went out, and his Mum didn't seem quite so tall and loud either. It was almost as if, while we had been talking, he had grown taller and she had grown smaller so became much closer than before.

Reflecting later, Lucy felt proud of having valued listening and openness, rather than maintaining professional distance. She had made herself vulnerable and open to being trusted with the sensitive kernel of the problem. The task, to write as if for a child, enabled her to re-experience and re-evaluate the event, and therefore to clarify her implicit values.

These examples are from experienced practitioners. Research shows medical education inhibits rather than facilitates the development of moral reasoning (Patenaude et al. 2003a, 2003b). This leads students, the authors conclude, to regard 'the patient as a problem to solve rather than a unique person who is part of society' (2003a, p. 828). The report did not say whether reflective practice and reflexivity was taught, facilitated and encouraged within that medical school: those students surely need it.

## Challenging emotions

Powerful emotions sometimes arise within practice and reflection. Powerful emotions can initially appear to inhibit reflective abilities, however, as Andrew Eastaugh found in research into co-tutoring:

The idea that my emotions are a source of understanding has an exciting and novel ring for me. Exciting because it opens up the possibility ... that the emotional part of me has a value outside my own personal attachment to it ...

It is novel because my experience of the world of learning has been that emotions are, at best, merely the icing on top of the cake, for decoration, self-indulgence and treats, but not the real substance. Too much will make you sick and is unnecessary. At their worst they are a serious barrier to the real business of life – should be pushed aside and ignored. (Eastaugh 1998a, p. 48)

Strong feelings are an indicator of ethical values. People become aroused (positively or negatively) when human values are transgressed, opposed or affirmed (examples of values are respect for my personal boundaries, trust in my professional standing, unconditional positive regard for clients (patients, students) despite race, creed or culture). Reflecting upon emotional situations can help to discover ethical values in practice.

Recognising and working with emotions through reflexivity can significantly develop practice. The deaths of Victoria Climbié (Laming 2003) and Baby Peter ([www.nhsconfed.org](http://www.nhsconfed.org)) indicate a failure of practice. Climbié's social workers failed to respond to clear indications of abuse because their defence mechanisms protected them against psychological and emotional stresses of working with violent clients (Ferguson 2005; Cooper and Lousada 2005). In our post-emotional welfare state, professionals increasingly have an instrumental role in the delivery of services rather than being themselves agents of change, support and care (Dean 2004; Le Grand 2006; Ruch 2009). MacIntyre (1985) says managers' activities have become value neutral, concerned with rationality, efficiency and confidence, rather than moral debate or awareness. People are viewed as costs, effects or benefits, rather than feeling humans. These metaphors can lead professionals to perceive service users in terms of specific problems or as theoretical constructs rather than unique people with unique needs (Redmond 2006). A further scandal involved abuse of learning-disabled service users ([www.healthcarecommission.org](http://www.healthcarecommission.org)). Another danger of working with violent clients is that workers do sometimes *mirror* the behaviour of clients, and become aggressive themselves (Knott and Scragg 2007).

Anger can prove to be a useful if uncomfortable focus for reflection. Here a senior medical Master's student reflected upon the effect of his reflective practice story-writing and work:

As a result of reflecting upon these incidents I now understand much better how I have been dealing with anger and the effect it was having on me. I felt unable to express anger because I was afraid of making a fool of myself, afraid of losing control and because I want to be well thought of. I feel that if I get angry with someone they will not like me. I want to be liked. I therefore tend to push my anger down inside. I have not been consciously aware of doing this and therefore have not been aware of how much anger I have been carrying. I have therefore not been able to explain the unpleasant feelings I have had when it has begun to rise to the surface.

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I now know that it is not possible (or necessarily good) to please everybody all the time. I know the difference between telling someone I am angry and expressing the anger itself. I am able to recognise when I am angry, when I am suppressing it and the feelings that this causes. I feel more able to tell people when I am angry with them and that I can do this articulately. (Rod)

A doctor wrote a vehement and dramatic long-term 'diary' about his relationship with his health authority. Reflecting upon it later, he wrote: 'I am much less emotionally reactive in all these management meetings I have to go to, and certainly not as nervous!' Lindsay Buckell's 'expression of my passionate hatred of the current climate of fear and blame' (Chapter 5) is another.

Keith Collett, a GP (family practitioner) trainer, and supervisor for fellowship application to the British Royal College of General Practitioners, encourages the writing of drafts of medical reports, responses to complaints and so on, so that they can be discussed, reflected upon and redrafted:

This is incredibly useful to prevent registrars [interns] overstating support or condemnation for a patient ... They have a chance to reflect on how it will be received by the patient, their relatives, or their solicitor ... I encourage the first splenic draft to be written as I feel it has a healing and calming effect, and offers an opportunity for reflection. Too often dictaphones are used and the resultant text signed and sent without reflective reading. (Keith Collett)

Anger is often viewed as inappropriate, beyond the professional boundary. Reflective practice is an appropriate locus for exploring it, and the other seemingly dangerous emotions.

Discussing each other's work, our focus moves naturally between personal development, professional development and writing technique. We work intensely, sometimes sharing deep emotions, but I rarely experience any tension or sense of effort. (Maggie)

I wrote bits of verse which expressed conflicts of loyalty and fears for the future. I read them out and wept, and the silence of our group carried my emotions. (Clare)

Paula Salvio supports teachers in *empathetic enquiry*, a deeper understanding of ethnic minority students. She says teachers must 'travel into our own worlds' in order to 'travel to those of others', and gain empathetic understanding. This process must involve feelings, as 'emotional whiteout' will disable this travel into both our own worlds and those of others (Salvio 1998, p. 49). Cixous described this as feminine writing:

All the feminine texts I've read are very close to the voice, very close to the flesh of language, much more so than masculine texts ... perhaps because there's something in them that's freely given, perhaps because they don't rush into meaning, but are straightway at the threshold of feeling. There's tactility in the feminine text, there's touch, and this touch passes through the ear. (1995, p. 175)

## Focus on reflection

### Mark Purvis and the Death of Simon

The grown-ups stand around watching.

Grown-ups know what to do.

The grown-ups stand around watching.

Is that Simon lying on the pavement?

He has got blondie hair like Simon's.

The grown-ups stand around watching.

A boy has been run over, another kid says.

Is that Simon lying on the pavement? He *was* walking in front of me.

The grown-ups stand around watching.

Mrs Bailey puts a blanket over him – but I can still see his blondie hair.

She looks at me but before she can turn quickly to the other grown-ups,

I can see she's scared.

'Send Mark away.'

What have I done wrong?

The grown-ups know what to do.

They send me away.

I run ahead alone.

Trying to find Simon.

I might not recognise him.

Pulling kids by their shoulders – no that's not him.

I speed up when I hear the ambulance siren.

'Simon's been run over.' Pete Williams said.

I run away, trying hard not to believe him.

How can Pete Williams tell who is lying there,

anyhow I saw *him* looking for *his* brother too.

Surely I would have recognised my own brother.

My teacher says 'Simon will be in his classroom'.

But he isn't, so she smiles and cuddles me, warm and soft.

'It's alright Mark, they call ambulances for sprained ankles these days.'

When he came into the classroom everyone stopped and looked.

He didn't have to tell me.

I said 'Simon's dead,' and he nodded, unable to speak. (Mark Purvis)

Mark (a GP trainer) needed to write about his little brother's death in a professional development situation to free himself from the way the unexplored memory inhibited his ability as a doctor to cope with child deaths. After he had read the poem to the group and we had discussed it, he wrote this:

I had never before in detail talked about what I was feeling at the time when Simon died. Now I have written about it I can and do talk about it.

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Simon and I had had an argument about a fortnight before he died. I'd asked Simon not to walk with me to school. You know what it's like, an older brother wants to be with his own friends and doesn't want to be seen taking care of his little brother. Until I did this writing I felt guilty about Simon's death – that it was my fault for not allowing him to walk with me.

In the past my feeling about Simon's death disabled me for dealing with the death of child patients. Everyone finds it difficult; but for me they used to bring all sorts of things to the surface. I remember one child who died, I was totally disabled and unable to cope with consultations with the parents. I cried with them, and told them about Simon and that I was crying for him.

The writing has made me feel completely different about Simon's death, has made me deal with it in a different way. I can now see I wasn't responsible; though my mother still feels very guilty that she didn't drive him to school that day. The time was right for me to write.

I didn't know I was carrying so much guilt. Now I know I don't need to carry it. I will cope differently now when a child patient dies. (Mark Purvis)

Mark Purvis created the character of 9-year-old Mark in his poem. This enabled visiting that so painful scene, observing this bewildered little boy. The poem is so authentic: the voice of the child so consistently, movingly clear, drawing forth empathy in readers. Yet it is fiction, written by a senior and well respected doctor, not a 9-year-old. Can you imagine Mark being able to *talk* about Simon with anything like this power? Writing enabled a private quiet space for this memory to be revisited.

Poetic form is an enabling device (see Chapter 14), being at a remove and clearly not 'true' even when it tells of life events (as poems usually do, one way or another). Poetry draws on a range of devices – such as repetition ('grown-ups'), and cutting away unnecessary words, as in the taut final stanza – which enable deeply painful events to be communicated.

Film-makers use similar devices, such as holding the camera at child height. The reflective practitioner has to be able to reinhabit their own skin at that time in their lives. They also need to experiment with seeing the world through the eyes of another, a student perhaps. The funny thing is that one *can* re-experience an event, or experience another's vicariously. 'The past is [not] a foreign country. They do [not] do things differently there' (Hartley 1953, p. 1). Jean Cocteau vividly describes how he enabled himself to revisit his past; listen to him holding his own camera at child height:

I thought of going along the street from the Rue Blanche to number 45, closing my eyes and letting my right hand trail along the houses and the lamp-posts as I always used to do when I came back from school. The experience did not yield very much and I realised that at that time I was small and that now my hand was

placed higher and no longer encountered the same shapes. I began the manoeuvre again.

Thanks to a mere difference of level, and through a phenomenon similar to that whereby a needle rubs against the grooves of a gramophone record, I obtained the music of memory and I discovered everything again: my cape, my leather satchel, the name of the friend who accompanied me, and the name of our teacher, some precise phrases I had said, the marbled cover of my notebook, the timbre of my grand-father's voice, the smell of his beard and the material of the dresses worn by my sister and mother, who were At Home on Tuesdays. (Cocteau [1930] 1968, p. 137)

## Re-view

A film or story is a dynamic fresh look through the eyes of more than one actor. Replaying what 'actually' happened is impossible: any retelling is affected by the view of the teller. *Through-the-mirror* can enable exploration of viewpoints and possibilities:

Stories are a lens through which I view the world to make sense of my experiences and those of my colleagues and patients. In writing some of these stories I am able to focus on complex issues that have previously appeared distorted by time and emotions. Metaphors shed light on subjects that I had been unaware of before, patterns stand out in ways that I had not hitherto understood. (Mark Purvis)

In the film *Blow-up*, a photographer notices figures in park undergrowth in a photograph's corner. These indistinct details, blown-up in size, using photographic development (before digital methods), prove to be a body and a gunman. No detail is potentially too trivial or insignificant to write, think and talk about. Vital life-changing details will go unnoticed, unless they are *blown-up* and focused upon.

Many helping professions facilitate others. Practitioners cannot support others if they are not aware and open themselves (Murray 1982). Bringing the personal into the professional can increase empathy between client and professional (Smyth 1996). Aesthetic experience (such as writing) can leap over the seeming gap between the personal and the professional self, and the seemingly impossible gap between the safe and rehearsed story and possibly dangerous retellings. This can only bring greater unity and wholeness of experience to the practitioner or educator, and greater empathy between them and client. Job satisfaction will increase, and work-related stress decrease. Work takes up the most and best hours of our days; personal satisfaction in it is vital, as Primo Levi says:



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Perhaps the most accessible form of freedom, the most subjectively enjoyed, and the most useful to human society consists of being good at your job and therefore taking pleasure in doing it – I really believe that to live happily you have to have something to do, but it shouldn't be too easy, or else something to wish for, but not just any old wish; something there's a hope of achieving. (Levi 1988, p. 139)

The writing, the essential discussions and the writing of additional stories from different angles with the support of the group, is a creative explorative process in its own right: not a tool in professional reflection. Writing is the vehicle for the reflection: reflection *in* writing; course participants do not think and *then* write. Not only does writing enable the most appropriate reflection, but also, as a participant commented, 'one of the values of writing is that you can freeze the film: reflect upon one frame or a short series, then run the film backwards and review a previous scene in the light of reflections upon a later one. This would be difficult to do in talking: it wouldn't make sense; impossible to do during action.'

I consider writing as a *method of inquiry*, a way of finding out about yourself and your topic. Although we usually think about writing as a mode of 'telling' about the social world, writing is not just a mopping-up activity ... Writing is also a way of 'knowing' – a method of discovery and analysis. By writing in different ways, we discover new aspects of our topic and our relationship to it. Form and content are inseparable. (Richardson 2001, p. 34–5)

The psychologist Oliver Sacks studied people who were missing, or effectively missing, part of their brain, and the bizarre things this led to. In *The Man who Mistook his Wife for a Hat*, he studies 'Dr P' who could see, but had lost 'visual perception, visual imagination and memory, the fundamental powers of visual representation ... insofar as they pertained to the personal, the familiar, the concrete'. Sacks concludes:

Our mental processes, which constitute our being and life, are not just abstract and mechanical, but personal as well – and as such involve not just classifying and categorising, but continual judging and feeling also. If this is missing, we become computer-like, as Dr P was. And by the same token, if we delete feeling and judging, the personal, from the cognitive sciences, we reduce *them* to something as defective as Dr P – and we reduce *our* apprehension of the concrete and real ... Our cognitive sciences are themselves suffering from an agnosia essentially similar to Dr P's. Dr P may therefore serve as a warning and parable – of what happens to a science which eschews the judgmental, the particular, the personal, and becomes entirely abstract and computational. (Sacks 1985, p. 19)

Reflective practice can learn from Sacks's 'warning and parable', and be open to as much of ourselves as is possible. A reflective practice suffering from agnosia will not get us terribly far.

Effective reflective practice encourages understanding and interpretation of principles, justifications and meanings (Morrison 1996). It involves interrogating both our *explicit* knowledge, such as known and quantifiable evidence-based knowledge, and *implicit* knowledge – 'a collection of information, intuitions and interpretation' (Epstein 1999, p. 834) based on experience and prior knowledge (for further analysis of types of knowledge, see Belenky et al. 1997; Eraut 1994). Implicit knowledge is tried and tested, gained initially from experience, observation, or study. Intimately known, its appropriate application is intuitive. This does not necessarily mean it is right, any more than knowledge gained from randomised control trial research (explicit).

Such re-viewing of knowledge and experience can lead practitioners to perceive a need for change. One of my students stated: 'This is not an academic module, but an assertiveness training course'. Asserting yourself inevitably involves challenging social structures.

One of the greatest benefits to a student in a learning situation, or a client with a practitioner, is the sense of their relatedness to the professional: that they are interested, involved, and care. In medicine this has been called the *placebo effect* of the physician as *healer*: 'the attitude of the doctor can make an appreciable difference to the psychological response of the patient who feels the need to be understood and listened to empathically' (Dixon et al. 1999, p. 310). To give clients confidence in us as professionals, we have to be secure and happy enough ourselves in our roles, and not anxious or inhibited.

How can that happen in overworked, overstressed professions, getting less appreciated daily? One of the ways of being an empathetic, effective practitioner is to be reflexive as well as reflective.

## Making sense of experience

Life does not really have a beginning, middle and end (Sartre [1938] 1963): that is the prerogative of literature, of stories of experience. Writing and telling our stories is not straightforward; but if we can have sufficient faith in ourselves, trust in the process, and respectful unconditional positive regard (Rogers 1969) for clients and colleagues to create a beginning, the rest might well follow.

A closely observed event (Wordsworth's 'spot of time'), written about, reflected upon, discussed critically and re-explored through further writings stands metonymically for the whole of that professional's practice. Stories and poems are slices, metonymically revealing the whole of life (for explanation

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of metonym see About This Book). Here is a reflective practice group evaluation:

a different way of seeing: many insights, many views  
a sense of wonder at the creativity of so many people I had seen  
only as professional colleagues

I am challenged to see others I meet with new eyes.  
a different way of hearing: many voices, many themes  
I have been moved by the quality of our listening and by the careful  
and gentle hearing of my own emerging voice.

a different way of being: many persons, an experience shared.  
I have found a sense of integration in allowing the creative part of  
myself which I had stifled to energise my life and work.  
there is empowerment for deeper living in the shared silence,  
laughter and tears. (Sheena)

The camera focuses upon a drained doctor at the end of a long week. She reaches into her lowest desk drawer, taking out something which will enable her to cope, to continue to see her profession as growing and worthwhile. It is not a bottle, hypodermic syringe, or pills, but a pad of yellow paper and a pen. She starts to write ...



#### Read to learn

- Bulpitt, H. and Martin, P.J. (2005) Learning about reflection from the student, *Active Learning in Higher Education*, **6**(3), 207–17.  
Munno, A. (2006) A complaint which changed my practice, *British Medical Journal*, **332**, 1092.  
Osterman, K.F. and Kottkamp, R.B. (2004) *RP for Educators*. 2nd edn. Thousand Oaks, CA: Corwin Press.



#### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

**Exercise 2.1 The story of your work**

1. If your work were a book, film, play or radio programme what would it be?  
A romantic, detective or fantasy novel, diary, roadmap or atlas, telephone directory, DIY manual, *Desert Island Discs*, reality television show, *Strictly Come Dancing* (*Dancing with the Stars*)? ...
2. Describe it.
3. Reread with positive imaginative insight, add or alter if you wish.

**Exercise 2.2 The film of your life**

1. Write the title of the film of your life (or work).
2. Write the advertising blurb.
3. Write the cast list.
4. Choose a 'character' from this list, write their name on a fresh sheet and fill the page about them.
5. Choose another 'character' to do the same with, if you wish.
6. In this film, which actor will play 'you'?
7. Where will be the shoot location (you can choose anywhere)?
8. Tell the story of one of the scenes in detail.
9. Write the ending of the film (optional).
10. Reread to yourself with attention, alter and add as you wish.

**Exercise 2.3 A spot of time**

There are in our existence spots of time / ... whence ... our minds  
Are nourished and invisibly repaired; / ... Such moments  
Are scattered everywhere. (William Wordsworth, from *The Prelude*)

1. Jot down a very quick list of occasions when you felt nourished, content, affirmed.
2. Choose one, write about it with as much detail as you can remember.
3. Give it a title as if it were a film; write the brief paragraph of film advertising blurb.
4. Read it back to yourself with care, adding or altering positively.
5. Write about another one if you have time.

## CHAPTER 3

# PRINCIPLES OF REFLECTIVE PRACTICE

Chapter 3 discusses ethical principles and describes a range of possible educational models, explaining why educators need clarity as to the model used, and why *through-the-mirror* reflective writing is effective. It examines forgiveness, knotty issues around ethics and patients, students or clients, and the risk involved in reflection and reflexivity which can partly be deflected by tutors creating safe enough educational environments.

We teach and write to become what and who we are ... The function [of pedagogy] is to invent the conditions of invention. (Hwu 1998, p. 37)

A disciple became frustrated at never being taught anything, and never knowing how long meditation would last. The master always rang a bell: sometimes after five minutes, sometimes five hours. The disciple became so infuriated that one day she grabbed and rang the bell when *she* wanted meditation to end. The master bowed to her. She had unwittingly learned what she had needed to learn. (Ancient Zen story)

Reflective practice and reflexivity, approaches which support critique of any aspect of professional life, are founded upon strong coherent ethical principles. They are undertaken by practitioners in moral roles, relying on the quality of ethical attitude and actions. This chapter explains these, and examines the educational principles underlying reflective practice. An understanding of the foundation principles of any course or teaching and learning situation is essential: muddles in the models will lead to dissatisfied

non-learning students. This chapter also addresses forgiveness, safety and risk, and ethical attitudes to clients, patients and students.

## Ethical principles

The imaginative faculty, which enables writers to enquire into the world, their own experience, and the possible experience of others, is both wise and fundamentally trustworthy. Insight and support are gained by writing if the self is respected, the processes of writing trusted, and reliable confidential readers carefully chosen. *Through-the-mirror* writing works when enquirers take full responsibility for all their actions, including writing and sharing. It is essentially playful and straightforward: the greatest wisdom or inspiration is the simplest. It might seem paradoxical to say taking responsibility can be playful. Most of the values underlying this approach can seem paradoxical: their power lies therein. These values are:

**Trust** in the processes of our practice (in this case, writing): doubt hinders action. *Through-the-mirror* writing can be trusted to lead to personal insight. Only by trusting our writing hands can we write what needs to be explored and expressed. We cannot write wrongly about our own experience, despite initial hesitance we are the world's best authority on it. This writing takes free-rein: it is in letting go that we find our direction.

**Self-respect** for our beliefs, actions, feelings, values, identity, is respect for our own integrity. *Through-the-mirror* writing can give confidence we have something vital to express, and can do it well. This is enhanced by knowing it is only for us to read, at least initially: there is no teacher-reader with a red pen. We therefore communicate respectfully with ourselves, tackling inevitable fears, hesitations, and the voice of destructive inner critics. With the certainty gained from learning to respect ourselves, we can be creatively uncertain where we are going.

**Responsibility.** We are fully responsible for everything we write and our response to it (as we are for all our actions). We have full authority over our writing at every stage, including rereading to ourselves and possibly sharing with a confidential trusted reader. Writing fiction can offer significant insight (for example, Munno 2006; see also Chapter 2), exploring how the situation might have been, or perceived by others: fiction thus gives access to the truth. It is in taking full responsibility for our actions that we gain freedom to understand, explore and experiment with inspirational playful creativity.

**Generosity.** We willingly give energy, time and commitment to our own personal and professional development through writing in a focused spirit

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of enquiry. This giving enables us to receive inspiration and experience from others, and from our own enhanced self-understanding.

**Positive regard.** We write about family and friends, colleagues and students, clients, patients or members of the public. Any feeling can be explored within the privacy of writing, both for cathartic release and in order to understand how and why what happened, and discover appropriate ways to act in the future. This feeling, rather than being directed towards the individuals, is safely contained within the reflective process: unconditional positive regard (Rogers 1969) can be maintained. Expressing and exploring negative memories, thoughts and feelings can facilitate positive experience; celebrating positive ones can be life enhancing.

### Reflection and reflexivity: educational processes

Reflective practice is an educative process. Tutors and students relate to each other within particular paradigms or teaching and learning models, whether they are aware of it or not. A range of such models is examined and critiqued below. An understanding of the foundation principles of any course or teaching and learning situation is essential. If *through-the-mirror* methods are used within a wider course, the principles must be consonant.

Tutor–student relationships are addressed. At times the educational process is supported either individually or in a group. At times the practitioner reflects alone in their journal. The contexts in which teaching and learning take place and some ways in which this can be understood and handled are discussed.

Alice did not stop to study her reflection before she went through the looking-glass. Had she done so her reflection would have been a back-to-front image of her accustomed self. Having crawled right through the glass she encountered a world where everything ‘was as different as possible’ (Carroll [1865] 1954, p. 122). She learned a great deal from the way familiar things and situations being so different ensured she could not take anything for granted. For example, when she wanted to reach an attractive small hill, she bumped into the house again every time. She learned to walk away from anything she wanted to reach, trusting looking-glass methods to get her there (pp. 132–6).

Reflection and reflexivity critique anything taken for granted. We need to walk away from things, to gain perspective. Why? how? what? who? where? and when? need to be asked of everything, constantly. Alice had to ask these questions because nothing worked as she expected; professionals have to push themselves into this state of incredulity.

*Through-the-mirror* education requires self-respect in both learners and tutors; willingness and ability to work either autonomously or in collaboration, with whomever, as appropriate; and the confidence to ask questions which might lead anywhere. It tends towards the aesthetic rather than the purely

functional. The very questioning playfulness, rooted in uncertainty as to where the process will lead, is essentially non-goal-directed (however valuable outcomes might be). Physical (rather than purely cognitive), passionate (rather than purely intellectual), context bound (rather than goal driven), this artistic process requires flair, style and intuition. It is aesthetic; learners and tutors appreciate and explore the nuances in people's sense of themselves, their environment and experience. Winter has defined the imagination and the aesthetic in this context as: 'a universal capacity for the creative interpretation and representation of human experience' (Winter et al. 1999, p. 199).

We are all culture bound – physically, socially, psychologically and spiritually. We might change that culture, but can never make ourselves culture free. Nor can we be fully uncertain, playful or questioning – our lives would fall apart. But we can do a great deal in that direction: in a game of *what if* ...

This section looks at (a) the characters within the teaching and learning situation – the relationship between teacher and learner; and (b) the place in which they are working – the context. It then examines the educational situation at a *meta* level; that is, some of the assumptions both teachers and learners make about the processes in which they are engaged: the plot or storyline of education, which is being constructed with a certain set of characters in a particular place.

## Educational relationships

The role of the teacher is not to tell others what to do, not to issue edicts, nor to assist in the constitution of prophecies, promises, injunctions and programs. The task of the teacher is not to affirm prevailing general politics of teaching but to question critically the self-evident, disturb the habitual, dissipate the familiar and accepted, making the strange familiar and the familiar strange ... The classroom is therefore a place of invention rather than reproduction. (Hwu 1998, p. 33)

Carl Rogers maintains the *relationship* ensures the success or failure of teaching and learning situations:

The initiation of such learning rests not upon the teaching skills of the leader, not upon scholarly knowledge of the field, not upon curricular planning, not upon use of audiovisual aids, not upon the programmed learning used, not upon lectures and presentations, not upon an abundance of books, though each of these might at one time or another be utilised as an important resource. No, the facilitation of significant learning rests upon certain attitudinal qualities that exist in the personal relationship between the facilitator and the learner. (Rogers 1969, p. 153)

This opinion was borne out by a group of community nurses in training for reflective practitioner facilitation. One said 'the person of the teacher is the



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vehicle' for the learning, and another that the 'being' of the tutor enables successful teaching. The group had told each other, in pairs, about significant teaching and learning situations in their lives: both effective and dreadful. They animatedly agreed the underlying principles of good teaching are when the tutor:

- is able to create a relationship with each student which feels 'special' even when it is known to be one-way, that is, the student knows the tutor does not feel specially about any particular student
- 'gives of themselves', not just taking on the 'role' of tutor, but being a whole person
- engenders confidence and respect
- wishes to challenge both students and themselves as tutor, at the same time as valuing, being respectful of, being patient with, and offering praise to the students: an unconditional positive regard
- makes the learning pleasurable, clear and significant; to do this they must love their subject.

The group decided destructive teaching qualities were when the tutor:

- has no understanding of or interest in the student
- bullies, humiliates or even abuses the student with personal intrusions, generally wields power negatively
- has a set, inflexible agenda, a mission with no regard of the needs of the student
- lacks confidence in the student as a person
- transfers their own anxiety onto the student.

These lists, created by eight nurses in half an hour, demonstrate how effective teaching is known intuitively from bad, transcending cognitive understanding or articulation of methodological models. The best teachers and practitioners are reflexive and reflective, qualities enhanced and fostered by education.

An educational environment is also vitally important, as is a teacher–student relationship of trust, respect, openness, confidence and security, a *good-enough* relationship: every tutor is human. With sound foundations, inevitable tutor errors and misjudgements are more forgivable and might even prove a learning situation. Peter Abbs laid greater emphasis on students' roles than on tutors' while stressing identical principles:

Education is not primarily concerned with the accumulation of facts and techniques but rather with the expression and clarification of individual experience. The centre of education resides in the individual. If we are to achieve a genuinely human education we must return again and again to the person before us, the child, the adolescent, the adult, the individual who is ready, however

dimly and in need of however much support, to adventure both further out into his experience and further into it, who is ready, in some part of himself, to risk himself in order to become more than he now is. The teacher, the tutor can provide the conditions and the support for such a journey – but the journey itself can only be made by the assenting and autonomous individual. (Abbs 1974, p. 5)

In an in-service reflexive session, Master's (Medical Science) tutors each drew how we viewed our role as educators, including: a candle, educator lighting the darkness; map and compass, teacher as guide through rough places; a church, initiating others into the holy of holies; a gardener watering a tree, the educator as *enlightened guide* nurtures, supports and initiates the weaker other. My own drawing had my outstretched arms inviting everyone to an exciting party. Alan Bleakley (see also 2000a) adds:

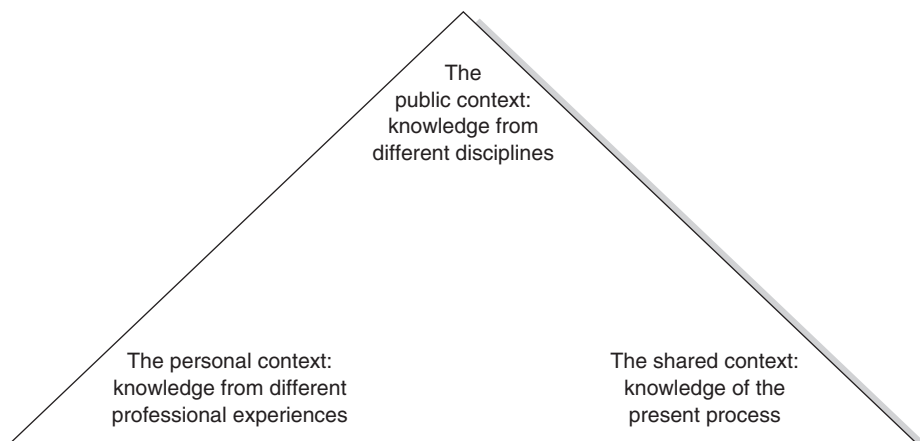
I have always imagined my own teaching in terms of contemporary jazz (post-bop): opening theme with chorus – long improvisation – chorus – coda. I like the idea of strange harmonies, dissonances combined with resonances, melodies that lose themselves in improvisation but are echoed throughout, and then restated at the end of the piece. (Personal communication)

## Educational models

Educators are role models (often unwittingly). The above lists show students do not forget model best and worst teachers, possibly spending professional lives unconsciously emulating or avoiding these vital figures. My best teacher was humorous, straightforward, caring but not motherly: a biologist who gave us an impassioned account of earthworms copulating under the moon. My worst teacher, a chalk and talk didact, made a fascinating subject boring with her flat instructive tone: we dared hardly move, cough or hiccup, let alone ask a question. I still think historical romances must be turgid, as she recommended them to widen our understanding. The influence of those two is probably clearly discernable in this book.

I now turn to the terrain we explore together. A country area with no paths can appear a confusion of walls, sheep-tracks and tors. The view from a helicopter would seem to make more sense: walls making comprehensible gated fields, giving clarity to a whole walk. Adult education has been likened to 'moorland', rather than 'field' (Usher et al. 1997). The helicopter view offered by a heuristic model, meta-understanding of the situation, can be useful here. Stephen Rowland (1999, 2000) has suggested that under all circumstances both tutor and students might understand their resources for learning as a triangle of three areas, as in Figure 3.1.

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**Figure 3.1 Resources for learning (adapted from Rowland 2000, p. 61)**

The *public area of knowledge* is, in principle, open to everyone through public texts: government documents, professional or academic publications. Interpretations may vary; if an area is disputed, the text can be referred to as arbiter. Reflective practice must be embedded within this public arena, to prevent it being merely personal confession.

The *personal area of knowledge* is private, known only to individuals. Much reflective practice material belongs in this arena. Knowledge of situations, people, thoughts and feelings involved, belong in individuals' minds. The process of examining this area might be the reflective one of laying any aspect of the situation open to question; or it may be reflexive: questioning one's own impulses, attitudes, assumptions. The individual is the authority.

The *shared area of knowledge* is the 'process of the group (or pair)'s work'. Individuals have personal private stories of their lives (personal area of knowledge). In association with others a shared set of stories, assumptions, principles and so on is created. All remember how they struggled to grasp the difference between reflection and reflexivity; or when Sue shouted at Bob for assuming she was late because of childcare. They have tacitly understood group methods, such as sitting in silence reflecting deeply when appropriate rather than scrambling for immediate answers. This knowledge and understanding is available only to participants: and no member has more information or rights over it than another.

The *shared area* is often missed for reflexive consideration. Yet addressing it, in supervision or group, can be invaluable. People can only learn when they are confident, respected and valued, and to an extent control the process of learning. Exposing the educational process (including tutor's role) to scrutiny

can enable participants to take a degree of control: say what they want and do not want. Tutors can act upon such effective feedback, and adapt methods or syllabi according to students' needs and wants.

The focus on *shared*, *personal* or *public* areas will vary. Reflective practice focus is often *personal*, though *public* material develops, extends and critiques ideas, ensuring participants' burgeoning understandings are embedded in wider social, professional and political spheres. My reflective practice students pursued knowledge or theory gaps they encountered, such as about ethics. A reflexive examination of the *shared domain*, the educative process undertaken with the tutor (whether group or one to one) models any teaching and learning process.

Aware tutors can harness and drive these three contexts to their own and students' advantage. Students can use them to broaden their awareness within, and response to, learning situations. Awareness of different ways of functioning within the three contexts can further enhance understanding and ability to maximise teaching and learning efficacy and interest. Within *public* contexts, *reason* comes to the fore. Within *shared* and *personal* contexts, actions, thoughts and feelings are appropriate for consideration. Examining what was done, thought and felt about a specific situation helps explore dark corners in personal professional experience, shared group experiences, and in the political situations in which we work. 'We understand through feeling' (Shem 2002, p. 935). 'Reflective practice is the public recognition and interrogation of the *effects* of *affect* within action' [emphasis in original] (Usher et al. 1997, p. 220).

## Unmuddling educational models

Any involvement in education as teacher or learner can only be undertaken from within a particular approach or understanding of the processes. Sometimes people are aware of their own image, metaphor or model of education; sometimes they accept a 'given' model without knowing what it is. In order to be involved in an effective, consistent educational process, tutors and students need to be aware of the model used.

### Chalk and talk

A traditional model, recognisable from schooling and much university education, is the banking (Freire 1972), transfer, moulding theory (Fox 1983), or didactic model (Rowland 1999). Teachers who know the answers attempt to funnel them directly into the heads of students who do not know. Tutors retain control; learners are not respected, nor expected to contribute creative

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ideas. A hierarchically determined system of knowledge and social status is reinforced; the impact and body of knowledge is predetermined.

### Rocky path

This has been called the ‘exploratory model’ (Rowland 1993), or *fofo* way of teaching (f \*\*\* off and find out):

The broad objectives of the work were discussed with the [students] but then they were put in a position of finding their own solutions. (Department of Education and Science 1978, para. 3)

The student is respected (possibly) and given autonomy, but probably insufficient guidance and support; the tutor is not primarily involved in the processes of learning.

### Hey presto

We live, teach and learn in a consumer culture with a market orientation in which people, practitioners included, are constantly bombarded with new practices and new ways of being. A time of individuation: difference appears to be celebrated, yet conformity is fostered. We can choose to change and mould our lives (even our bodies) in ways never before possible: to fashion new identities for ourselves. Outward signs (packaging) are important: what things are called, what they look like. Market place metaphors mean we can buy ‘care’, even ‘love’, according to palliative care advertisements as I write. ‘Trust’ is used of those who hold the purse strings. This has had a huge impact upon education. Organisations ‘deliver’ courses on the assumption that the commodity bought will directly improve their service, as if it were fertiliser.

Competencies, skills and fully developed reflective abilities are needed by practitioners. But in this system they are seen as products or commodities, *things* like bricks or vitamin tablets to be bought with education currency without primary attention being paid to fundamental educational *processes* which enable their development, such as tutor–student relationships and the learning environment (see below).

Teachers are assessed on the *value* they offer consumers. The *objects* students consume are all too often *signs*, communicating social position and worth. *Who I am seen to be* and *What I can get as a result of this course* (for example, a better job) have become more important than the innate value of intellectual enquiry.

Giving reflective practice students set pro formas, lists of prompts, questions or areas will stultify, make for passivity and lack of respect. Professionals need

to ask and attempt to answer their own questions, otherwise practice is moulded towards the system's wants and needs.

Testing and checking up whether students have acquired required competencies further endorses this subordinate sense. 'I get the students to ...' manipulates students in a semblance of 'choice'; they only have to paint the right bits the right colours, join up the dots. The 'shopkeeper' delivering the 'package' gains a neat pile of pigeon-hole-sized submissions with predetermined areas accounted for: evidence this, this and this has been 'learned' – products which can then be consumed by both practitioner and assessor. It matters not that this is solely a paper exercise as there is no continuity between course and practice, no one to see practice has changed or developed; what matters is the product, that the neatly ticked boxes look right. This has been called 'surface learning' (Rust 2002).

Our *problems* cannot be *solved*, however many *problem-solving* exercises we undertake. Problems, issues, relationships can all be aired and examined constructively, but to see the process as a straight line from *identification of need* to *problem solved* is effectively to prevent constructive learning. Learning is innately complex.

The values basis of this functional competence model is technical-rational, utilitarian and instrumental. Students are short-changed and manipulated. A full educational process has to be undergone, however painful and expensive. There are no short cuts, no prestidigitation. But this next model, for all its wonderful features, is not The Answer either, for there is no Right Answer.

### Path to freedom

Carl Rogers described *personal* liberation in education and psychotherapy (1969). Paulo Freire developed a model of effective education called *problem posing* – a liberating *political* process (1972) (it must be remembered that Freire was working in a politically revolutionary situation in the 1960s):

[In] authentic reflection men (*sic*) ... begin to single out elements from their 'background awarenesses' and to reflect upon them. These elements are now objects of men's consideration, and, as such, objects of their action and cognition ... The banking method emphasizes permanence and becomes reactionary; problem-posing education – which accepts neither a 'well-behaved' present nor a pre-determined future – roots itself in the dynamic present and becomes revolutionary. (Freire 1972, pp. 35–7)

My students echoed this, calling their course 'consciousness raising'. Such reflective practice can lead to significant change, both to individuals and the organisation upon which they might act. Freire was right that education should

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be rooted in the present, and should pose problems about our lives here and now: this is the stuff of reflective practice.

Effective reflective practice is critically active and dynamic in a wide sphere. Practitioners question and problematise themselves, their roles and those in authority over them, their political, social and professional situations. They cannot again uncritically accept a situation, nor just moan about it. Reflective practice encourages *action*, and that means more than keeping the fridge in order so the wrong injection is never given again, but questioning appropriate aspects of the system. One participant during her very first 'six-minute' writing realised she had to change her job. She got one more suitable, but also one in which she could and did implement significant change for her staff.

Marx recommended a 'relentless criticism of all existing conditions, relentless in the sense that the criticism is not afraid of its own findings and just as little afraid of conflict with the powers that be' (1962, p. 212). Carr and Kemmis (1986) with their theory of critical social science and *praxis* of *action research* drew upon Marx and Freire. Based on the philosopher Habermas's writing, this is not personal understanding developed by such as Rogers in therapy or psychoanalysis, but political-social understanding (critical theory):

The purpose of critique then is to provide a form of therapeutic self-knowledge which will liberate individuals from the irrational compulsions of their individual history through a process of critical self-reflection ... Critique is aimed at revealing to individuals how their beliefs and attitudes may be ideological illusions that help to preserve a social order which is alien to their collective experience and needs. By demonstrating how ideological forces generate erroneous self-understandings, ideology critique aims to reveal their deceptive nature and so strip them of their power ... Action research is simply a form of self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practice, their understanding of these practices, and the situations in which these practices are carried out. (Carr and Kemmis 1986, pp. 138–9, 162)

Action research, as its name implies, is more research based than reflective practice, with a 'self-reflective spiral of cycles of planning, acting, observing and reflecting' (Carr and Kemmis 1986, p. 165), but it does offer a model for reflective practice.

So what is the problem? It seems an unwarranted certainty to consider that the 'compulsions of [participants'] individual history' *before* they begin on a 'process of critical self-reflection' are any more 'irrational' than those they will be enabled to arrive at *after* the process. It could also be said that *all* 'beliefs and attitudes may be ideological illusions that help to preserve a social order which is alien to their collective experience and needs', *however* they are acquired – through reflective practice or otherwise.

Freire was certain, in the political sphere, Carl Rogers in the personal (see below), and Carr and Kemmis in both, that progress is taking place towards a particular goal of personal or political productive change and development. This model asserts that reflective practice (or critical action research) automatically brings people from ignorance to knowledge, from political passivity to effective action. But this certainty is based on nothing more than an assumption that a greater understanding of ourselves or the world will make things better. In the personal sphere this model asserts that these can be *self-actualising* processes in which each practitioner will find the *real me*, the *me* they were intended to be.

The very notion of *me* is problematic, however: I am not a static entity, but in the process of being created every day as social and political forces impact upon me; I am a story I tell and retell every day, with fresh facets and new viewpoints each time. I am not so much a thing – static in shape, form and time – but more a verb – not *me* but *to me*.

Reflective practice has, contrariwise to the *path to freedom* model, been accused of encouraging practitioners to accept their lot, however bad: a form of quietism. People can only *take* power, give it to themselves; they cannot be ‘empowered’ or ‘given a voice’ by a more powerful other (tutor, for example). Usher adds the weight of his voice to this argument:

We become active knowing subjects but now we subjectify ourselves rather than being subjected by others. We think we have mastered the power that imposes itself from ‘outside’ only to find that it is now ‘inside’. We have the power, indeed the obligation, to exercise our ‘freedom’ but we are not thereby empowered to affect our social and political environment. (Usher et al. 1997, p. 87)

Practitioners can become trapped in controlling themselves to work according to the wants and needs of the system, rather than responding to exterior control. Power is a slippery, omnipresent thing, and does not necessarily do what it *appears* to do. Professionals, tutors and curriculum designers have to be sensitive to undercurrents and meta-levels in education: ‘the most effective forms of power are those which are not recognised as powerful but as enabling or “em-powering” ... The drive for emancipation may itself become oppressive’ (Usher et al. 1997, pp. 87, 190). And:

Practices of ‘freedom’ or ‘authenticity’, or search for a ‘real’ self are in fact rule-bound examples of governance of self by self through self-surveillance. While advertised as a route to liberty or autonomy, [they] offer strictly coded forms of self-governance and regulation. (Bleakley 2000a, p. 406)

Carr called it ‘essentially an enlightenment project’ (1995, p. 121); such a project assumes a knowledge of what *rationality* is: we do not have this



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knowledge. The very notion of *enlightenment* maintains a confidence that the 'light' I am in now is any better than the 'dark' I was in previously, and that what my tutors tell me is 'light' is 'light' indeed for me. What is wrong with the dark anyway?

Reflective practice education is constant reflexive self-examination: actions, thoughts, feelings, motives, assumptions. In order to be critical of my own personal, social and political situation I have to be able to stand outside it to some extent. Of course I cannot do this fully, whatever contortions I attempt. No one can critique one paradigm while within it: no sailor can propel a yacht by blowing into the sails. We all wear culturally tinted lenses through which we view the world: emerald spectacles cannot be removed to see the world, our actions, and those of others as *they really are*. Alice was the only one who managed fully effective reflexivity and critical emancipation: by crawling right through the looking-glass and experiencing herself and her world from the other side – not an action we can imitate.

No tutor (facilitator or supervisor) can guide anyone else towards their own emancipation, no one can have this wisdom or power; nor can it be an aspect of the curriculum. There can be no specific way of working (however wonderful reflective practice may be) which supports another to 'free' themselves from their social, political and psychological constraints. Educative reflective practice can yet lead to greater agency, responsibility, self-understanding and self-confidence.

### Through the mirror

The previous models made assumptions which, I have suggested, we need to shed, missed out vital elements which need including, and presuppose a level of unfacilitative certainty. Effective education is based upon both tutor and learner being able to make as many aspects as they can of their situation, and themselves – strange and different – in order to study them.

In this approach learners are encouraged to be as reflexively aware and questioning as possible of social, political and psychological positions, as well as their environment. In this dynamic state, things will appear to be strange, back to front, and to operate in unusual ways: they should do so. A student called it 'making the ordinary extraordinary'. It is this very strange-seemingness or extraordinariness which will enable students to formulate their own questions about the situations in which they find themselves (reflective), and the self they find there (reflexive). These questions are almost bound to be different from the ones they thought they might ask. Spirited enquiry leads to specific, usefully appropriate and meaningful questioning. Interim answers will appear, but as markers along the way rather than finishing posts.

Learners are supported to find ways of discovering what they feel they need to know, from literature, from knowledgeable others whether other students or external authorities, from tutors. This can be as widely understood as the students wish – popular culture, as well as literature, carries vital data.

Many elements of previous models come into play eclectically in *through-the-mirror* learning. There is no comfortable beginning, middle and end, and the *characters* and *places* are not clearly delineated and set. Individuals take on varied roles: tutor as didactic teacher at one point, and equal friend along the way at another; a colleague may be the enemy at one time and fascinating authority at another. Students may think they are well on the way to understanding something, and then realise they have to stand one step back and view the matter from a fresh standpoint and begin all over again with a new set of questions.

Student and tutor are both engaged in a process, and their roles are more equal than in the other models. Knowledge and understanding are seen as something they are constructing together according to the wants and needs of the student. Their relationship and their roles will constantly be under reflexive review.

## Ethics and patients, students or clients

Reflective practice raises and airs significant ethical considerations concerning practitioners, the populations with whom they practice, and their organisation. Practitioners may become unexpectedly emotional (for example, angry or distressed), or find unexpected issues to sort out. 'This really made me realise the learner is not in control when exploring new ideas' (John, Master's student). Inexperienced facilitators may find students' reflections may unexpectedly raise issues or emotions of their own. Hargreaves examined the ethics of requiring nurses to undertake this activity (1997; see also Chapters 7 and 8). Ghaye (2007) quotes an angry student nurse:

My feelings are private – yet I am expected to frame them in prose and submit them to my university. I don't know my lecturers or personal tutor intimately. What right has anyone to ask for such personal information, let alone ask that it be graded by a faceless lecturer? As nurses we respect patients' rights not to disclose their personal feelings. Yet no such right is afforded to students. (Sinclair-Penwarden 2006, p. 12)

Experienced and knowledgeable facilitation and appropriate levels of assessment will enable students and practitioners to find reflection and reflexivity useful to themselves rather than intrusion by 'faceless' examiners, as above (see also Chapters 7 and 8).

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Confidential material about the population with whom reflective practitioners work is exposed even when names and details are altered. Practitioners do all in their power to discuss cases with respect. Sometimes the need to release feelings overtakes: a group of doctors falling about with hilarity about a dropped corpse being unpickupable in snow and ice. No disrespect was intended, but the situation was too horrific to be countenanced until some emotion had been released. I understand paramedics and police officers respond in similar ways. Specific issues need to be addressed rather than generalities. As a user of services myself, I would rather think I was discussed among colleagues – in whatever way was appropriate – than feel I was treated merely as a case by an unreflective practitioner.

Reflective practice appropriately addresses ethical practice. Anne Hudson Jones describes how narratives of practice are used to teach 'narrative ethics', offering 'richer ethical discourse for all' (1998, p. 223). Ron Carson says both studying one's own stories and reading literature are ideal ways of studying and maintaining ethical practice: 'literature shapes sensibility by giving form to feelings and by revealing the narrative structure of experiences of love, loss, loyalty and the like' (1994, p. 238). Reflective journals, and discussions, have sensitively and carefully supported student palliative care nurses:

The diary sessions are in-depth critical discussions and comparisons of clinical situations where logical and rigorous analysis of moral and ethical concepts takes place. Through this analytical process, assumptions made by health care professionals, patients and relatives are uncovered and examined. This leads to the revelation of attitudes, stereotyping, prejudices, preconceptions, philosophical ethics, frames of references, cultural influences, and the nurse's predisposition to act in a certain way: 'reflecting on clinical situations made me aware of my beliefs ... and the assumptions I make ... the uniqueness of people and their rights'. (Durgahee 1997, p. 143)

This fully rounded reflective process involves emotional responses and synthetic functions, not restricted to the 'logical and rigorous'. Ethical dilemmas may arise concerning a colleague's faulty practice: should it be reported? What does the confidentiality of reflective practice mean? (See Cutcliffe et al. 1998.) What would I have done had my teacher-student (Chapter 2) not said her school was dealing with the teacher's sexual relationship with a pupil? There can be no rules: careful one-to-one discussion is the starting point.

Practitioners bring their whole selves to reflective practice; and that whole person has vulnerabilities. Reflective practice does not shy away from emotional realisation of ethical problems.

Aspects of therapeutic theory and practice are therefore relevant to *through-the-mirror* work. Jane Abercrombie (1993), an academic biologist, brought therapeutic group work principles into higher education teaching. A basic tenet of Carl Rogers (1969) is respect and 'unconditional regard' for the student (see also Chapter 9).

Reflective practice facilitators are not therapists. An understanding of therapeutic ways of working can, however, offer empathetic and facilitative understanding, and greater confidence in handling emotive situations. Therapeutic needs may arise through reflective processes, for which appropriate outside support may be sought. Sutton et al. (2007) report students feeling they had been required 'to splurge our guts' (p. 396) unsupported (see also Chapter 7). Pre-service students are considered by some to uncover material needing therapeutic support. Young students (for example, undergraduates) in my experience tend to tumble in and out of being emotional in reflective practice; I have not experienced them as any more vulnerable, but yet have known extremely experienced doctors break down and need support. I have, though, noticed undergraduates making definite statements about themselves and each other; 'I'm the sort of person who ...', 'that's just like you, you always ...'. Young adults are finding out who they are, and the location of their personal boundaries.

Checks and balances in facilitation can help prevent distress. Facilitators need supervisors/mentors or co-peer mentors (see Chapter 11). Co-facilitating group sessions can enable one to be tutoring while the other observes, reporting back to co-facilitator in after session debriefing. Periods of group reflexivity and an awareness of Rowland's 'shared context' (2000, see below) is invaluable. The group can be facilitated to take responsibility for its own processes, to observe if a member needs extra support or to be handled sensitively and will alert the facilitator if necessary. Each participant has responsibility for sharing distress or anxiety before it becomes too big for the group to handle.

Clear and agreed ground rules of boundaries and confidentiality help (see Chapter 9). Ethical and power issues need addressing in supervision, particularly if the supervisor is also in a position of authority over the practitioner, who may be justifiably cautious about disclosure. Differing assumptions concerning reflective practice and supervision cloud the area. Fowler and Chevannes stress 'there are potential disadvantages in making the assumption that reflective practice should be an integral part of all forms of clinical supervision' (1998, p. 379). Marrow et al., however, write of effective supervision, where the sister of a busy accident and emergency unit offered effective supervision to her staff focusing on reflective diaries, which she read (1997). And Judy Hildebrand describes deeply reflective and reflexive supervision of family therapist trainees (1995).

## Forgiveness

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Reflective practice can enable a shift in attitude to events, relationships and values in professional life, whether institutional or relative to clients. Forgiving others and oneself can be an element. A connectedness with ourselves, each other and our world tends to have been lost in obsession with evaluation based upon measurement, external success and appearance, and a belief that people can shape their world by making conscious plans. Connectedness has been replaced by anxiety around relationships, and a fear of each other evidenced by such phenomena as road rage.

Mercy has been marginalised as soppy and/or religious. Blake's description of mercy as having a 'human heart' (1958, p. 33) and Portia's powerful plea (Shakespeare's *Merchant of Venice*) are often forgotten. 'Given this situation it is no wonder that people are flocking to various mental health practitioners with chronic guilt, shame, resentment, disease, and feelings of estrangement' (Rowe and Halling 1998, p. 227). The goddess Athene says of forgiveness:

Let your rage pass into understanding  
As into the coloured clouds of a sunset,  
Promising a fair tomorrow.  
Do not let it fall  
As a rain of sterility and anguish. (Aeschylus 1999, p. 184)

The inability to forgive binds people to negative memories, thoughts and feelings and to vain hopes for the future (see also Rowe et al. 1989). Practitioners find forgiveness for colleagues, clients and themselves through reflective practice. This forgiveness is like dropping a burden, carried often for years; it can come accompanied by grief (Bauer et al. 1992). Forgiveness of oneself and others go hand in hand. The letting go of remorse and hatred or anger with another cannot, however, be planned for or directed by a facilitator. Forgiveness is a gift coming with increased understanding (see Munno 2006; Mark Purvis in Chapter 2).

## Risk and safety

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I have come to realise through the process of writing about this incident that reflection is not a cosy process of quiet contemplation. It is an active, dynamic, often threatening process which demands total involvement of self and a commitment to action. In reflective practice there is nowhere to hide. (Susan)

This kind of work comes with its own anxieties, doubts, fears, and fear of risk. Those who gain feel: nothing ventured, nothing gained. Issues of safety and

risk are discussed with reference to an educational principles and practice module on a Master in Medical Science course (see Bolton 1999c).

This group had been working together for some time, discussing and learning about education, for the first time they were now to share thinking and understanding in writing. It is one thing to say something tentatively in discussion, and then develop or alter it as the subject evolves and mutates. It is one thing to sit silent, or only venturing the odd expression while the more verbal and confident develop their ideas through discussion. It is quite another to stand by your written words. The group members knew I would ask them to write without forethought, not merely as rational discourse (Mezirow 1991), but from intuitive knowledge, understanding, and memory of experience.

One asked: 'Are we just going to sit here and write? How do I know which incident to choose?' I replied I would facilitate, with every step carefully explained and agreed to. There was a sigh of relief: the facilitation itself would be strong and straightforward. The process of writing explorative and expressive texts, and sharing them (albeit in a well-formed and effectively performing group) needs a supportive, clear, facilitative, interactive tutor, to develop confidence and trust. This work's growth and development can easily feel unsafe and confusing: confirmation of confidentiality and safety is facilitative, and there needs to be respect for uncertainty. Writers need to feel whatever they write is right for them, and will be respected by the rest of the group, as well as seeming contradictions and changes of mind. We also pulled apart my facilitation style and skills, for the sake of their educational understandings; that is not the story here.

The group understood this would be hot writing (improvised, rather than played coolly from pre-planned ideas). They still needed me to explain how to allow words to flow from their pens; after all their heads were empty of ideas, or full of apprehension. They had to trust themselves to write without prior thought: the breath of creative life to poets, novelists, playwrights, autobiographers, but missed out by academic writers. Everyone wrote for six minutes without stopping, putting on the paper whatever was in their heads (like stream of consciousness). This was not for sharing (but could be if the writer so wished): it was to clear our heads; or capture whatever floating thoughts and ideas were there; and to get the pen flowing untroubled (or perhaps feverishly fast) over the page.

[One group member] has just left the room, obviously upset, and I think that emphasises just how powerful this can be. How does this 'power' get dealt with without leaving more scars? (Liz )

Risk, which the students rightly discerned, is the seat of the power of this writing. Writing, although powerful, is also well paced: people do not normally

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write more than they are able to cope with. Writers need sufficient time to read and acquaint themselves with their own writing before sharing. From Elaine's journal:

The facilitation allowing the group to respond to the writings primarily and giving permission not to disclose any part of the writing made the group safe and gave responsibility to its members.

In talk-based discussion groups it is easy to blurt, and regret (Hulatt 1995). Sonya (NHS Senior Nurse Manager) commented in her journal on her own six-minute writing:

this seemed to spring from nowhere and resulted in me actively seeking a new job!! All based on a few minutes' thought!

We then wrote about 'a time when I learned something vital at work'. Ann (an experienced educator) wrote about a disastrous session with young disadvantaged mothers which she facilitated years previously. From her final portfolio:

When I began to write this critical incident I started with a series of descriptive words. They mostly related to emotions, both mine and those I had felt from the other people involved in the incident. Then I began to write the story. As I began to write I was unsure about why I had chosen this incident. It had happened some years ago and I felt that as I had discussed the incident with a number of people at the time, I had understood and analysed it sufficiently. Perhaps that was why I used it – perhaps I felt I had the answers ready to be neatly inserted into the story. Nevertheless, I had been instructed to write about the first incident which came to mind and this was the one. As I wrote, the situation was recreated before me. I could see the room, feel the atmosphere, although parts of the sequence of events were hazy in detail. What I did remember and what hit me again was the emotional force of feeling, both those of the women in that room on that day, but more particularly my own feelings. As I wrote I couldn't believe how much there was to put down. I had to force myself to stop after all the others had finished. When I read the piece to the group I was overwhelmed by the emotional force and couldn't complete the reading. All those emotions. And I thought I had 'dealt with' this incident. (Ann)

*Through-the-mirror* writing can enable attention to less dominant sides of ourselves. This can feel risky because certainties dissolve in such marginal states. These certainties can feel comfortably secure, once questioned in this way they are experienced as professional straitjackets. Within the marginal writing state, the writer loses clarity in a unitary self, begins to perceive

alternative selves in the different retellings of the story. Narrators can become the narration, crossing over that threshold of certainty, of knowing how they should respond in given situations into the unknowingness of uncertainty. The feeling of riskiness lies in the possibility of facing issues previously buried as un-faceable, to begin to doubt their practice, become confused (how will I know who I am if I bring my basic practice into question?), need drastically to alter their practice, their world, even the worlds of others.

They do all these things: hopefully. Later they realise the exhilaration and increase in self-confidence and self-determination, though initially they only perceive dangerous uncertainty. Facilitators ensure this happens at a pace and depth, and with sufficiently created boundaries, so 'this "power" gets dealt with without leaving more scars' (Liz, above).

The next stage was to read and discuss writings. I wrote and read alongside the group, though I made it clear I contribute verbally only when appropriate and after everyone else has spoken (I very rarely read my writing). Discussions were carefully facilitated towards reflectivity and reflexivity, within clear guidelines and boundaries set by the group (see Chapter 9).

Jessica's story concerned a knotty, ongoing work situation unflinchingly brought to the group. She took her fresh understandings back to the work situation, and implemented them immediately: 'I don't believe I could have done it without the learning opportunities I have been given' (see Bolton 1999a).

The group also worked without tutors and in co-peer mentoring pairs (see Chapter 11). One commented issues could be brought to co-peer mentoring, impossible to share with the group. Creative, original, helpful suggestions were made to develop core stories (see Chapter 6).

I surprised myself with both the subject of what I wrote and the power of emotions it provoked. I hadn't realised I had so many unresolved feelings about the incident despite having talked about it to others many times. On reflection I feel that Gillie is right: there is something in the writing that gives another dimension. Seeing the words on the page gives an added intensity to the power of the feelings. There was a lot of honesty in the group this week, although some people understandably chose to use a far less problematic incident than others. I feel I have learned a lot from hearing the others in the group talk through their incidents. What have I learned? ... I have learned about the power of the written word. I have thought about trying to do sharing of critical incidents with primary health care teams and feel it could be very valuable. I'm sure every group finds its level of exposure. (Ann)

Ann felt the group were not sufficiently critical in the discussion, that they supported her too much to feel she had acted out of the best intentions. She



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wanted to face the possibility that having just good intentions was not enough. She noted six weeks later, however:

I can see that I had still not been able to put this incident behind me and therefore was cross with others for trying to help me to do that. I feel rather embarrassed now by my reactions to the group. It was, of course, not about them but about me ... I can now forgive myself for this incident, understand it and accept that everyone gets it wrong sometimes. (Ann)

Ann later commented how discussions developed as the group gained confidence; making her more positive about depths of reflection reached. Groups need to begin sensitively and be gingerly supportive when discussing such writings. Ann also recognised later the effect her evident emotion had on the group.

Liz rewrote her piece as a series of thought bubbles, thoughts unexpressed in the writing. Elaine's concerned a frustrating consultation with a client, which left her anxious and responsible. Initially she wanted never to reread the writing, nor think about that client. The group suggested, however, she rewrite the event twice fictionally; from the client's point of view; and as win:win, an occasion when both client and nurse felt in agreement about a positive outcome.

I was amazed at the reduction of anger when I wrote the win:win situation. I was also struck by the lack of centrality of my position in the clinic compared to the wide complex circumstances of the client's life ... Writing a win:win situation enormously reduced the overall anxiety and power which caused both myself and the client to OVERACT and OVER-REACT. (Elaine)

Elaine and Liz stressed in their journals how writing, rewriting and discussion helped them become more objective. Both realised they had inappropriately felt guilt: some responsibility belonged to the client. Writing and discussion: 'helped change my emotional response to the situations and be more mentally open to all options rather than solving it in a specific way' (Elaine's journal).

Marilyn Pietroni gives a useful set of 'nature and aims of professional education' (1995, p. 48):

- to provide a containing environment in which individual practitioners are given the opportunity of recovering or establishing creative individual thought
- to offer partnerships in learning between educators and learners
- to provide a learning environment in which the log-jams and messiness of day-to-day practice can be faced and scrutinised in detail

- to provide continuous workshop environments (Schon's practicum) in which new ideas and approaches can be explored before and after their use (the double-feedback loop)
- to enable the nature of the organisational structures and defences that frame the work to be examined in relation to identified tasks
- to educate for a context of continuous change in which professional categories and languages, and organisational structure, are constantly by definition under erasure.

This chapter has gone some way towards examining some of the ethical values and educational underpinnings of reflective practice: relationships, contexts, structures of assumptions. There is no one way of getting the education business right: eclecticism is a valuable approach. And anyway all the above theories are lenses through which to view situations, rather than how things really are: they are based on metaphorical models, as theories generally are (Cunliffe 2008). But attention to these vital areas, in particular to mutual respect and authority and a genuine openness as to end-product, are likely to enable effective reflective practice: professionals and students *ringing the bell themselves*.



### Read to learn

- Cunliffe, A.L. (2009b) The philosopher leader: on relationism, ethics and reflexivity a critical perspective to teaching leadership, *Management Learning*, 40(1), 87–101.
- Durgahee, T. (1997) Reflective practice: nursing ethics through story telling, *Nursing Ethics*, 4(2), 135–46.
- Fox, D. (1983) Personal theories of teaching, *Studies in Higher Education*, 8(2), 151–63.



### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

(Continued)

*(Continued)***Exercise 3.1 Who am I?**

1. Complete these sentences – all or as many as you wish, and writing as much as you wish.
2. I am ...
3. I believe ...
4. I want ...
5. I know ...
6. I think ...
7. I wish ...
8. I hope ...
9. I understand ...
10. I wonder ...
11. I imagine ...
12. I'm surprised that ...
13. My dream is ...
14. If I were not a (doctor/psychologist/lawyer/teacher/?), I would be a ...
15. Reread with care. Choose one to write more about.

**Exercise 3.2 What and why and when, and how and where and who?**

1. Think of your work, a particular aspect, or in general.
2. Respond to these, in whatever way occurs to you (you cannot get this wrong):
  - (a) What do I do?
  - (b) Why do I do it?
  - (c) How do I do it best?
  - (d) For whom do I do it?
  - (e) When?
  - (f) Where?
  - (g) What might I rather do?
3. Reread with care. Choose one to write about at greater length.
4. Reread, add, alter or delete positively, as appropriate.

**Exercise 3.3 The essence of your work**

1. Write an 'unsent' letter to a young child, telling them about your job
2. Reread, remembering the age of your interlocutor, keep it simple
3. I hope you find you have got to the heart of your feeling about your work

## CHAPTER 4

# THROUGH THE MIRROR

Chapter 4 introduces the *through-the-mirror* approach, gives its three foundations, and suggests effective facilitation for practitioners to gain confidence to enter this area of educational uncertainty. It explains how skilled facilitation of this method supports students and practitioners to gain authority over their own learning and practice.

Alice was through the glass, and had jumped lightly down into the Looking-Glass room ... Then she began looking around and noticed that what could be seen from the old room was quite common and uninteresting, but that all the rest was as different as possible. For instance, the pictures on the wall next the fire seemed to be all alive. (Carroll [1865] 1954, pp. 122–3)

The sage offered her disciple tea, but did not stop pouring. ‘Master, the cup is full!’ ‘You are just like this cup: overflowing,’ the sage replied, ‘there is no space for you to learn.’ (Story from Chuang Tsu)

Reflection and reflexivity make the ordinary seem extraordinary, ‘as different as possible’. And it makes the extraordinary more comprehensible. Actions, interactions, professional episodes, memories from long ago, spirituality, thoughts, ideas and feelings become ‘all alive’. Developmental change becomes possible. This chapter discusses *through-the-mirror* reflection and reflexivity, and the role of stories and fiction.

Practitioners open themselves to relating to a wide range, within both their own experience and that of others, through this dynamic process. They recognise many different ways of knowing, all of them valid. Nothing is irrelevant, however

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insignificant or personal it might appear to be: assumptions as to what is relevant or significant thwart the process.

When I realised my mother's cancer was terminal I considered resigning my job to help care for her. Realising that wasn't possible I then had to consider how to survive over the next few months. I'd considered resigning because I'd been struggling with being a doctor and who it had turned me into. Creative writing has helped me see what was happening, share it with others and begin to find a way through. I discovered that I could barely engage with my own emotions and fears any more. I had developed a protective shell through which I couldn't feel but which allowed me to keep going. The reality of a very significant loss in my life meant I had to feel it and understand my self again. (Clare)

All aspects of ourselves are interrelated; practice is not undertaken with one part, and personal life another. They might be linked, moreover, by surprising-seeming factors. The apparently insignificant, appearing seemingly out of nowhere, may be central. *Through-the-mirror* processes can enable developmental, aesthetic and creative access.

Professionals need to engage in 'willing suspension of disbelief' (Coleridge [1817] 1992), open themselves to uncertainty about learning needs and possibilities. This uncertainty, or knowledge of lack of knowledge, is an educative space for insight, intuition and credulity, leading to understanding of what was already unwittingly known (see Attard 2008). Alice was instructed by the White Queen in 'living backwards', and told to practise believing up to six impossible things before breakfast every day (Carroll [1865] 1954, p. 173). I congratulated a novelist friend on having made me believe in impossibly extraordinary characters (Glaister 1999); she responded: 'The more you can believe the better'.

### Three foundations

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- Certain uncertainty
- Serious playfulness
- Unquestioning questioning.

*Certain uncertainty*: the one certainty is uncertainty. You begin to act when you do not know how you should act. Interim goals arise, rather than one predetermined goal: creative and dynamic situation, though perhaps less comfortable than a clear map. Students or supervisees, used to the safe certainty of structure, may express nervousness or anger born out of anxiety. The responsibility of uncertainty is uncomfortable, until the excitement of discovery takes hold. Students and supervisees often initially express the non-developmental attitude of wishing tutors to take responsibility. Anyone who

thinks they know the right answers all the time is bound to be wrong. To people willing to 'not know' all the time, all sorts of things are possible.

*Serious playfulness*: a playful attitude, and willingness to experiment and adventure, makes uncertainty a positive force. Looking for something without knowing what it is uncovers pertinent questions. An adventurous spirit leads to that trackless moorland which education has come to be, rather than a walled or hedged field (Usher et al. 1997, p. 3). Anything and everything is questioned, leaving no room for self-importance. There is, however, only so much we can do to alter our own situation, that of others, and the wider political one: we recognise our power is *unlimitedly limited*. This playfulness is essentially serious. It can only take place within a safe enough educational environment in which people can feel confident to take risks.

*Unquestioning questioning*: we accept, unquestioningly, the questioning spirit. Questions determine directions across the moorland, and therefore what might be discovered along the way. These findings beget more questions. We 'risk abandoning previous "truths" and sit with *not knowing*' (Gerber 1994, p. 290). This *non-judgemental critical* process is active and enquiring, rather like the small child's iconoclastic eternal *Why?*

Paradoxically, the way to find out about ourselves is through letting go of ourselves: of everyday assumptions about who we are, in order to be open to the discovery of other possible selves. I discover the myself of whom I am not habitually aware, the myself I might be, and the selves I am becoming, joining up the dots between these selves (Watson 2006). Only when 'the cup is empty' can anyone receive, hear what is being said, perceive what is happening. Providing students with frameworks to work within might lessen tutor anxiety, but such programming disables students from thinking and exploring for themselves. Research by Baernstein and Fryer-Edwards (2003) showed critical incident reports (CIRs) to be less effective than reflective interviews without writing. This is hardly surprising as CIRs would have been simple responses to guiding questions. Reflective and reflexive beginners such as undergraduates and postgraduates are wonderfully flexible and adventurous if well facilitated. Formalised structure takes the place of experienced knowledgeable facilitation of beginners (Bulman and Schutz 2008). Senior practitioners are more likely to have blocks, having more in their cups to empty before they start.

These oxymorons underpin an aesthetic (Schon's 'artistry', 1983) and ethical approach rather than a logical or instrumental one. Practitioners and students have responsibility to tell and retell their stories in ways appropriate to them: they are the authorities in this work. They create narratives in relation to the stories of others and their social, cultural, professional contexts. Socrates' pedagogic method was based on just such oxymorons; here is Meno struggling with Socrates' ruthless method of enquiry into the nature of 'virtue':

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- Meno:* Socrates, even before I met you they told me that in plain truth you are a perplexed man yourself and reduce others to perplexity ...
- Socrates:* It isn't that knowing the answers myself, I perplex other people. The truth is rather that I infect them also with the perplexity I feel myself ... So with virtue now. I don't know what it is. You may have known before you came into contact with me, but now you look as if you don't. Nevertheless I am ready to carry out, together with you, a joint investigation and inquiry into what it is.
- Meno:* But how will you look for something when you don't in the least know what it is? How on earth are you going to set up something you don't know as the object of your search? To put it another way, even if you come right up against it, how will you know that what you have found is the thing you didn't know? (Plato 1958, pp. 127–8)

### Facilitating effective reflective practice

Facilitating reflective practice is as uncertain as practising it, like handling unpredictable fireworks. They will probably go off when the blue touchpaper is lit; but the direction or how they will explode into colour, light and sound is unknown. Some facilitators avoid this educative uncertainty by containing the process within non-reflexive structures.

*Through-the-mirror* facilitators stay in uncertainty with their participants. Together they commit themselves to perceiving key stories which shape their existence, take responsibility for their own part in these narratives, and do what they can to develop and alter things constructively. Session plans and learning objectives have to be provisional. The most important achievable learning objective is active dynamic engagement.

Looking at the discussion of the previous week and thinking of the Mezirow stages finally made the whole thing click into place for me. What is hard about the reflection is that it is so multi-layered. Analysis is of the actions, motivations, perceptions, etc. of the individual players in the story along with making links to other situations in the players' own past histories. But connections are also made at a more political and theoretic level of analysis which makes you then re-look at the original incident from another angle. No wonder it all takes so much time. (Ann)

And no wonder it all takes so much trust in the group, a degree of self-confidence and faith in the professional self. These also all take time and nurture. A safe-enough closed environment, agreed way of behaving, and time limit are required. A safe-enough boundaried confidential space can facilitate openness, willingness and courage. Course members have said such as: 'I have been able to be *me!*', 'I have been able to say what I really *think!*',

in evaluation. Perhaps even more pertinently: 'for the first time I have been able to express what I *feel*!'

Courses constrain professionals, or professionals-in-training, to behave in certain ways for a certain time, in a specific place. This has the paradoxical effect of giving them freedom in educative exploration and questioning. Losing responsibility for everyday elements enables responsibility for more fundamental issues, such as values and professional identity. Another paradox.

Dialogue is required, rather than debate or didactic discussion. Debate is oppositional: constructing intellectual arguments to win points. Participants in dialogue attempt to express what they think, feel and experience, and listen and respond attentively, in order to gain access to deeper understandings.

Most training and post-experience courses include elements of reflective practice. A potential danger lies in undertaking it because it is the thing to do, or part of the course. To work it has to be undertaken critically. And facilitation is key to enabling students to find their own confidence and skills:

[I have sought] out again some of the literature on reflective practice. I realise now how varied this is in quality, scope and depth. On one level some people talk about reflective practice as if it was just a chat about an incident over a cup of coffee. (Ann)

## Fear of going through the mirror

Self-protectiveness against exploring unknown aspects of oneself arises from fear of unpalatable selves like *Steppenwolf* (Hesse 1927), Mr Hyde instead of Dr Jekyll (Stevenson [1886] 1984), a withered face in the portrait (Dorian Gray, Wilde [1891] 1949) or a murderous reflection step out of the mirror ('The Student of Prague', 1926 Conrad Veidt film).

Freud theorised our psyches as containing *ego*, *superego* and *id*. *Id* has been seen as 'animal instinct': potentially ungovernable, and in need of control by conscious *egos*. If *superego* – conscience – fails to direct *ego* appropriately, devil *id* might take over, as Pat Barker (1991) depicted with shell-shock and fugue in the First World War.

*Through-the-mirror* work can seem transgressive of psychological boundaries to the newcomer. An examination of our taken-for-granted psychological and social structures does not, however, let out ungovernable demons, though the uncertainty it occasions can be uncomfortable. Crossing boundaries is a marginal activity to be undertaken with knowledgeable care by experienced facilitators. Practitioners might find it unsettling to perceive that previously accepted situations and relationships are untenable and need to be rethought. The alternative, however, might be depression and boredom at



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unquestioning lack of change. When dynamic change *has* to take place, due to the developed understanding of the reflective practitioner, it becomes inevitable and exciting. Reflection and reflexivity generate energy and commitment to change.

*Through-the-mirror* writing is trustworthy and paced, if allied with carefully facilitated confidential group or paired work. Participants get what they pay for: those willing to express and explore deeply receive the most. Practitioners involve themselves according to strengths, wants and needs. Those not so ready only go as far as they can. There are often those I wish could have taken themselves further: the choice is theirs, whether conscious or not.

Courageously adventuring through the glass, rather than merely gazing on its surface, is personally demanding. It enables unprecedented width of view. It can offer insight into the motives, thoughts and feelings of others, and suggest possible actions never before envisaged. This is likely to change practice, and the relationship of the practitioner to their practice, dynamically: a politically and socially unsettling process.

It can't *transform* practice with *hey presto* magic wands, without deep personal investment. No education can offer straightforward definitive answers, and betterment is never unalloyed. The wish for *transformation* in this way can be as uncritical as Midas's wish that everything he touched might turn to gold. At least he can 'give up smoking for good'. (Duffy 1999, p. 12)

Even if magic wands were to hand, gains based on uncritical, un-thought-through assumptions would prove non-developmental. Myth tells us to take full responsibility for our own lives and learning, to have our eyes clearly open to drawbacks as well as advantages, to errors and blunders as well as successes of our educational journey.

Leslie Boydell (associate director), and Anne McMurray (organisational development consultant) reflect on leadership development:

The Institute of Public Health in Ireland (North and South) launched its first leadership development programme in January 2002 to build a network of leaders across the island working collaboratively and creatively to reduce health inequalities and improve health and well-being during and beyond the life of the two-year programme. Leadership development requires assessment both of oneself as an individual and challenges faced. Action is based on assessment. Reflection enables learning from experience so that what has been learnt can be integrated into practice (Kolb's learning cycle (1984)).

Reflective practice writing seemed useful for public health practitioners dealing with intractable problems of improving population health. We saw its potential both to make sense of leadership challenges, and to reflect on actions. Participants worked in learning sets, formed at the start of the programme, and had developed strong relationships of trust.

Following this workshop participants were asked to make a commitment to write regularly about progress with leadership challenges, what was happening, what they thought and felt. They identified partners with whom to share their writing: logistically a challenge as participants were dispersed throughout Ireland. At the two ensuing events they were asked to share writings, and write more from a new perspective.

The group decided they would like to produce a book; Gillie provided individual consultations to help develop publishable pieces depicting leadership in public health at this time in Ireland, North and South. The book [Denyer et al. 2003; see also Chapter 8] provides very personal and powerful essays, short prose, poetry and metaphor of the participants' views and experience of leadership, development journey, practice and dilemmas faced.

This approach does not suit everyone's learning style. Some found it a valuable learning technique, writing to find out what they think about situations where they do not know how to act or where they have already acted and need to make sense of what has happened. For others, a more interactive style of reflection may be more suitable, as writing is regarded as being a solitary activity (although sharing the writing is an important part of the process). A key leadership activity is to find some way to 'get on the balcony' and find perspective in the middle of action (Heifetz and Linsky 2002, p. 54). As Gillie suggests, reflective practice entails embracing uncertainty. Some people may be more comfortable with this than others.

Two years later, participants from both groups who used the techniques report continuing to find it an invaluable tool to reflection, thinking and planning. It provides a way to develop the leadership discipline of thinking things through, deal with conflict, power and leadership, explore complexity, come to terms with grief, and to unlock organisational and relationship impasses. (Leslie Boydell and Anne McMurray)

## Synthesis, as well as analysis

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Writing a story or poem is organic, synthesising elements from life's muddles, weaving them to create a coherent communicating artefact. Sharing with peers, and writing new accounts from different angles or perspectives they have suggested, can enable writers and readers to perceive experiences as synthesising multiple stories. If this is associated with reading and discussion of significant related material from wider professional, social and political worlds (journal papers, popular magazines or television programmes, views and opinions of colleagues), then experiences will deepen. This perception takes place because the professional experience is not only examined across a range of levels of reflection (as in Mezirow 1981) but, more importantly, refracted through different lenses, in different lights, and with different senses predominating. Material is also considered from different psychological,

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social, political, cultural, and spiritual arenas. This process is critical-synthetic, rather than critical-analytic.

*Through-the-mirror* writing synthesises sources of knowledge, including cognitive understandings of events (the rational discourse of Mezirow 1981, referred to above), intuitive perceptions (feelings), metaphoric and creative understandings, and so on. Feelings and ideas are multifaceted, complex. Writers cannot *know* others' feelings, ideas, experiences but can imaginatively understand by writing fictionally from their perspective. Writers' own feelings and ideas can be explored further by writing fictions in which events are altered in some specific way (such as switching genders). Wider knowledge and opinion can be drawn upon through reading and discussion. A multiplicity of themes can be perceived within a single incident. We know in so many different ways, yet constrain ourselves to a tiny portion of knowledge. Writing fictionally is one way of engaging with this complexity, of being aware of the embeddedness of our knowing in experience.

Writing fictionally, for example from the point of view of the student (patient, client or member of the public), or rewriting giving the thoughts of everyone at key points, can give insight and release of emotion. An allied approach is to collect written stories from other characters in a situation, as Mavis Kirkham (1997) has with a series of births (mother, midwife, doctor, and so on), to give a 360-degree view. Brookfield (1990) describes an exercise in which three people write a critical incident. When each is read, the others try to identify assumptions they perceive to be embedded in the description, thereby gaining access to the writer's values, and the way they are formed or part of their social, political or organisational context.

There are no single answers to such questions as 'How could I have done better?' Yet more questions arise instead, such as 'If I had done this, which I think would have been better, what would the patient/doctor have felt?' As Master's student Ann commented: 'no wonder it all takes so much time!'

Exploring issues in depth and width can take time. Or enlightenment can arrive after 15 minutes' writing. Rereading can enable writer-readers to 'own' depicted experiences, recognise and begin to accept and work on them.

[Professionals] who learn on courses to take more responsibility for their successes, weaknesses, actions and feelings, and to relate their course functioning to their work context are in fact developing competencies that are readily available for transfer to their work settings. At worst, staff thus empowered may offer a challenge too threatening to be coped with by an unempowered organisation and management structure. At best, they can become a stimulating and thoughtful resource for their agencies. (Hughes and Pengelly 1995, p. 170)

Or at very best they thoroughly shake up their organisation, or seek a new and much more dynamic post. Here is a health professional with authority over

her professional and personal development. Her tough personal situation impinged directly upon professional life; she handled it with courage in the face of pain and uncertainty.



### **Ann Williams: professional and personal world collision**

My professional and personal worlds collided when my eight-week grandson, Luke died a cot death. For many weeks I lived a double life working as a health visitor and lecturer, and grieving. I had a role of grieving grandmother with professional colleagues who knew that grief follows a structured model, and were willing and able to support me through the stages. It kept the pain at bay, but was not where the grief resolved. My personal world of grief was chaotic.

When the pain became unbearable I jotted down notes: a safe place to record my feelings before they were lost. There were so many adjustments to make, and finding that for the first time I had nothing to offer others in resolving their own grief. The dissonance between my public grief, where the goal of acceptance held sway and the wish to hold on to him in private, to deny his absence, became wider.

I have used reflection professionally to manage difficult situations. As I became stronger I was able to look at my jottings and the story they told, not of Luke but of me. I wanted not just to create an account of my experiences but to share it, to validate Luke's short life and my commitment to him. I submitted an abstract to a Medical Humanities Conference a few months away, the first step in reconciling the two worlds. Presenting a personal account in a professional arena raises all sorts of doubts. My personal account was far removed from the tidy, professional model of grief.

The conference was my chance to peep out from behind barriers grief had helped me build. Creating the story, and reading it with tears running down my face, was powerful but emotional. I have found that I can be more myself professionally than before the conference. I have become aware I had fairly strong ideas about what was acceptable. Now I take more risks with letting clients and colleagues see a more authentic version. It makes life easier for me but whether it makes me a better professional I don't know. The conference really was like setting down a heavy burden. (Ann Williams)

## **Guidance or control?**

Where you start from, and what pedagogical principles you use, affects where you arrive. Appropriate principles are essential: if you start from a place inappropriate to your desired destination, you won't get there (when asked

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‘How do I get to Dalston’, the Londoner in Holborn scratched his head: ‘If I wanted to get there I wouldn’t start from here!’)

Just as there are severe drawbacks in *structuring* practitioners’ or students’ reflection *for* them, so too there are inherent potential problems in *guiding* it. Reflective practice can effectively be undertaken in discussion groups or pairs of peers, with knowledgeable and skilful *facilitation*. Open discussion can widen reflection and reflexivity politically and socially, *guidance* hedge it in. To be critically reflective and reflexive, practitioners must question and face themselves rather than being directed.

Guided reflection and reflexivity may create effective and self-satisfied workforces. But they may now be regulated from outside (by supervisor and line manager). Practitioners internalise supervisors’ instructions. Practice, once private and formed by personal ethical judgements, is now public: open to scrutiny and guidance. Professionals are controlled from without *and* from within.

### Authority

An effective reflective practitioner has authority for their own learning. A facilitator’s or mentor’s role includes the creation of a safe-enough educational environment with clear boundaries. In this space practitioners can be brave enough to stay with uncertainty and self-doubt, gain confidence in their own strength and intelligence to develop significant questions, as well as meet and tackle challenges creatively and insightfully. This learning environment is secure enough for enquirers to take risks, beginning to realise, and wield, the full extent of their responsibility. It is like a window through which sunlight can enter (see Chapter 10), an empty cup with room for new contents such as ‘aha’ or ‘epiphanies’.

Entering this space, realising the necessity of taking ownership of learning, can feel uncomfortable. Practitioners often ask ‘Isn’t there an easier way?’ No there is not, because no tutor can give authority to their student. It has to be taken authoritatively by the learner: flexibly, reflexively, enquiringly, and open to diverse ways of perceiving and knowing. Here is a typical senior practitioner’s evaluatory comment at the end of a *through-the-mirror* course:

I felt to begin with that the course was slightly wacky and flaky – surreal ... I felt uncomfortable and a bit insecure at first ... But now I feel this process is empowering. I was initially afraid it was too self-indulgent.

She had initially expected structure and analysis, but was strong enough for these assumptions not to block her from a totally new educational

environment. Participants, whose senior roles involve telling others what to do, often try to block educative uncertainty due to their fear of insecurity. Nine senior doctors initially resembled naughty infant lads recently, using delaying and warding-off tactics. They did not want to be challenged to question the foundation of their responsibility and power. They would happily have given me, their tutor, authority and responsibility to tell them what to do and think. They would rather I artificially structured their learning with little scope for the uncomfortable uncertainty of exploration.

Understanding educative processes in terms of levels or stages of reflection (for example, Mezirow 1981) can unfortunately offer such artificial structures. A leadership student (Cunliffe 2002, p. 55) felt disabled in groupwork, feeling he could not move up Maslow's hierarchy of needs. He felt his basic needs could not be met within the group. His tutor saw this as a rich opportunity for reflexive dialogue about the validity of theories (Maslow's in this case). She was able to encourage him to explore the nature of theories in general and his ready assumption that they represent reality.

Such stages or levels are theories or models: specific ways of perceiving experience. They are designed as an aid to give specific insightful perspective into a part of experience. They give an angle on the picture, but can never represent reality, as Cunliffe's student clearly thought.

Structuring reflection through stages is therefore likely to be unfulfilling: the range of experience is narrowed and participants are disabled from taking authority over their own learning. In certain methods specific areas of experience are dismembered into stages with questions such as: 'What did I do right here?' and 'What could I have done better?' (Atkins and Murphy 1994; Tripp 1995a). In other structured work, a fictitious situation is provided to reflect on.

Appropriate and useful material for reflection within these structures is assumed to be readily accessible, for example: 'practitioners must first select what aspects of the situation to attend to' (Greenwood 1995). Yet the same author realises the reflective process is not so simple, upsetting her previously neat programme: The problems of practice do not present themselves ready labelled for solution; the knotty problems of practice inhere in messy indeterminate situations of uncertainty, instability, uniqueness and value-conflict ... Argyris and Schon remind us that the ego-protecting function, as well as the relative implicitness of some theories-in-use, might make their access through reflective exercises very difficult indeed. (Greenwood 1995, pp. 65–6). A muddle in the model (see Chapter 3).

Another model muddle is the way *learning styles*' approaches are often foundational to courses. The theory describes a restricted number of ways in which people learn. This has its uses, when understood to be a model describing a limited area of experience, open to flux and change. However,

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questionnaires have been formed which purport to tell people into which category they fit. Practitioners then feel justified in taking up the label, saying, 'Oh I can't do that, I'm not the reflective type'. Self-understanding is thus restrictively ossified because of the way they understood the questionnaire, and the mood they were in at the time. The approach used thus is based on a muddled assumption that the theory, or model, represents reality. Reynolds (1997) points out that use of such *learning styles* decontextualises diversity and encourages stereotypical thinking, perpetuating social inequality.

Such methods, especially when associated with assessment, can lead to reflection being reduced to 'little more than a mantra rather than a model of practice' (Kuit et al. 2001, p. 129). Macfarlane and Gourlay (2009) liken structured reflection to television reality shows. People are organised to expose themselves and their actions, show their remorse and how they have developed as a result, with as little educational impact as reality shows.

Here is an account of a *through-the-mirror* writing course in which people took authority over their own learning. It is written by group member Tom Heller.



### Reflective writing in a group of doctors

Several years ago I wrote a story about a drug addict whom I had looked after for several years, and read it out to the reflective writing group.

'Sheila', not her real name of course, had deeply affected me. She was exactly the same age as me, and although she had lived a very different life to mine, including spells in prostitution, a time in prison for drug running and a serious opiate addiction, we really liked each other. The other members of the group remember other 'Sheilas', and how difficult they found them. They gently probe why I may have chosen this particular story. What role does her age have, might I have a special empathy with people the same age as me? And is her decision to run off with Jim reflected in any way by big decisions in my life? Is there an equivalent moment from my own past which, had it been different, would have changed my whole life? How does Sheila's experience relate to other things in my life? My own children are making choices for their own lives. Does Sheila, as a teenager, remind me of one of my own children and their current struggle for detachment from me and the family hearth? Does this give clues as to why I apparently became embroiled in her story-web?

By opening myself and my emotions to the group through the writing, I remained in control of what I disclosed and how deeply I wanted to go. The continued process of sharing my writing usually gets down to other levels which individual, personal reflection never approaches. The group immediately establishes its caring for me and empathises with the difficulty people like Sheila

present to doctors. In general they will help in my quest for further enlightenment, this is the group pattern. The doctors are not competitive or aggressive, they will not laugh at me for getting something wrong, or leave me feeling exposed when delicate emotions are touched on.

The group leader, Gillie, patrols the boundaries and asks the 'naive questions' no one else dares to ask. She pretends to know little about general practice and is an interested outsider. The group makes no suggestions or proposals; there are no conclusions, diagnoses or certainties. Various things are considered, mulled over and the enquiry moves on. This is very different from the formal, often aggressive bog-standard general practice, where the drive for evidence-based, cost-effective interventions and the like leaves little room for philosophical ruminations, experimentation, or following of feelings or hunches.

After the group I felt I really could understand at a greater depth the way Sheila's life has panned out for her, and what is happening in the interaction between her and me during consultations. I felt I learnt as much about myself during the group session as I did about Sheila, and this is useful, if not always comforting. It may have brought up quite disturbing things, which may need resolution in other contexts and at other times. I recognised it is not possible to get help at this level with every patient, but that selective, intensive work of this nature does help me to understand what may be going on for people whom I have some responsibility to try to help. It is a valid and important form of training for all my work, not just for my work with Sheila. It might also help me in my way of being with other people (specifically my own children) at important times of decision.

### **Why write?**

Writing Sheila's story helped me empathise. It doesn't really matter about exact details or chronological precision. Indeed I fantasised and embroidered some events and forgot or changed others to make it into a story rather than a case history. The important feature seems that I was able to see the world through her eyes for a while. The process of writing has clarified many things. What must it be like to live your entire life with a major regret? How can that event have shaped everything else Sheila did and the way she thought and felt about things thereafter? The feelings of guilt, self-loathing, remorse, hatred and despair were immediately transmitted through writing from Sheila's own life in a very direct way into my consciousness. The written product is not especially brilliant, it is just that it responds to the human dimensions of the situation.

By writing it down, I have acknowledged the importance of the story to me and started to consider what happens when two human beings meet. The story has started to make Sheila's life understandable and accessible to me and to any others who take the trouble to read or hear the story.

*(Continued)*



(Continued)

### In the group

We have developed a way of working together that looks at institutional, structural, and especially personal strains involved in our jobs. When we write in the privacy of our own homes we focus naturally on events and situations that have affected us. There is no point in writing about neutral events.

The process of writing gets me in touch, very directly, with my feelings, and I imagine it is the same for the others. Writing, the flow of words and ideas, thoughts and inner feelings ... and then the editing and rewriting, polishing as best I can for presentation to the group, is a ritual I now know will help me sort out and organise my feelings about the subject. It has become less scary to bring these private efforts and lay them bare before the others. The group seems able to accept each other's imperfections and are relieved and strengthened to find that many of them are shared ... and that all of them are understood by the group.

The levels of discussion following presentations acknowledge the human being within the professional concretions; discuss the feelings behind the descriptions; empathise with the situation; ask a few questions to get to the nub of the problem. Ease and joke as well to relieve some of the intensity. All this seems to have been developed unselfconsciously together and they have arrived at levels of intimacy which are indeed supportive.

When I next met Sheila I felt a warmth and understanding had developed and deepened. I felt emboldened to suggest things that might never have been tried if I had not felt the support of this group. (Tom Heller)



### Read to learn

Carson, L. and Fisher, K. (2006) Raising the bar on criticality: students' critical reflection in an internship program, *Journal of Management Education*, **30**(5), 700–23.

Cowan, J. and Westwood, J. (2006) Collaborative and reflective professional development: a pilot, *Active Learning in Higher Education*, **7**(1), 63–71.

Watson, C. (2006) Encounters and directions in research: pages from a simulacrum journal, *Qualitative Inquiry*, **12**(5), 865–85.



### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

#### Exercise 4.1 Positive and negative

1. Write three sentences describing the sort of person you are (no one else need ever see this).
2. What characteristics do you think you excluded: be honest.
3. How many 'nots' are there (for example, I'm not good at numbers), compared to positives?
4. Rewrite these negatives as positives.
5. Reread and reflect positively.

#### Exercise 4.2 Wild solutions

1. Describe a work problem, occasion, or person which puzzles you.
2. List your hunches about it: go on be wild.
3. Reread and choose one to write more about, thinking: *What If ...*
4. Reread with loving attention, altering as you wish.

#### Exercise 4.3 Pay attention to language

1. Write a list of proverbs or clichés (any, for example, 'a stitch in time saves nine', 'locking the stable door after the horse has bolted', 'moving the goalposts').
2. Take each in turn and write what you feel: is it useful, helpful or infuriating when said to you?
3. If possible write by each one whom you associate it with (for example, my mother always said that!)
4. Can you invent a useful new proverb?
5. Read back to yourself, altering or adding as you wish.

## CHAPTER 5

# WRITING AS REFLECTION

Chapter 5 introduces the theory that *through-the-mirror* writing is itself a reflective and reflexive process, and how it does this by harnessing narrative, story and the power of perceiving from a range of perspectives. In order for it to work, practitioners need to take responsibility for their own learning and writing and find their own vital voice. Among other benefits, it can be a stress reducer.

We write before knowing what to say and how to say it, and in order to find out, if possible. (Lyotard 1992, p. 119)

Roland Barthes ... said an *ecrivante* is someone who uses language only as an instrument, an instrument through which a message ... can be transmitted. And an *ecrivain*, a writer, is someone who uses language as an end in itself, as something that in itself has justification. (Llosa 1991, pp. 114–15)

[Writing] is a bit like looking at the world through a kaleidoscope. You can look at the same scene but find it different every time you turn the viewer. (Diski 2005, p. 31)

*Through-the-mirror* reflective practice *is* the reflective process, rather than recording what has been thought, using writing processes to find out how and what we need to say, as Lyotard points out above (1992, p. 119). ‘Writing no longer merely “captures” reality, it helps “construct” it’, as Plummer points out (2001, p. 171). We cannot underestimate the power of writing to aid our mental capacities: ‘Writing *is* thinking, writing *is* analysis, writing is indeed a seductive and tangled *method* of discovery ... I used ... writing to think ...

I trust you will ... use writing as a method of inquiry to move into your own impossibility, where anything might happen – and will’ (Adams St Pierre 2005, pp. 967, 970, 973, emphasis in original). Writing, discussing, and associated text writing (such as from diverse perspectives) is creative exploration in its own right, ‘To write is to measure the depth of things, as well as to come to a sense of one’s own depth’ (Van Manen 1995, p. 127). *Through-the-mirror* writing facilitates a wider view from a distance, close acute observation, authority over practice, and a critical challenging attitude to assumptions about diversity of perspective, and taken-for-granted about political, social and cultural norms.

*Through-the-mirror* writing can create informative, descriptive material from the mass of ideas, hopes, anxieties, fears, memories and images provoked by everyday working life. Window-shoppers filter out unwanted reflections by restricting light sources: cupping their eyes against the glass to focus on the object of interest. Paula (2003) described *through-the-mirror* ‘writing as being like self-supervision, like watching the self on video (p. 28). This requires high concentration likened by one student to a long refreshing swim, another to a deeply dreaming sleep. Another student audibly whispered ‘disgusting’, scribbling hunched over her page: we had all disappeared from her consciousness. Writers interact with and respond to drafts, subjecting them to interpretation and analysis, clarifying and extending understanding, deepening their involvement in the text: ‘The only time I know that something is true is at the moment I discover it in the act of writing’ (Jean Malaquais, quoted in Exley 1991, p. 64). Reflective practitioners say: ‘I didn’t know I thought/knew/remembered that until I wrote it’; one said: ‘it is an opportunity to inhabit the unknown’.

Laurel Richardson advises a range of writing activities in order to acquire writing confidence and skills, such as joining a creative writing group (Richardson and Adams St. Pierre 2005, pp. 973–6). Elbasch-Lewis runs courses for teachers to enable enquiry, re-storying, appreciation of diversity of voices in education; one student said writing is ‘a useful everyday tool enabling me to continually examine assumptions and patterns of living and to maintain a dynamic of ongoing change ... to confront, understand and study ourselves, what we were, what we are now, how we got here ... we didn’t expect these to appear in such a significant and lucid way in our stories’ (Elbasch-Lewis 2002, pp. 425–6). ‘Theology by heart’ is a dialogic reflexive writing portfolio method used for theological reflection turning ‘life into text’ (Graham et al. 2005). A study in medicine concluded: ‘we observed that doctors felt the process of writing and talking about the stories was both profound and helpful. The process stimulated clarification of personal values and priorities, created a context for peer support (which doctors often seem to resist), and fostered recognition of opportunities to make constructive

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changes in their professional lives ... Amid so much discussion of what is wrong with medicine, the workshops seemed to help them remember what is right' (Horowitz et al. 2003, p. 774).

Medical students' reflective accounts of memorable consultations in general practice stimulated them to articulate learning experiences and key features of general practice (Svenberg et al. 2007).

To write is to open oneself up to chance, to free oneself from the compulsive linking up of 'meaning, concept, time and truth' that has dominated Western philosophic discourse. Writing involves risk, play, loss of sense and meaning. (Flax 1990, p. 192).

In everyday life I am sceptical of many things, and scornful of superstition. Writing fiction has taught me to respect what seems to be random, or coincidental; to have faith in small beginnings, and faith that the process of writing has its own alchemy ... in writing the sense of touching something both beyond and within myself which I can do in no other way. Only through solitude, the tap of the keys, the discovery of some connection between inner and outer, intellect and emotion, body and spirit – feeling aspects of all these, and of the smallest and most everyday events, fall into place in silence and stillness, striving towards a whole. (Sue Gee; see also Gee 2002)

### Perspective

Writing always comes from specific perspectives; the truth it conveys can never be completely objective. Readers might understand something different from what writers intended, particularly in such as email. This could be seen as a different understanding rather than a misunderstanding. Words are not bricks given to interlocutors, with meaning inherent in physical being. Bricks are for building physical structures. Words are for building meaning. String words together and the speaker or writer creates not a solid wall but a permeable evanescent web which looks different in different lights, whose meaning depends on the angle at which it is viewed. And there are a large number of viewpoint angles.

A colleague reported by email she had been badly treated, trying to elicit my support. My opinion of her plummeted because I perceived her extraordinarily self-centred world-view. My sympathy was with her colleagues, since she clearly had no sense of teamwork. Her writing gave a different message than the one she intended. A piece of writing is the joint responsibility of writer and reader; writers cannot determine what readers might infer from their writing. Readers usually do not know, and generally do not need to know, exactly what a writer intended; they make their own sense of a piece of writing. Another reader might have inferred a different set of meanings from her email.

Dialogue with the self is a form of multi-perspectival thinking via writing. Wayne Turnbull (Turnbull and Mullins 2007) developed a strategy for his PhD based upon *The Screwtape Letters*, a clever and funny religious tract by C.S. Lewis (1961a), in which Screwtape and Wormwood, apprentice and master in the art of wickedness, write letters to each other. The traditional PhD tuition model is master and apprentice, but Turnbull's are both himself, he wrote the letters from both of them, formulating and developing his theory, ideas and practice in the process (see Chapter 11).

## Taking responsibility

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Reflective practitioners write about their own experience for specific others (group or mentor) with whom they are read, discussed and developed. There is full interplay of story, teller and audience, or text, interpretation and intentionality, without alienation (Tyler 1986).

For me, the group is not about using the writing to analyse my work as a general practitioner. It is about discovering, through the medium of writing, something about my personal and professional relationships – with patients, family, the world, the past etc. Constructing or crafting a piece of writing is part of the discovery process, and reading it is the final act of legitimacy. (Becky)

Writing is increasingly introduced into professional courses (Hatem and Ferrara 2001; Montgomery et al. 2003). Davidson (1999) comments how, on introducing colleagues to reflective writing, they 'say how it helped their writing to know it was acceptable to write in forms of their own creation, and as a way of expressing their experience. The [reflective practice] norm seems more often a feeling of intimidation at the prospect of using a foreign tool with stuffy rules'.

If meanings are formed by language, if signs do not have innate meaning but are in an endless interplay or diffusion of signification, and if writing is more important than the spoken word, then undertaking a conscious process of self-examination through writing must develop awareness of language and meanings.

Many life constraints are constructed around and by us, rather than being bars we can only beat against. Responsibility for my action lies with me. Sartre suggested that unperceived choices always face us, although we rarely perceive our freedom to choose ([1938] 1963): recognising, and taking responsibility for actions is part of reflexivity.

If control can be exerted over everyday elements, then, metonymically some control will have been taken over the larger structures. In deciding to

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write, tell and take ownership of some of our stories we positively and enjoyably exercise responsibility. Self-expression in writing and critical reading is vital. Paolo Freire (1972) asserted illiteracy spells oppression. The boundaries of our understanding and communication need to be pushed beyond what have for so long been considered its limits. 'In the struggle to reassert feminine values, feminine writing which draws on the unconscious is a key site for bringing about change' (Weedon 1987).

The confidence acquired in *through-the-mirror* writing can spill over. A Master's student described one of her 'benefits and achievements' as 'learning to write with freedom'; I would add: with confidence and authority. Writing can enable supervisory relationships to reach deeper levels. Writing done in private will encapsulate confidential vital material which might be difficult to surface verbally in a session:

I use writing in my supervision: I require the supervisee to write down from memory a verbatim account of one session, but include their own feelings, ideas, and bodily sensations in the process (counter-transference). I receive it by email before the session, so I have a chance to mull it over. They agree producing this written account is hard work but very rewarding in itself. What I haven't yet done is to review these process recordings to track the progress of a particular patient. (Nathan Field, [www.scribblesociety.com](http://www.scribblesociety.com))

Fictional dialogue with either characters, or with *internal critics*, or *supervisors* (see Chapter 6) can develop insight and querying of previously unquestioned assumptions and barriers. Dialogues are written like drama script, the hand being allowed to write in the voice of the other alternately with the writer's own habitual voice. The other voice can be similar to the *internal professional supervisor*, recommended by Casement (1990), or the educational supervisor (Turnbull and Mullins 2007). The silence of writing is relatively undemanding, as there is no listening other, and no time limit. Writing can provide *safe* present in which to reflect upon unsafe things:

Writing is a disinhibition strategy, as it anchors people to a safe present while they re-experience a past event, providing optimum distance possibilities and hence cathartic reset. (Evison 2001, p. 256)

### The discipline of writing

Writing goes beyond the emotions of the moment, drawing upon deep experience. It distances (puts out there, onto the paper), but also creates closer contact with emotions, thoughts and experiences. Some of the dynamic, immediate properties of speech can seem to be lost in writing, which can appear to freeze or embalm experiences. Explorative and

expressive writing, however, is as dynamic as speech, if not more so: 'The imaginative structuring of experience, then, is not only an intellectual structuring but a response to an emotional challenge – a sort of emotional discipline (Winter et al. 1999, p. 204).

Paradoxically writers have to allow, 'circumstances in which it is safe to be absent-minded (that is, for conscious logic and reason to be absent from one's mind)' (Freud 1950, p. xiii). Writers surrender to 'safe' 'circumstances' of creative 'discipline'. The Church of England Book of Common Prayer offers a similar oxymoron: thy service is perfect freedom. The discipline of creative writing allows greater freedom of exploration and expression than can be obtained without it. A carefully boundaried space is created in workshops, secure and confident enough to enable surrender to the structured discipline of writing. I encourage people to develop safe-enough writing situations in their own space and time. The security to take risks comes from the carefully managed writing and discussion process and the secure enough carefully boundaried educational environment.

One of the reasons people seem able to open themselves up in these sessions is that Gillie imposes nothing of herself when she suggests the writing. The suggestions for writing and introductory words are very open and opening, with no way of doing it suggested, nor definite subjects, etc. (A student)

Surrendering to creative discipline is neither simple nor straightforward. Insight engendered by expressive exploration can be dynamically unsettling: 'One leaves a piece of one's flesh in the inkpot each time one dips one's pen' (Tolstoy, quoted Exley 1991, p. 25). And 'The progress of any writer is marked by those moments when he manages to outwit his own inner police system. Writers have invented all kinds of *games* to get past their own censorship' (Hughes 1982, p. 7). My methods, such as *six minutes' writing without thinking*, are *games*.

It's happening – that thing where I dismiss my own thoughts: *No, not that. You'll get stuck if you go with that. That's so dull, you'll bore yourself stupid. Not that, not that, not that.* It makes it so impossible to get started and then to follow through. It's the Thought Police, as Gillie said Ted Hughes said. I have a whole battalion of them – bobbies on the beat, sergeants in the office, sharp-eyed interrogating inspectors – loads of them. And then there's the Crown Persecution\* Service complete with judge and jury and some hopeless, depressed woman from Victim Support as my only ally.

Is it experience that tells me, Don't go there, it'll be dull? Not just dull – something more like, It won't get born. It'll be a messy miscarriage, a deformed foetus that'll die shortly after it slips into the world. Is it experience? In fact, experience tells me, Focus, write, give yourself over to it and whatever comes out will be healthy, with full lungs and kicking limbs.

\*This is what I actually wrote instead of *Prosecution*. (Chris Banks)



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One reflective writer described it pleurably: ‘everybody writing alone yet together’. But many find it difficult to go on to create discipline, or permission, in their own space and time.

Penny wrote effectively in the group, but could write nothing at home. I suggested she try somewhere else, or with carefully chosen materials, or at a different time. Penny then wrote two pieces, the first in a café, having bought a shocking pink folder, a new pad and a bright pink pen.

Some find it hard even to begin to think of writing. One new participant looked startled, rummaging in her bag, saying: ‘I’ve only got lipstick.’ Many professionals find it difficult to find the time, though are very glad when they do:

All of us lead busy lives, and a lot of the actual writing is done like naughty children’s homework, at the last minute, yet it is also clear that the stories come into being in the context of our lives, though they may only be written down in haste under a Sunday morning deadline. I think this may be what gives some of our efforts an immediacy and seriousness which is occasionally beautiful, and always interesting. (Seth)

Many find writing on their own easier, finding the structured discipline of group writing time problematic. And there are those who cannot start at all:

I know this small group now in a deeper way than I could ever have done in a whole course worth of sessions. You [a colleague] look different now. You have become a person for me. I’m so glad. I had been so nervous of writing when we started, feeling I can’t write what comes into my head; I really can’t. And Gillie said ‘fine, we must all write in the way that suits us, you do whatever that is’. But having heard all your pieces I can now see how I can do it; I’m going to rewrite mine with all my feelings, thoughts, ideas and other things – some of them really personal.

### **Finding the writer’s voice**

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People are often nervous, not realising written expressive ability is as innate as speech. They gain confidence as they gain trust, faith in themselves (that they can do it), and a desire and determination to write. Positive encouragement is facilitative. Beginners will progress from inexpressive, imitative or inauthentic writing, offered positive encouragement.

This *voice* is found with ‘willing suspension of disbelief for the moment, which constitutes poetic faith’ (Coleridge). Seamus Heaney says ‘Finding a voice means that you can get your own feeling into your own words and that

your words have the feel of you about them ... A voice is like a fingerprint, possessing a constant and unique signature that can, like a fingerprint, be recorded and employed for identification (1980a, p. 43). Ted Hughes likened it to silent, still night-watching for foxes: 'Till, with a sudden sharp hot stink of fox / It enters the dark hole of the head' (1967, pp. 19–20). These passive approaches suggest writers need specific states of mind for inspiration to arrive. Heaney's metaphors are active: 'Between my finger and my thumb / The squat pen rests. / I'll dig with it.' (1980b, pp. 10–11). And:

Usually you begin by dropping the bucket half way down the shaft and winding up a taking of air. You are missing the real thing until one day the chain draws unexpectedly tight and you have dipped into water that will continue to entice you back. You'll have broken the skin of the pool of yourself. (Heaney 1980a, p. 47)

Hélène Cixous becomes a jewellery thief: 'These pearls, these diamonds, these signifiers that flash with a thousand meanings, I admit it, I have often filched them from my unconscious. The jewellery box ... Furtively, I arrive, a little breakin, just once, I rummage, ah! The secrets!' (1991, p. 46).

## Writing stories rather than abstractions

Writing narratives can enable grappling with everyday issues, shedding light on feelings (for example, a sense of alienation). Writing an abstract and generalised (non-narrative) piece about mistakes in general offers less access to meaning and understanding. Memorable poems and stories are all about events and people, their thoughts and actions: never only abstract philosophising. Wordsworth's magical poem about daffodils carries a significant message; we understand and remember it because of the illuminatory story in the first stanza: the philosophy, or theory, is embedded. Sartre's philosophy (in *Nausea* ([1938] 1963 pp. 115–16), is part of the story, making the theory memorable and comprehensible.

We got so much further than I could have thought we might in one short session. We slipped between theory and story in the discussions about the writing. Somehow the stories seemed to open us up to the theory and to clarify it. (Brian)

Writing about an incident clarifies thought. Instead of a rambling account that moves back and forth in time (which I'm particularly prone to, as I don't have the facility for precise language) writing tends to make one create a sequential story. In doing so, various particulars, or gaps may stand out as one tries to present a story that makes sense. 'The process of writing inevitably leads to a reformulation, added clarity and ideas for further analysis' (Miles and Huberman 1994). (Jane)

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William Carlos Williams said ‘no ideas but in things’ (1951, p. 231): in effective writing, ‘things’, events, experiences carry or infer ‘ideas’ and feelings, abstractions are not expressed directly. Writers are exhorted to ‘*show don’t tell*’: readers learn from characters, place and actions, rather than from the authorial voice. Do not tell me she is pregnant: show me her ungainly movements, swelling belly, hand to her back as she stops to get breath.

Writing in abstractions is self-protective. Such pieces are sometimes clever. Writers need to be gentled out of being *clever* and into being open.

A role for abstract reflective writing, however, is following on from a story. This next piece was wonderfully useful to a group because it followed the writer’s pair of reflective stories. It exemplifies how abstraction can be fruitfully reflective when related *directly* to previous writings. Here is Lindsay Buckell reflecting upon her story:

So at the end of this I know where I started, and that is being a good creative confident practitioner is about love not fear. It’s about looking at what we do and others do with honesty and loving criticism and not with a big stick. It’s about learning from the good and bad bits even if it’s painful sometimes. It’s about the excitement and satisfaction of doing the job a bit better.

Leaving aside the issues of resources, behind a lot of bad practice is fear. Fear of getting it wrong, fear of patients’ strong feelings, fear of our own strong feelings, fear of the demons inside us, of change, of saying ‘I don’t know’, of our own inadequacies, of being out of control.

In making more and more rules and edicts perhaps we are in danger of making the fears more powerful. We build the rules, the threats, the edicts into huge castle walls to keep the fears at bay. What if we took the walls down stone by stone and invited the fears to come in? For within our castle walls are the good fairies, the kind caring fairies who have to live alongside the fears. If we dismantle the walls and let the fears come in they wouldn’t go away because they are real, and many of them are necessary but they might mingle a bit better with the good fairies. The fears might spice us up a bit and the good fairies – care, compassion, love and laughter – would maybe be able to stretch their wings and fly about a bit better.

What if, in taking down our castle walls, we started with a piece of paper and a pen? (Lindsay Buckell)

Lindsay said: ‘When I wrote it, it didn’t feel like an abstract piece at all, more an expression of my passionate hatred of the current climate of fear and blame.’ Hatred, fear and blame are all abstract, but here they have a strong effective meaning for Lindsay and her readers because she is writing not about hatred, fear and blame in general, but specifically related to the incident which brought these emotions out so forcefully; which she had written previously.

It is a summer's day and I am looking after Simon. He lies, poor young thing, deeply unconscious, the machinery puffs and blows, whirrs and chugs. I am concerned that all the machinery, which is keeping Simon alive, is working right; and yet I love this young man, not sexually or romantically but from somewhere in my middle. I am not accepting that he is as ill as he is, I am not denying it either. I do not believe in a miracle cure, I am simply not engaging with it. I am concerned, at this moment, with looking after him and his machines.

The door opens and the ward sister comes in. She has trust in me that I can nurse her patient. She asks if I would like her to help me turn him. It is a question, not an order, in the way she says it she acknowledges that today Simon is my patient and she is simply offering to help me. She is cheery and competent, not cheery which might suggest avoidance of the situation, she is just present but lightly so. She says 'wouldn't he have hated this'. She is right – he is a diffident and intensely private young man. His mother died of the same disease. He has that depth in people whom personal tragedy has robbed of that illusion we all carry that life is essentially benign. He is quiet and shy, but laughs and chats with the other patients who are all much older than he.

Now he lies, totally dependent, his body exposed to anybody. She is right: he would have hated this. As we turn him she is very careful with the body which is on loan to us, because he can't protect it himself at present, careful to protect his dignity. We talk to him, not across him. In this care of this young man is our understanding that he is still a person with right to care and dignity, whether he knows or not.

In that moment I learned the truth of empathy; I received permission to have empathy with my patients, to believe in their rights as individuals, to allow myself to love them, but as a professional, not as a friend. She didn't talk about it, she didn't analyse it, she simply modelled it and all I'd heard about not getting involved which had never made sense inside me fell away. I understood something profound about the nature of being truly involved in a professional relationship with my patients. (Lindsay Buckell)

## Story and fiction

Lindsay's piece is undeniably a story. But is it fiction? Any narrative is inevitably fiction, in that events are reconstructed or recreated from a perspective. Ward sister or patient would tell it differently. Lindsay may, furthermore, have embroidered certain bits, and downplayed others, to make her point persuasively, interestingly and confidentially. My suggested writing theme was 'an aha moment, an epiphany of understanding'; her personal theme, emerging as she wrote, was 'the time I learned about empathy'. All stories could thus be said to be fictions, however much based on memories of actual events. The distinction between fiction or fact (true or false) is one of those artificial binaries which beset modern living. A story is a creative construct,

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whatever material is drawn upon. All *through-the-mirror* writing is from a practitioner's depth of experience, knowledge and skill, as true as you can get in the way a straight line is true.

A story can re-create with powerful re-presentations of interpersonal relationships. A writer can draw unconsciously on deep professional and personal experience to convey nuances of gesture, speech, intention, memory, thought and feeling. Rereading such an account therefore offers insight to writer and reader. Readers then share insights with the writer, thus expanding the knowledge gained.

### Stories and the transmission of culture

Such stories can re-present a picture of unwritten social and professional rules and codes as well as an implicit comment upon them:

Fiction not only legitimizes emotions and aspirations, it also, again particularly since the appearance of the novel with its devotion to the minutiae of personal relationships, gives models and patterns of acceptable and unacceptable behaviour. I have certainly noticed that those who never read, or have never read, fiction, tend to be obtuse and insensitive in personal relationships. It does really seem as if the consumption of fiction is a part of the necessary education of modern people in the fine points of human relationships. So many examples are given of how people are, how they may be expected to react, and what the harvest is likely to be. (Rockwell 1974, p. 81)

A clash of codes is embedded in Lindsay's sentence: '*We talk to him, not across him*'. Aha, think non-nurse reader I, some nurses would treat this nearly inanimate body as an object; perhaps until this point, Lindsay had only experienced nurses who did exactly that. She responded to my guesses:

I like what you wrote about it except that the bit that was so unusual and liberating for me was her comment about 'wouldn't he have hated this?' I had, in fact, met many nurses who would treat unconscious patients well – in not talking across them, and so on. What was so unusual was this indication of her deep understanding of him as an individual in that sentence. It joined up with all the other things I wrote about her in her ability to treat patients as individual people, therefore with empathy, rather than as a collective noun patients: i.e. part of the institution and all alike to be worked round as if they were all identikit and those who wouldn't play ball being labelled difficult or manipulative. (Lindsay Buckell)

This issue, and its corollary, has also been reflected upon through reflexive journal writing and discussion by a student palliative care nurse: 'patients

must be seen as real people not just patients. Patients need to see nurses as people ... not mere nurses doing their job' (Durgahee 1997, p. 141).

Stories can tell how we might or ought to act, think and feel. Think of the writings informing your thinking: the unloving stupidity of King Lear (Shakespeare); the selfishness of Henry James's Isabel (*Portrait of a Lady*); Agamemnon's monomaniacal stealing of Achilles' girl, Briseis (Homer). The same is true of reflective story writing, such as Lindsay's (see also Winter et al. 1999).

### Stories to enable perception and questioning

Stories not only present comprehensible possible ways of being, they create questions. Stories offer understandings, but also lead the reader to want to find out more:

The truest respect which you can pay to the reader's understanding is to ... leave him something to imagine, in his turn, as well as yourself. (Sterne [1760] 1980, p. 77)

Story-writing allows three-dimensional exploration. Insights often hinge upon small details, such as the sister relating to the patient as a person rather than just another patient. These insightful details often appear unplanned: like the opening of an inner eye. Awareness of detail, inculcated by writing and discussing, increasingly slips into daily practice, making it more aware and reflective:

This course helped me, encouraging me to be more aware of each day, and making me more observant. (Brimacombe 1996, p. 15)

Novelist Lesley Glaister, whose ideas come from 'my eyes, ears and gut feelings', would advise writers to 'stare, eavesdrop, never stop wondering'. Such awareness inevitably benefits practice. Some professionals do not fully perceive their students, clients, colleagues and environment, but only what they themselves think, just as Virginia Woolf depicted Orlando:

He opened his eyes, which had been wide open all the time, but had seen only thoughts. (Woolf [1928] 1992, p. 101)

Carefully observed, detailed descriptions are reflective: 'we theorise every time we look at the world' (Goethe 1998). Picasso (n.d.) said 'we must not discriminate between things. Where things are concerned there are no class distinctions'. Awareness of details can enable insight, pushing away assumptions and habitual perspectives and modes of understanding. 'God is in the details' (Verghese 2001, p. 1013). A closely observed event, however

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small, written about, reflected upon, discussed critically and re-explored through further writings, stands metonymically for the whole of that reflective writer's practice.

Acute observation is required: not the narrowly focused observation skills required by practice, but the detached and impartial detailed observation of a writer. Reflective writers I have trained are amazed at vital details previously missed.

Careful description can create dynamic re-looking, re-observing and re-understanding: 'Writing of narratives in itself is analytical in the sense that practitioners become engaged in conscious efforts to view themselves and their actions with a certain degree of detachment and suspension' (Kim 1999, pp. 1207–8) (see also Chapter 4). Why and how naturally follow from, for example, the precise recollection of a colleague's expression. Take Mark Purvis's simple, but acutely observed rerendering of his little brother's death (Chapter 2). A forgotten memory until the poem was written without forethought; the writing and the subsequent discussions enabled a wealth and depth of insight and learning. This is working 'with stories' rather than 'about them' (Frank 1995, p. 23).

Such reflective approaches are learned experientially. Professionals or students have to be trusted to observe and write with all their faculties wide open. Facilitated discussion about writings is key to their development. This is counter to the view that 'description only serves the process of reflection, covering issues for reflection and noting their context' (Moon 2003, p. 216), and 'is not reflective at all, but merely reports events' (Hatton and Smith 1995, p. 40). This dichotomy between description and analysis is false. Close and careful description inevitably involves analytic sensitivity (see Goethe above).

'Writing as a method of enquiry' (Richardson and Adams St. Pierre 2005) is a method of qualitative research. Watson (2006) and Jasper (2005) both used reflective writing as a research methodology in its own right, Watson using the act of writing her reflective journal as her research.

Autoethnography is a form of research with similar aims and processes, a 'blend of ethnography and autobiographical writing that incorporates elements of one's own experience when writing about others' (Scott-Hoy 2002, p. 276). 'Making the personal political' (Holman Jones 2005), it involves critically examining and rewriting personal narratives, and challenging accepted surrounding stories (Ellis and Bochner 2000; Etherington 2004; Richardson 2001).

### Writing to understand from varying perspectives

Stories are fragmentary texts offering narrow experiential slices. *Through-the-mirror* writing widens this. Associated writings deepen the learning for

both writers and readers. Lindsay, in her abstract reflective passages, above, worked out what she meant, and gives readers more insight. Bev (Chapter 6) wrote from her own viewpoint, and then from the other protagonist's perspective; she began to grasp forces at work upon them both. Readers not only gain from the story, but can relate it to their own experience. A window of understanding opens not only into Bev's incident, but into their own parallel experiences.

Some reflective writers readily create stories from alternative points of view, or fictions based on their own experience. Others find it less easy. Telling the same story through different characters' eyes is currently common in novels. Jane Rogers's *Mr Wroe's Virgins* (1991), the story of an eighteenth-century religious fanatic, is written through the voice of virgins he abuses. This multi-voiced approach gives the text a depth and roundedness achievable in no other way. *Frankenstein* (Shelley [1820] 1994) and *Dracula* (Stoker [1897] 1994) are both also written with the 'I' being taken in turn.

A range of reflective stories and writings are possible around a core story. Professionals are imaginative in devising additional texts. One doctor wrote from the perspective of the sofa on which his patient sat day in and day out: it had quite a story to tell (see Chapters 6 and 14). A butterfly's eye is a myriad of tiny eyes, each recording an image from a different angle. Bodies of reflective writings offer similar textures.

Visualisation can extend perspective. 'We ask participants to write about a landscape they know really well, then to describe their actual classrooms in the language of landscape, then their imaginary classrooms. We then ask them to populate them' (Kemp 2001, p. 350) (see also metaphor, Chapter 8).

## Stress

*Through-the-mirror* writing provides safe enough environments for facing troubling issues, helping reduce anxiety and stress. People regularly cry, are comforted, supported to see events from different and enlightening perspectives, helped to find solutions to problems. This writing can bring painful things to the surface so they can then appropriately be dealt with.

A study of palliative care nurses involved in verbal group reflection (von Klitzing 1999) concluded that over time they reflected less about themselves and more about patients. This might have been because they withdrew and protected themselves in response to increasing stress. This might not have happened if they had *written* as well as discussed.

Many texts explicate the personal development power of writing. Many also describe professional and personal development (for example, Anderson and MacCurdy 2000; Helman 2006; Verghese 2001). Shem uses fiction writing as a resistance against the inhumanity of medicine (2002).



### Is reflective writing an art?

Art has always questioned boundaries of existence. Artists and certain ethnographers and philosophers put themselves in situations in which conventional orderliness of everyday systems of thinking is suspended. Artists cross dangerous mental and social barriers to create images that jolt or shock audiences into reassessment. Brecht, for example, set viewers questioning taken-for-granted structures.

The belief that only writers can write, that art is born not made, is erroneous. Poets do not lie around (either luxuriously or starving in garrets) waiting for the muse. Writing is 1 per cent inspiration and 99 per cent perspiration: 'I rewrote the ending of *Farewell to Arms* thirty-nine times before I was satisfied' (Ernest Hemingway, quoted in Exley 1991, p. 13).

People have responsibility for their lives, power is located in each individual rather than in God, government, philosophers. Academic literary criticism is such an authority: policing acceptable language and writing as either literary or non-literary, what form it should take, and who is allowed to create and take part in the discourse (Eagleton 1983). These gods must be overthrown. Quiet powerful internal voices clamour to be heard. Expressive and explorative writing develops confidence, co-operation and collaboration, enables challenging of assumptions about diversity, taken-for-granted unequal or unjust professional structures, encourages skills sharing, the development of team-building, and enhances ability to deal with conflict in an artistic, aesthetic process.

### Writing, an ancient power

Writing is first known in the Near East in 3300 bc. A hieratic papyrus from Thebes from about 1850 bc, the teaching of Ptahhotep, says: 'It is good to speak to the future the future will listen.' And we can listen to what was written all those years ago. Writing was considered to belong to the gods, because of this power to enshrine text. Thoth, the ancient Egyptian god of writing, 'knows the mysteries and sets the gods' utterances firm ... proclaims all that is forgotten'. Egyptian hieroglyphs were called 'gods' words', were considered to have numinous power as amulets. Stelae were inscribed with magical texts for water to be poured over and drunk to ingest the magic of the texts. 'Damnatio memoriae' was attacking a dead enemy by damaging or erasing their written name: destroying a written name was to deprive its owner of identity and existence. *Through-the-mirror* writers gain power over their practice by naming it in writing, as Usher says 'Theorising is a practice of writing. One writes about the meanings in practice and through writing

creates the meanings of practice. Practice is itself always changing hence there are always new meanings to be written about. At the same time, through writing, the meaning of practice is re-created, always cast anew' (1993, p. 100). And Holly 'Writing taps tacit knowledge; it brings into awareness that which we sensed but could not explain (Holly 1989, p. 78).

I even enjoy the physical holding of the pen, the shaping of the words, and I like the way it unfolds before you, like thought unravelling. The rest of the book is blank; I wonder what the next chapter will be? (Jenny)



### Read to learn

- Davidson, B. (1999) Writing as a tool of reflective practice, *Group Analysis*, 32(1), 109–24.
- Richardson, L. and Adams St Pierre, E., (2005) Writing: a method of inquiry, in N. Denzin and Y. Lincoln (eds), *Handbook of Qualitative Research*. 3rd edn. London: Sage, pp. 923–47.
- Svenberg, K., Wahlqvist, M. and Mattsson, B. (2007) A memorable consultation: writing reflective accounts articulates students' learning in general practice, *Scandinavian Journal of Primary Health Care*, 25(2), 75–9.



### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

#### Exercise 5.1 Truths, lies and fantasies

1. Write one truth about yourself, one wish, and one outright lie.
2. Read back to yourself, adding or altering positively.
3. Write one to write more about.
4. Reread with insight, altering or adding if you wish.
5. If you share this, afterwards choose a wish or lie from someone else's list to borrow for your own list.

(Continued)

*(Continued)*

### **Exercise 5.2 What makes me tick?**

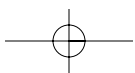
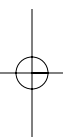
1. List 20 (50 or 100, depending on time: repetition is allowed and usefully shows you which items are vital) words or phrases which make you:
  - (i) focused and productive, or
  - (ii) furious, or
  - (iii) happy, or
  - (iv) serene, or
  - (v) lazy and unproductive, or
  - (vi) uncooperative, or
  - (vii) and so on.
2. Reread and order with most important at the top.
3. Choose one to write about further.
4. Read back to yourself with care, adding or altering or leaving well alone.

### **Exercise 5.3 Another point of view**

1. Think of someone you really admire; it does not matter if you do not know them personally.
2. Describe this person briefly.
3. List observations they might make about your work (remember no one else need ever read this).
4. List questions they might ask you about your work.
5. List questions you would like to ask them.
6. Write their reply to you: as a letter (note again contents of brackets in 3).
7. Reread with loving kindness to yourself, and reflect in writing.

## **SECTION 2**

# **REFLECTION AND REFLEXIVITY: HOW**



## CHAPTER 8

# ASSESSMENT AND EVALUATION

Chapter 8 tussles in particular with assessment. Moral, ethical and practical issues around the contested area of assessing reflection and reflexivity are presented. Assessment solutions created by many authorities are suggested. The fascinating area of evaluation is explained and discussed with innovative and effective methods described.

We start from the Latin root of the word assessment: 'to sit beside'. This classical meaning reflects the values being promoted in critically reflective learning as collaborative rather than inspectorial. (Brockbank and McGill 1998, p. 100)

What I wanted, in contrast to faux evaluations, was something that could sink its hooks into my classes, something with wings and talons that could sweep down and snatch both me and my students by the shoulders and shake us out of our collective passivity to the point that we either shrieked with pain at the terror of plummeting to our deaths or else clung to it for survival until we could glide back down to some more stable literary terra firma. (Babcock 2007, p. 513)

Assessment is a complex moral and ethical act, needing to be just, accurate, fair, impartial, and based upon appropriate critical criteria. Knowing something is to be examined can change its nature, as well as attitudes to it; the very process of examination can also change it, a principle common in many disciplines including sciences. Assessment of reflective practice is sometimes at the extreme end we could call *Gillie's Cat*: opening the box will knock over the poison and kill the cat; if you do not open the box how do you know the

cat is dead? The struggle is to find out what's going on, while keeping students' focus on learning rather than achieving the highest grade. Educative processes need to drive assessment, not the other way round. It is probably the biggest conundrum in curriculum development.

There are many approaches to critical reflection and reflexivity, and a wide range of aims and objectives, many of which use reflection and reflexivity for specific purposes within defined areas of curricula or professional development. Some do not need assessment, some only need evidence reflection has been undertaken, some have clearly enunciated agreed assessment criteria. To continue our animal metaphor, reflective practice is a many headed creature with many functions, aims and uses. Why and how assessment might be feasible, useful, ethical and moral is discussed in this chapter.

Evaluation, a way of gaining feedback on programmes (summative) and enabling communication between tutor and students to improve student experience (formative), is far less ethically loaded. This chapter looks at effective evaluation using dynamic ways of perceiving and understanding.

## Assessment

Assessment of reflection and reflexivity is much discussed. Reflection and reflexivity are process based, and assessment product based: a paradigmatic *muddle in the model* (see Chapter 3). Awareness of assessment can inevitably at best alter, or at worst corrupt any reflective or reflexive process. The creation of reflective products for assessment has been likened to television reality shows (Macfarlane and Gourlay 2009): students are required to expose emotions, insecurities, inabilities, how they discovered the true road to redemption, and their remorse at the error of previous ignorance. 'Governance of the soul' is demanded, and fictional conformism is the likely result.

Assessment can have positive pedagogical impact, it is argued, giving positive messages about the importance of the activity (Crème 2005; Pavlovich et al. 2009). Other authorities go further, saying students will not value reflection and reflexivity without assessment (Bulman and Schutz 2008). Yet private unassessed writing can lead to significant insight, materially and positively affecting final assessments (Carson and Fisher 2006). When used, assessment requirements and criteria in keeping with course aims and objectives need to be open to students (Sutton et al. 2007). Moon (1999a) maintains detailed assessment criteria can play a central part in the success of journal writing, providing structure and foundation for what is expected. This is an example of assessment driving the educational process. Good tuition, facilitation and support in writing (see Chapters 6 and 7) can be all students need to enable and encourage developmental reflection and reflexivity.

Many courses use reflective, reflexive journals dialogically (see 'Julie Hughes' in Chapter 7): tutors can evaluate students' progress, and help them. Students can value relationships with tutors who read and respond (Carson and Fisher 2006; Cunliffe 2004; Wright 2005). A confidential, trusting, non-inspectorial relationship with tutors is essential. This dialogic process will create a *different* sort of journal to the purely private. A journal to be read by tutors can never be personally explorative or expressive or experimental, however good the tutor–student relationship. These curricula presumably do not require such processes.

Reflective practice and reflexivity, as reported in the literature, seem to have a range of aims, requiring different attitudes to assessment. At one extreme practitioners and students are enabled to critically develop work practice. The other focuses on maximising student critical attitude and response to a course of study (business studies, for example, but any educational programme).

In this latter approach, journals can develop students' ability to question their actions, knowledge, ideas, feelings, prejudices, assumptions, and so on, about their course. Dialogic journals enhance communication and understanding between tutor and student (see also 'Evaluation' below). With this clear focus towards a specific shared area of experience, and exposure of personal expression and exploration not expected, if undertaken in a manner consonant with the pedagogical principles of the course, assessment design is tricky but possible. Journals are even used as substitutes for examinations (Varner and Peck 2003), and portfolios containing reflective and reflexive elements are common and effective for assessment (for example, Groom and Maunonen-Eskelinen 2006). Such journals give good access into students' thinking and quality of learning. Students invest personality and self-image (Varner and Peck 2003) and are asked to use individual voices honestly and take risks in journals' contents (Crème 2005). Marking is therefore time-consuming and difficult, forcing uncomfortable value judgements (Varner and Peck 2003), as their subjective nature defies the standardised criteria of more objective forms of assessment (Pavlovich et al. 2009).

Moon lists assessment criteria and discusses the 'need to decide whether the student is being assessed on content or on the writing, the process of the writing, or the product of the learning' (1999b, p. 34). Crème (2005, p. 290) also identifies guidelines for assessment. A good record of study she claims is (a) comprehensive as it meets requirements of an introduction, conclusion and demonstrates syllabus coverage; (b) shows understanding of the material, with the ability to select, summarise, analyse and show relationships between concepts, both within the course and outside of it; (c) shows self-awareness of the writer as learner, both in relation to the ideas on the course, and to course activities, processes and colleagues; and (d) demonstrates that the writer is prepared to take risks with the material in relation to their own political and intellectual position. Embedded in these guidelines is a mix of



cognitive skills in knowing what content should be selected as important, while also writing in a manner that emotionally and holistically connects the student with the context. Further assessment criteria and scales can be found in Fenwick (2001). These approaches all sidestep *Gillie's cat* conundrum of assessment (see above).

Journals are in danger of being at best useless, at worst harmful when written for assessment, if the process is not handled with experience and care founded on congruent pedagogical principles (see Chapters 3 and 7). Some 'assessment regimes ... kill off the qualities that the work itself was designed to foster' (Crème 2005, p. 291). And 'learning journals cannot be successful if students write them with the sense that they will be judged in the same way as an essay' (Crème 2005, p. 294). David Boud (2001) stresses the clear distinction between writing for learning and writing for assessment. His course contained 'a self-assessment statement that draws from, but is distinct from, students' confidential learning portfolios' (2001, p. 16; see also Crème 2005). Brookfield also sees a danger 'students come to see journals as mandated disclosures focused on eliciting the right kind of revelations' (1995, p. 100).

### Non or indirect assessment

Assessment of knowledge, 'or skill or competence that can be learnt through instrumental reasoning' (Iyer 1999, p. 520) is reasonably straightforward and appropriate to test practical knowledge or skill. But not for such as *through-the-mirror* reflection, which develops and nurtures critical attitudes, responses, understanding and acceptance, many of which are deeply challenging both personally and professionally.

My Master's in Medical Science students drew upon private journals and writings for assessment without submitting 'raw reflection' (Boud 1998); Brockbank and McGill (1998) report similar. The reflective course element was formative, only needing to prove they'd kept a journal. With a manageable sized group, using *through-the-mirror* methods, I was able to perceive the fruits of their reflection, offer support and facilitation where needed, and be satisfied they were using critical reflection and reflexivity appropriately for their needs and wants. For graded assessment they discussed and set criteria themselves with tutors, giving them authority and some degree of ownership over the process. Where students are involved in criteria development, there is greater congruence between student and tutor mark (Hinett 2002).

Other authorities also consider graded assessment inappropriate. David Boud (1998) says assessment destroys reflection, disabling students from involving themselves in the 'raw' process. Assessed formal learning contexts

with clear boundaries are inappropriate to a dynamic practice, which needs to be unboundaried. Assessed formal learning contexts can only too readily lead to instrumental or rule-following strategies, which apart from stultifying the reflection can also unethically seek inappropriate levels of disclosure and confession. Teachers, coaches or counsellors should only have access to whatever thoughts or feelings reflective practitioners choose to reveal (Boud et al. 1985).

'There is a real danger that creating assessment criteria will have the effect of killing off the spontaneity and individuality of the exercise' (Beveridge 1997, p. 42; see also Rust (2002). He feels tutors are in a cleft stick: without assessment students do not see the process as being sufficiently worthwhile; the effect of it, however, can be to prevent them from expressing themselves freely. Students with non-English mother tongue write journals in English so they can be assessed, thereby reducing the expressive nature of the document (Wright 2005). Scott does not mince words: 'Reflection *can be* a particularly invasive means of reinforcing institutional authority ... Those who assign and assess reflective writing should be mindful of the dispositions toward authority that this practice might foster in time' (2005, p. 27). These authorities point to a major muddle in the pedagogical model (see Chapter 3).

Assessment inappropriate to the type of reflection and reflexivity can damage or even destroy the desired process, and give restricted inaccurate results as written material can be affected by assessment requirements (Hinett 2002; Pavlovich et al. 2009). Students naturally react against unethical demands for 'forced RP' (Hobbs 2007, p. 409), personal details and thoughts by an impersonal assessment system (Ghaye 2007; Sutton et al. 2007). They therefore 'fake it' (Hobbs 2007, p. 411), offer 'laundered' material (Ghaye 2007; Sinclair-Penwarden 2006; Sutton et al. 2007), write within a very narrow range they perceive to be acceptable, and lie about their experience (Hargreaves 2004), some create reflective material retrospectively (Clegg et al. 2002; also see Chapter 7).

## Unmuddling models

These examples show inconsistency as to what reflection is, what model of pedagogy it works within, and therefore what model of assessment, assessment substitute or none at all is appropriate. The method of assessment (if there is assessment) has to be appropriate, and in harmony with the curriculum. Like has to go with like; just as sugar and fruit make lovely cakes, but horrid savoury pies. Redmond maintains: 'the appearance of *the ability to reflect* as an assessable category on a competency checklist can only be regarded as a retrograde step, lacking any basic comprehension of the concept' (2006, p. xiii, emphasis in original). Ixer adds:

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If reflection is to be regarded as a core facet of individual professional competence, then we need to know far more about its structure, substance and nature ... none of the work on reflection thus far has effectively tackled issues of oppression in the teaching and learning environment ... A particularly loud note of caution must be sounded that some commentators still inherently endorse reflection as a skill or competence that can be learnt through instrumental reasoning. This leads to the assumption that course planners need only structure assessment in such a way as to encompass a new outcome called 'reflection' ... It is clearly the case that the nature of reflection does not fit the competence model ... The fear is that reflection will become seen as a self-indulgent or 'soft' subject that cannot be afforded, that standards will fall, and that users will receive a poorer service as a result. (1999, p. 514)

Grasping on to one element of a model without realising that the whole model has to be consistent throughout, might mean throwing the baby out with the bath water:

The increasing prevalence of standards, high-stakes testing, and outcomes assessment obscure the value of reflection, and much else, from fields of vision ... There is a risk that the value of teacher reflection will be diminished and overwhelmed by standards. How will the habits of reflection and questioning survive under ... the pressures of standards-driven curriculum ... Will the habits of reflection that we seek to develop in future teachers become devalued simply because they are difficult to evaluate, summarise, and report? (Ward and McCotter 2004, p. 244)

### Assessment solutions

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Self and/or peer assessment is effectively used by many bodies, and is also a reflective process in itself (Bryan and Clegg 2006; Hinett 2002). Ken Martin's students set their own assessment criteria, and their work is then submitted to three-way *triadic assessment* by (a) self, (b) peers and (c) tutors:

Once we have agreed on assessment criteria, triadic assessment becomes possible. Class discussions defining criteria are usually terrific, each group seems to bring out something new, though students find it difficult. The usual criteria are flagged up but debating definitions drives home the problems with interpretation of language and difficulties with objectivity and validity [my experience of positive engagement in this tussle is similar]. The exercise concentrates the mind and provides the real stimulus for triadic assessment. This term's exercise produced two new points that could form part of the definition of critical analysis. One was the use of metaphors in critical analysis.

Self-assessment is usually quite acceptable to students, though many find it difficult criticising peers, and being self-critical initially; some find it empowering.

However, many students get very thoughtful, honest, accurate and insightful about their own work very quickly. It can help refine ideas and boost esteem. The standard of reflective practice and reflexivity is certainly helped by self-assessment. I think that including 'insightful comments in self assessment' as part of the 'reflective practice' criterion has given it a higher profile. In a small way, perhaps, triadic assessment opens that 'secret garden' of assessment to some scrutiny and collaborative analysis. (Ken Martin)

Winter's solution is *patchwork text* assessment (2003). A series of fragments created over time from students' learning experience is synthesised into a final submission: 'an essentially creative process of discovering [and presenting] links between matters that may seem to be separate' (Winter 2003, p. 121). Tutors in business, social work, nursing, sociology and Greek tragedy say this developed academic rigour, commitment, motivation driven learning rather than to pass examinations, willingness to take risks and tackle complexities and dilemmas, ability to think independently and present critical arguments, integration of personal and professional issues, critical reading and varied writing abilities. It also allows assessment of the *process* of learning, as well as the *product* (Smith and Winter 2003), though 'the most difficult aspect has been persuading myself to "let go", release students to really take ownership' (McKenzie 2003, p. 160).

Winter et al. do not tackle the issue of assessment affecting, or even destroying, the students' confidence in expressing themselves freely and exploratively, nor the ethical problem. They blandly conclude 'in the end these difficulties can be resolved, and they are essentially not very different from the problems of academic assessment in general (Winter et al. 1999, p. 148).

A dynamic form of reflection is used with university design students; material for assessment is developed organically from reflective course work. Here is how Sapochnic grapples with the assessment conundrum:

Writing is a learning and assessment strategy in the interpersonal/study skills component of a graphic design first-year undergraduate skills module (50 students). Reflectivity is modelled in all workshop activities (e.g., discussing issues in pairs – foursomes – whole group; career planning undertaken by students working in pairs interviewing each other on their strengths, weaknesses, goals and strategies), and prompt sheets at the end of every activity invite students to reflect on outcomes, surprises, satisfactions, dissatisfactions, and possible future strategies. These reflections are collated, annotated and transcribed at the end of the module by students as an essay submission. Writing thus becomes artefact-making. The objective is not the artefact itself (writing), but learning by reflections on the process of producing it.

Most submissions praise the learning thus made, but this enthusiasm might be partly due to possibly unconscious needs to satisfy tutor/readers. Nevertheless, many students engage with and explore issues of uncertainty, not

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necessarily suggesting improvements to learning practice, but often recognising dilemmas. Such accounts are usually very honest, preoccupied with how to manage reflections (e.g., feeling insecure to speak up in group activities; a wish to lead in teamwork) and also quite moving.

My assessing criteria is subjective: grading is difficult. I pass (I do not grade) those sufficiently comprehensive papers where engagement with the writing – even if not with the activity – has taken place, and to feedback in writing by posing further questions ('You state x was the case. Why might that be?'; 'How could you have done y differently?'; 'Would you consider a pattern in your performance through all the activities?', etc.). This process is lengthy (i.e., uneconomical within current time resources) but, I believe, essential. Having found a reflective voice, the student must be responded to in an equally reflective manner.

I trust that ongoing reflection based on written submissions, my own teaching diary, the photographs I take during and after some events (e.g., teams building towers with newspapers) and the module feedback forms, will assist me to refine, develop or discard this approach. (Carlos Sapochnik)

## Evaluation

Evaluation is coming to understand the principles, methods, processes and outcomes of a particular situation. At best a highly sophisticated examination, Bloom et al. (1956) identified evaluation as the highest form of achievement in their *taxonomy of education objectives*. It is used in education to gain feedback on programmes (summative) and communication between tutor and students to improve student experience (formative). Summative evaluations give participants' experience of the whole course; formative evaluations are undertaken at the end of each session, and help form the remainder of the course.

Formative evaluation enables students to tackle and share thoughts and feelings regularly, rather than brood and complain too late. Facilitators gain valuable insight about students' responses to courses from learning journals, metaphor exercises (Linn et al. 2007; see also Chapter 13), and other journals such as for practice attachments (Svenberg et al. 2007). Co-peer mentoring (see also Chapter 11) can enable participants to communicate and discuss ideas and feelings with one peer before sharing with tutor and/or group.

Patricia Hedberg (2009) describes and illustrates reflexive course evaluation periods at the end of each course session. She concludes:

Most often student reactions are positive and encouraging. This can create a different type of danger, however, one where the process easily becomes a mutual exchange of platitudes. That is not its purpose. All thoughts and feelings are welcome regardless of their praise or pain. What is difficult, I find, is being willing

to express any reaction without sounding like you are trying to ingratiate yourself or meet others' expectations. During a reactions and impressions session, for instance, I keep the focus on reflections rather than on making the instructor feel better. It is much more important to hear what others are thinking or feeling, what frustrates someone, or whether they are engaged. We simply listen to each other with no judgments or further comments necessary. Sometimes it is enough to write or voice your impressions. Nothing more needs to be said or done at that moment. (Hedberg 2009, pp. 30–1; see also Chapter 9)

Like Hedberg, I allowed my Master's students unstructured reflexive space at the end of each session, taking the (occasionally) very rough with the (occasionally) very smooth and everything in between. Brookfield's classroom critical incident questionnaire (1995) is for end-of-session reflexive evaluations. Matt Babcock developed a 'liberating and destabilizing tool for pedagogical intervention' (2007, p. 514; also see above), for a university introductory literature course. His 'Learning Log ... if implemented consistently, not only enhances the personal political and ideological communion of teachers and students but also raises the collective awareness concerning classroom dynamics and methods to higher levels'. For 5–10 minutes at the end of each class he and his students free-write 'What have I learned or not learned today?' (p. 514), and then read them to each other. Initially the students offer 'meek verbatim summaries' (p. 515), then by week three there develops the 'class's transformation into symbiotic community of learners and teachers which depends on each individual's willingness to take up, cast off, and exchange those titles at any moment' (p. 516). Of course 'the teacher's reactions to log entries are crucial'. He responded to students' submissions, dialoguing with them dynamically and critically reflexively addressing his own teaching and course design, with positive results. 'The Log ... intervened and transformed the physical, intellectual, and interpersonal environment in which my students and I read, wrote, lived, and learned.' (p. 518)

For summative evaluation, my short-course participants write anonymously what was good on one paper, and on another what could have been better. When we have sufficient time, they spread out the positive sheets separately from the negative, and read all, marking each negatively, positively or with a comment. Comments can be transferred to flip chart or typed up and fed back as part of final evaluation. Or they write brief (10-minute) evaluative stories, using the same approach for evaluation as for the course. We read back with no comments, an affirming and warm way to end: the stories tend to refer to the life of the group as a whole. An anonymous form to be handed in is needed to elicit negative points.

Drawing formative evaluations, pioneered in Sydney universities for a range of disciplines and courses (McKenzie et al. 1998), gave different information,

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inventively and informatively, from participants' written evaluations. One drew a juggler juggling a variety of commitments, another drew someone falling at the last of a succession of high hurdles. Anonymity can be obtained by, for example, a postbox to collect evaluations. I think the evaluation process needs to be useful to participants, rather than just a chore.

Students' reflective writing can itself offer course evaluation and material for tutor reflexivity. Beveridge developed course structures in the light of students' reflective journal material (1997). Here is an example of tutor reflexivity, enabled by reflective journals used as a form of evaluation:

What we have learned about our students led us to take action on the elementary science methods course ... Interestingly our finding that methods students lack an understanding of first graders' abilities mirrors our lack of understanding of the preservice teachers. While our students were observing, writing about, and discussing the actions of first graders and their teacher, we were learning about them. (Abell et al. 1998, p. 506)

A simple evaluation I have used at the end of a residential is: invent a word which describes this course; now invent a short dictionary definition. Here are some:

Spontographarsis: release through instant writing; Refreat: a place and time to think and write; Connectifection: the process of finding and connecting realities in the search for truth; Cariyumminess: the process of writing to reveal one's inner thoughts and feelings: the revealing of one's soul (from the Welsh *caru*: to love); Writology: writing one's thoughts down on paper as a way of exploring feelings; Writtance: the process of putting one's thoughts on paper and getting rid of them; Inkathinkalink: with the ink from our pens we think and link our memories and lives with our friends and mentors in a chain of magic pens. The tutor waves her magic wand and says INKATHINKALINKA! (Royal College of General Practitioners (East Anglia Faculty) annual course).

The knotty issue of which comes first, horse or cart, in assessment has tremendous implications for teaching and facilitation methods. Appropriate methods to initiate and foster critical reflection and reflexivity are presented in depth in Chapter 9.



### Read to learn

Babcock, M.J. (2007) Learning logs in introductory literature courses, *Teaching in Higher Education*, 12(4), 513–23.

Bleakley, A. (2000a) Adrift without a lifebelt: reflective self-assessment in a postmodern age, *Teaching in Higher Education*, 5(4), 405–18.

Crème, P. (2005) Should student learning journals be assessed? *Arts and Humanities in Higher Education*, **30**(3), 287–96.

Thorpe, M. (2000) Encouraging students to reflect as part of the assignment process. Student responses and tutor feedback, *Active Learning in Higher Education*, **1**(1), 79–92.



### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

#### Exercise 8.1 Assessment and spiders' webs

1. Do a *six-minute write* (see Chapter 6).
2. Write 'assessment', boxed in the middle of a page.
3. Write words or phrases which arise in relation to this word anywhere on the page, allowing them to cluster; these elements might be all sorts: frustrations, facts, opinions ...
4. Read back your spider to yourself, adding, deleting or filling out as you wish; list the words/phrases, or join them up into a piece of prose.
5. Note down any thoughts arising about this knotty subject as a result.
6. Read back to yourself with care; you might like to use it to write a more finished piece to share with colleagues.
7. This method can be used with *any* key word boxed in the centre.

#### Exercise 8.2 Evaluations

1. This exercise can be used with groups at a course end. Participants can either read their lists to the whole group, or if you want to invite negative criticism ask for them to be returned anonymously.
2. Participants each write a list in response to: 'You are leaving this course now and going on a journey. What are you packing in your bag to take with you from here?'
3. I have often associated this final evaluation with an opening exercise before the course first session: 'You have come to this place of education after a long

(Continued)



*(Continued)*

journey, what do you bring with you?' Participants write a range of things from 'a pen', to 'hope'. They then each read out, so those who have only thought of practical items gain insight. It means they are then prepared imaginatively for the final evaluation 'bag packing' exercise.

### **Exercise 8.3 Final evaluation**

Participants can be given a sheet with these printed, with enough space between for them to respond:

1. What engaged you most?
2. What was helpful?
3. What was unhelpful?
4. What were you surprised by, or was unexpected?
5. What did you give to yourself?
6. What will you take back for the future?

## CHAPTER 12

# THE POWER OF NARRATIVE

Chapter 12 is a closely argued, richly exemplified discussion of the role of narrative in personal and professional lives, and how this can be effectively harnessed for reflective practice. It describes how practitioner *through-the-mirror* writers need to take responsibility for their stories and their exploration, and the role of fact versus fiction in this work.

Wherever we walk we put our feet on story. (Cicero)

A man is always a teller of tales, he lives surrounded by his stories and the stories of others. (Sartre [1938] 1963, p. 61)

I'm not sure I can tell the truth ... I can only tell what I know. (Cree hunter, in Clifford 1986, p. 8)

Why story or narrative writing rather than thinking, talking and discussing, or writing 'critical incidents' or 'events' or case notes? We relate to, remember, understand and readily form stories because they create humanly memorable and comprehensible structures such as narrative line (and then and then and then ...), causality (look – this happened because that happened), and plot (the fictive satisfaction of beginning, middle, and end). Narrative-making is the fundamental human sense-making system. We learn about our culture by story, from history books to the news or bedtime readings. Stories tell us how to see our place in society and its place around us, telling us what to expect of each other and ourselves, and enable us to communicate meanings, insights, perspectives and articulate complexities: 'Storytelling is therefore an

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important management skill' (Gray 2007, p. 499). Stories offer a way of making human sense of contemporary dehumanised, impersonal, highly regulated and unemotional organisations (Gabriel 1991, 1995).

Humans do not make rational logical decisions based on information input, instead they pattern match with either their own experience or collective experience expressed as stories (Klein 1999). Used wisely, narratives and stories have a powerful role in education and practice. Barthes maintained that 'Narrative is international, transhistorical, transcultural: it is simply there like life itself' (1987, p. 79); MacIntyre that 'we are all, in our actions and practices, storytelling animals, and storytelling plays a major role in educating us in the classic virtues' (1985, p. 8); and Lyotard 'narratives are the communal method by which knowledge is stored and exchanged' (1984, p. 23). Laurel Richardson, a pioneer of writing as a method of enquiry, said 'Writing stories and personal narratives have increasingly become the structures through which I make sense of my world, locating my particular biographical experiences in larger historical and sociological contexts' (Richardson and St. Pierre 2005, p. 966). And Attard (2008) systematically wrote narratives because he realised it was the best reflective tool to interpret his lived experience.

Stories are attentively listened to and remembered, such as Clough's powerful story about special educational needs (Clough 1996), and Landgrebe's about care of the dying (Landgrebe and Winter 1994). 'The deceptive power of [story] lies in the fact that single startling cases stick in the mind' (Macnaughton 1998, p. 202). Writing, exploring, and discussing our essential narratives is a route to taking responsibility and control of our lives, professional and personal. Paying critical attention to narrative enhances medical awareness of ethics, and deepens understanding (Engel et al. 2008).

The educative value of stories is great partly because they penetrate our understanding more deeply than our intellect, they engage our emotions. All learning involves emotion.

Many hold their failures inside, allowing them to smoulder and decay; others step into self-destructive habits; others tell [and write] stories. (Borkan et al. 1999, p. 11)

Finding strategies to gain access to and articulate what we feel, know, think, believe and remember is a perennial problem of professional development. Who we are, what we stand for and why, are integrated with how we act. Our actions, deep-seated beliefs, ethics, ethical values, emotions, sense of professional identity, and the way we relate to our political, social and cultural world are all expressed in the stories we tell and write. Relating critically and feelingly to these stories, and those of our peers, society and culture, is a vitally educative process.

Human narrative-making can too readily be self-affirming, an attempt to create order and security out of a chaotic world: a critical relationship with everyday stories is essential. Our stories frequently do not explore sensitive issues, but express what we feel (or would like to feel) comfortable with. But for experiences to be developmental – professionally, socially, psychologically, culturally, spiritually – our world has to be made to appear strange. At the same time, the extraordinary has to be made to appear more ordinary before we can grapple with it:

Narrative can be a way to domesticate human error and surprise ... Story making is our medium for coming to terms with the surprises and oddities of the human condition and for coming to terms with our imperfect grasp of that condition. Stories render the unexpected less surprising, less uncanny: they domesticate unexpectedness, give it a sheen or ordinariness. 'That's odd that story, but it makes sense, doesn't it?' we say even when reading Mary Shelley's *Frankenstein*. (Jerome Bruner 2002, pp. 31, 90)

Reflecting upon and beginning to understand the role of narrative in our lives can develop practical wisdom from experience, and our ability to listen and perceive widely. And it can support practitioners in bringing a critical faculty to bear on the professional and political structures and assumptions which surround them. Narratives express and communicate the values, experience and wisdom of the narrator; they also develop and create values, as well as a sense of self-purpose.

Listeners and readers hear from their own point of view, qualitatively different from (sometimes even opposing) that of the teller. All stories are perspectival; none are objectively true; no story has only one meaning. They are essentially ambiguous and resist singular interpretation. Critically tussling with narrative at every level is not easy because it forces a questioning of taken for granted, reassessment of previous certainties and assumptions, and recognition of contrasting (possibly opposing) points of view. Greater responsibility and authority can be enabled over role, relationships with professional organisation, culture and society (professional and personal), feelings, beliefs and ethical values.

## Our storied nature

Information is retained in the human mind as narrative. We do not go to a particular section within a file within a drawer within a cabinet in our memories, we go to a particular place in a narrative: an association of events, faces, voices, place, foods, and sense of roughness or softness. Since the Enlightenment we have suffered under mechanical metaphors that bodies and minds are machines.

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We are not. Our feeling, cognitive, physical, spiritual selves are intermixed; they condition and are conditioned by political and cultural contexts. All are experienced, understood and expressed as narrative. Narratives express the values of the narrator; they also develop and create values in the telling.

Narratives are central to human understandings, memory systems and communication, whether we know it or not. Lives are made sense of and ordered by the stories with which they are recounted: told and retold daily through actions, memories, thoughts, dreams, habits, beliefs, speech and behaviour patterns. We spend our lives storying and re-storying ourselves, and contributing to wider social stories around us: it is as natural to being a person as eating and breathing (Bruner 2002; Doyle and Carter 2003).

Strawson asserts that not everyone stories their lives (2004a, 2004b), that nothing positive will result from encouraging professionals to do so, that for example teaching medical students narrative competence is only another way of saying doctors should listen to their patients better. He misses the imperative need for educative strategies to enable such communication. Professionals need to listen both to themselves and to others: this can be developed by reflection, reflexivity and dialogue.

Educators know that understanding occurs when elements are expressed as stories (Allan et al. 2002; Clark 2002). This is a mature acceptance of how we are, rather than an assumption that only children need stories in order to understand (Gheradi and Turner 2002).

Daily constant interaction with other individuals, systems and organisations requires management, generally at a non-conscious level. Everyone shifts between a range of personae as they move in and out of days, and of each other's lives. Among other roles I am mother, wife, lover, sister, aunt, neighbour, colleague, professional and friend. In order to reduce anxiety, and ensure I relate more or less appropriately, I need to be aware of the history of each of these relationships and its meaning in terms of today's behaviour. I also perceive that I exist within a set of geographical places, within a time frame, as well as a political and cultural structure. My set of stories of myself has a chronological structure reaching back to farming forebears, a space structure locating me in Essex, Singapore, Cambridge, Derbyshire and London, and so on. To an extent all these tell me who I am, and how to relate to others, and to society.

If our lives were not constantly told and retold, storying each new experience, we would have no coherent notion of who we are, where we are going, what we believe, what we want, where we belong and how to be. Just as my skin holds my organs and body fluids in a form which is recognisably me (to myself as well as others), my psychosocial selfhood relies upon my grasp of my narratives of relationship, chronology and place.

We are embedded and enmeshed within the stories and story structures we have created, and which have been created around us: some we are aware of,

some very much not. Family doctor Mark Purvis was unaware how deeply his life and work were affected by his brother's death when he was 9, until he wrote a reflective poem about it (Chapter 2).

These stories form a complex volatile system. Complex, because my apparently coherent life is constituted out of a range of interrelated plotlines, characters, and situations. Volatile, because it constantly changes with every individual action or event: mine and those around me.

My success as a person, or more correctly perhaps my happiness, rests on my ability to juggle this complexity, and my flexibility in response to the volatility and constant change created by my own behaviour, that of others, and of my social, political and professional surroundings. It is what a growing-up child learns, and a beginning professional in training and early years practice. It is also what an effective adult or professional continually undergoes.

Everyone naturally, to a lesser or greater extent, reflects, seeks support and advice, accordingly alters their behaviour, challenges others, and even drastically changes their life situation. Life changes such as a new job or house, marriage, birth, bereavement, illness or disability necessitate reformulations.

Constant repeating and refashioning of life stories is an essential part of living with their complexity and fluidity, but it can be uncritical. The stories told over coffee, or reflected upon in the car, are told in order to create a coherent and live-with-able structure. These reflections might ask: 'How could I have done it better?' or 'Do you think Mrs S thought it was OK?' The answers, whether in solitary reflection or in conversation, are unlikely to be challenging. Perceiving the taken-for-granted story structure for what it is, and seeking strategies for development, cannot be done in the car or over coffee. The car would certainly crash, and drinking colleagues become bewildered or even angry.

An extreme example is the sexually harassed secretary who complains to her friends, loses sleep and self-confidence, but continues to be unaware of how she tacitly invites sexual advances. Few colleagues have commitment and ability to support deep development. Similarly a professor and departmental head with a severe alcohol problem creates all sorts of explanations for the situation, none of which touches on the central problem, despite sincere efforts of his staff. No colleague, within the normal everyday departmental structure, knows how to challenge, or help him to see. The secretary or head of department becomes more and more enmeshed, more and more stuck.

These story structures, even while shifting and changing all the time, often seem inevitable, how things are, inviolable even: a set of taken for granted. But each one of us is responsible for the creation of many of them and aspects of others, for connivance at, and even uncritical acceptance of, wider social narratives or 'norms'.

People vary a great deal in awareness of their story structure. Some, like Hamlet, struggle with it daily: questioning and reformulating their understanding of their own agency and control. Some, such as Celia in George Eliot's *Middlemarch*, live in blissful unawareness.

Some authorities have taken this further and postulated a non-storying type (Strawson 2004a, 2004b). But everyone else, at the very least, retells aspects of their day for re-creation, listening and re-storying collaboratively (*re-creation* is used advisedly here). They make further sense of their lives by relating to the social, political and spiritual narratives in which their lives are embedded: news or drama on television or radio, in newspapers, magazines and literature. Booker (2004) maintains that our stories 'emerge from some place in the human mind that functions autonomously, independent of any storyteller's conscious control' (p. 24).

## Taking responsibility

Writing life stories enables writers to take responsibility for them. We learn by taking responsibility for re-storying ourselves. Education clarifies and develops personal stories, and the way they articulate with, impinge upon, and are impinged upon by societies' stories. Even rote learning is only effective if accommodated: 'I am the kind of person who knows times-tables.' Professional development aims to support in taking responsibility for integrating the learning from these accounts.

Reflective practitioners strive to recognise responsibility for their own life stories, the organisational, social and political structures in which they are enmeshed, and their actions within those structures. They can then create strategies for actions for which they take full responsibility. They also learn critically from the stories of others. Frank (1995, 2004) describes dynamic involvement with narrative or story as working *with* stories, rather than *about* them: 'what counts about any story is what those who hear it [and who tell or write it] choose to do with it' (2004, p. 209). Frank calls the *practical wisdom* this develops *phronesis*, from Aristotle: '*Phronesis* is the opposite of acting on the basis of scripts and protocols; those are for beginners, and continuing reliance on them can doom actors to remain beginners' (2004, p. 221).

Some practitioners or students come to professional learning with an assumption that tutors take responsibility. The slowness of reflective learning frustrates them, with its constant reflexive involvement. Surely the authorities should just tell them?

Well no. This is not rote learning of multiplication tables. When addressing the very stuff of our lives, only the protagonist – the main character – can tackle it from the inside, with the help of the outside perspectives of peers, and the expert support of tutors. In order to take responsibility for professional

actions, and some of the actions of others, we need a clearer perception of how we build our world, and how others build it around us: its narrative and metaphoric structures and content. This perception will enable, necessitate even, development and even change.

## Stories

We learn by storying and re-storying ourselves. We are brought up surrounded by stories: they flow through us and ratify us from birth, telling us who we are and where we belong, what is right and what is wrong. Many are traditional, whether or not they have been given contemporary dress. Tales where wicked stepmothers receive come-uppance explain that mothers can be horrid quite often, but good will ultimately conquer over evil (Bettelheim 1976). Lévi-Strauss (1978) tells us our myths offer us ways of classifying and ordering our society. We do not tell our mythic stories, they tell us. A language created each time they are told, they provide ways of dealing with the complexity of human relationships, and strange and often scary psychological worlds.

Small children are clear about story structure (Bruner 2002; Rowland 1984). A child requires any story to be told to the end. Their imaginative play is often continuous story, and first writings have a good grasp of structure. Ask a small child about their drawing or painting and they will tell its story, rather than describe the images. We too live our lives by telling stories about them. These stories are constructs. Life as it is lived is not structured like an *adventure*; adventures only happen in stories (Sartre [1938] 1963). And the story has to be communicated: told, or read. It cannot only be thought. A.A. Milne expressed this with perfect simplicity when his wise characters had this conversation:

‘Is that the end of the story?’ asked Christopher Robin.

‘That’s the end of that one. There are others ... Don’t you remember?’ ...

‘I do remember,’ he said, ‘only Pooh doesn’t very well, so that’s why he likes having it told to him again. Because then it’s a real story and not just a remembering.’ (Milne [1928] 1958, p. 31)

Stories are the mode in which our culture is transmitted, from fairy stories to political history. Stories create the way we see our place in society, and the way we perceive it as moulded around us: telling us what to expect of each other and ourselves. They shape and make sense of our world by reiterating the social and political order. Soap opera, Verdi, strip cartoons and Shakespeare tell us what is good and what bad, what likely to succeed and what fail.

These meanings are usually implicit, as in Aesop’s *Fables*. New Testament parables are perhaps the closest to didactic storytelling, with explicit



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meanings. Had Jesus and Aesop omitted the story, the lessons would not have been remembered for millennia. We remember to sow corn on good fertile ground rather than among stones; that it is more comfortable to assume the unattainable bunch of grapes is probably sour; and that killing your father and marrying your mother is not a good idea (Sophocles' *Oedipus*).

No story has only one meaning. A writer may perceive certain meanings clearly, and formulate specific questions. Different readers perceive other meanings, and pose different questions.

The ambiguities of a fiction may be thought of as representing (in some sense) the ambiguities of the author's and the reader's personal awareness. The questions posed by the text are questions about the writer's and the reader's own experience and values. (Winter et al. 1999, p. 23)

Questions and theories arising from a single text may conflict: stories are essentially ambiguous. Discussion following readings can be fruitful because everyone has their own perspectival understanding. Many insights into a story's implicit meanings will be new to the writer and other listeners, and widen their view. 'A story by its very nature resists singular interpretation. Story captures nuance, indeterminacy and interconnectedness in ways that defy formalistic expression and expand the possibilities for interpretation and understanding' (Doyle and Carter 2003, p. 130).

Each reader views a story from their individual viewpoint, often refreshingly different from that of the writer. Perceptions of experience and selfhood are conceived, enmeshed within the frame of our social, political and psychological perspective: we cannot know ourselves and our experience independently.

Individual experience has been described in the reflective practice literature as raw and authentic (true); yet it is no more and no less than another story: a story which others will cap with their own, or their own view. The fundamental importance of narrative and story to medicine is well documented (Charon 2006; Engel et al. 2008). Narrative, particularly autobiographical, has been explored extensively in initial and in-service teacher training and research (Phillion 2002a, 2002b). Storytelling has been used by Reason (1988) as a research method, dealing with personal rather than professional development. Abbs (1974) and Lewis (1992) both use personal and autobiographical writing with trainee teachers.

Hargreaves (2004) is disturbed that where reflective accounts are assessed in nursing (and possibly other professional settings) only three story-forms are considered to be legitimate and given marks. In *valedictory* narratives the narrator recognises a crisis, responds appropriately and wins the day. *Condemnatory* narratives are the opposite: narrators lose the day. *Redemptive* narratives give a narrator exposing inappropriate values or practices, yet

learning and redeeming themselves. Nurses who want to succeed write one of these, possibly fictionally, rather than engaging in honest and open reflection. The assessment of reflective practice is a potential barrier to the personal growth and integrity that programmes are trying to nurture. An alternative programme in teacher education (Clandinin et al. 1992) examined the potential for collaboration between students, schools and universities by making spaces for the stories of each to be shared. This proved a dynamic ground for understanding, assessing and reassessing experience. 'It is in restorying ourselves that it is possible to remake experience' (Clandinin and Connelly 1990, p. 31). Connolly and Clandinin's three-dimensional space of narrative enquiry looks at a dense weave of multi-perspectival, multi-chronological, and multi-located set of stories (Connolly and Clandinin 2000). Phillion and Connelly (2004) use this 3-dimensional space of narrative enquiry to help educate people to work in complex situations of diversity. Writing stories has been found to be a powerful tool in fostering teachers' professional growth (Huber et al. 2004).

### **Narrative exploration**

The narratives and metaphors by which we structure our lives, the taken for granted, are questioned and challenged: making the familiar strange, and the strange familiar. All our life stories can be questioned; many can be altered or struggled against. Life does not present us with inevitable chronological consequences of certain actions or events: we are free to choose how we act and influence others.

We have to take full responsibility, and can try out different characteristics for ourselves and colleagues; alternative ways of perceiving our environment; fresh angles from which to grasp our roles as protagonists of our life plots. This might entail the disappearance of a comfortable characterisation and plot development: the baddy might have previously unperceived good qualities, the good adviser might be lining his own nest, the impossible workplace might have a magically transformable space, the terrible blunder might have good consequences. And, of course, the opposite.

Bringing our everyday stories into question is an adventure. No one adventures securely in their backyard. Professionals need to face the uncertainty of not knowing what is round the corner, where they are going, how they will travel, when they will meet dragons or angels, and who their comrades are. They even have to trust why they are going. A student commented: 'What a relief it is to know that this uncertainty is essential; knowing that makes me feel less uncertain of being uncertain. Now uncertainty is my mantra.'

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Certainty does not generate the flexibly enquiring attitude required by learning. An experienced practitioner learns all the time, and is open to being wrong. 'Certainty goes down as experiential knowledge goes up' (Phillion and Connelly 2004, p. 468). Some senior practitioners, in my experience, find this hard, being the most defended against reflective practice. Their defensive and self-protective reasoning is proof against uncertainty and doubt. Their sense of themselves in their role is too uncertain for them to lay it open to doubt and enquiry.

Practitioners engaged in *through-the-mirror* reflection explore experience, values and professional identities, and express aspects within certain personal and professional bounds which they expect to be respected. They are appropriately open to have understandings challenged, willing to have beliefs questioned, and courageous in discovering aspects underlying and affecting daily behaviour, of which they were hitherto unaware. They are open, willing and courageous *enough*: too much can be a recipe for disaster as can self-protective closedness.

An awareness of the complex interrelatedness of stories within practice facilitates an awareness of roles in relation to clients, students, colleagues and peers, and an effective working grasp of ethics and values, and can develop responsible empathetic attitudes. The acquisition of skills and experience in relating to, and handling, the everyday narratives of professional life develops this comprehension of complexity.

Writing about professional life can develop awareness of narrative structure (plot, characterisation, chronology, environment), sensitivity to perspective (from whose point of view is the story told?), and the function of metaphor, simile, metonymy, alliteration, assonance, and so on. Interpretive abilities can be developed: the narrator's role (omniscient? reliable?), the value of multiple perspectives (viewing the same situation from the point of view of doctor and patient, teacher and student), and inherent ethical and value structures depicted.

Reflexivity entails examining taken-for-granted roles and values in relation to individuals, organisations and systems, models and metaphors unwittingly lived and worked by. Here is a school head teacher reflecting upon his position:


**Jim Nind: personal narrative and well-being**

I discovered reflective writing to try and make sense of my experience and my feeling of alienation, having been ousted from my first headship after struggling to establish a school I could really believe in. I started writing a serious reflective

journal having got an angry spleen-venting account of events off my chest. It attempted to deal with the deeper issues surrounding the abiding sense of compromise I felt as the national curriculum took hold and I worked to re-establish myself.

My reflective meanderings channelled towards a Masters dissertation using Clandinin and Connelly's (1994) Personal Experience Method. I also began writing poetry with a self-counselling depth of intent last experienced in mid adolescence. A fluid way of working was offered by Ellis and Bochner's (2000) autoethnography through personal narrative, Richardson's (2000) writing as a method of enquiry and creative analytical practice (CAP), and her expanded notion of 'text' and the concept of 'intertext'.

The research process resembled the artistic process. My photo-essays, manipulated photo-images and allegorical stories offered fictionalised versions of myself facing dramas as a way of returning to past events, rehearsing current dilemmas and testing out possible futures. This writing became an exploration of loss and alienation and the reaffirmation and renewal of my being and self-respect. Neither introspective 'navel-gazing' nor 'cosy', my journey entailed reliving some of the trauma, and revealing buried aspects of myself and practice. Disinterring memories and undergoing mourning for a lost self, was essential for critical understanding.

I facilitated a degree module using writing. The starting point for course writing has often been the reflective voice of others, such as Sidney Poitier's (2000) cultural induction into racism, Bauby's (1998) account from within 'locked-in-syndrome', Joe Simpson's (1988) 'touching the void' and Frankl's (1985) 'search for meaning' grounded in the Jewish experience of life in a concentration camp. Each draws upon extreme circumstances most of us never encounter, but raises questions many of us recognise. A variety of poetic texts also offered kindred voices: echoing doubts and uncertainties, invoking and affirming common experiences, and pushing back the boundaries to perception. Mountain Dreamer's *Invitation* (Orliah 2000) was used to open dialogue about colleagues' deeply held hopes and desires. Telling the stories of our lives offers a realisation that we have been different people at different times and within different organisations, some discrepant (Goffman 1990). There are multiple possibilities for the people we might become (Mearns 1994; Maclure 2003).

Exploring narratives of the self and others enables a genuine listening: collaboratively challenging, questioning, adjusting and affirming of our possible selves and ways of practising. It gives us choice and agency. Therein lies the only approximation of authenticity we are likely to find. (Jim Nind)

## Fact and fiction

*Stories are not 'true'.*

The stories we write are not reconstructions of chunks of *real life*. They cannot be. The *truth* in stories, as in ethnographic writing (Clifford 1986) can only ever be *partial*. No account, however carefully constructed, can ever be *true*. Told from the narrator's point of view, it contains the details they noticed and remembered, interwoven and shot through reflexively with their memories, dreams, prejudices, personal and cultural values, and so on (Denzin 1992); a different narrator, especially one from a different culture, would tell a different story.

Use of the imagination in such as this is not inventing out of nothing (Rolfe 2002). Writers draw upon memories of experiences which have touched them deeply: art is nearly always a working out of complex unresolved, unsorted-out areas of experience (Toibin 2009). These memories, by their very nature, do not present as straightforward accounts. They present as a muddle of half-remembered inconsistencies: unsatisfactorily *storied* experiences. Fiction offers a way of experimenting with storying experiences in different ways – less or more realistically, less or more close to the actual events.

Through narrative, we construct, reconstruct, in some ways reinvent yesterday and tomorrow. Memory and imagination fuse in the process. Even when we create the possible worlds of fiction, we do not desert the familiar but subjunctivise\* it into what might have been and what might be. The human mind, however cultivated its memory or refined its recording systems, can never fully and faithfully recapture the past, but neither can it escape from it. Memory and imagination supply and consume each other's wares. [“The subjunctive tense: 1. a set of forms of a verb which express states that do not exist. (www.tiscali.co.uk/reference/dictionaries), 2. wishes, commands, emotion, possibility, judgment, opinion, necessity, or statements contrary to fact at present (Wikipedia).] (Bruner 2002, p. 93)

Experiment found that the value of people writing about a fictional trauma is as effective therapeutically as if they had written about a memory (Pennebaker 2000).

Case studies, also, cannot be true, detached or impartial depictions, although they concern real people and events (Clark 2002). Necessarily perspectival, constructed edited texts, they can have only ‘indirect or partial correspondence with reality ... despite their apparent verisimilitude’ (Pattison et al. 1999a, p. 43). They include biases of inclusion and exclusion, prejudices and values, and are generally written by professionals, not service users.

‘The telling and understanding of a really good story’ is the best approach to ‘the project of narrative [clinical] ethics’ (Ellos 1998, p. 315; see also

Montgomery Hunter 1991). If this is the case, and if as Bleakley (2005) says, 'case studies are autistic' in their futile attempt to be true, detached and impartial, then fresh methods are needed, preferably from literature, the home of the story (Brody 2003; Charon and Montello 2002).

Even a video would only record what came within its field – no smell, taste, sense of touch, or sight and sound material outside its range. 'People talk about true stories. As if there could possibly be such things as true stories; events take place one way and we recount them the opposite way' (Sartre [1938] 1963, p. 62). The belief that any study can be objectively true, with a single 'teleological meaning' (Barthes 1977, p. 146), is itself a fiction. Everyone has selective perception:

*Selective bearing syndrome: female*

*He:* You are the most beautiful, fascinating, intelligent, witty, sexy, well balanced, creative woman I have ever met, even if you are a bit moody sometimes.

*She:* Me? Moody?

*Selective bearing syndrome: male*

*She:* You never take the children to the park, or read them a story; you never even cook an egg, and have never made the bed.

*He:* Bed? Now?

Reflective practitioners often need to examine a particular incident, exploring motives, feelings and thoughts, their actions and those of others, recording it as accurately and as widely as possible from their own memory, and possibly also consulting others' perceptions. And at times fictional ('subjunctivised' accounts to use Bruner's word above) scenarios are appropriate: what might have happened, what others might have thought, and so on. And on occasion genre gives the best exploration (as in fairy story, or romantic fiction: see Chapter 14). None can be *true*. Yet within some social work training there is an assumption that 'the aim of the narrative is to persuade the listener or reader [presumably the assessor] that the story is true and that the author is to be believed' (Knott and Scragg 2007, p. 28).

Stories might be what we live by. But life as lived lacks the comforting fictive form recognised from infancy, with a beginning, middle and end, clearly defined characters and sense of place. The function of the endless *stories* we tell and write is to give life a spurious, satisfying, recountable, and memorable sense of shape. 'Narrative seeks to redeem life and pain from chaos by creating sequence ... In narrative form, one event seems to belong before and after others – not to happen randomly but to make sense exactly there' (Frank 2004, p. 213).

The identity, or *character*, of a person similarly is not static or fixed. 'We all talk about "me". How do we know that there is such a person as "me"?'

(Chuang Tsu 1974, p. 136). In life as lived, identities change and develop; telling and writing stories celebrates this, and enables dynamic understanding.

Stories are created in the recounting of life events. Sophocles, Aeschylus and Euripides depicted the great bloody events of their tragedies off-stage, recounted by such as a messenger. The murder of Agamemnon (Aeschylus 1999) is foretold graphically, immediately before it happens, by the prophetess Cassandra. Such episodes are told as stories – a story within the story of the play – for dramatic effect.

In life ‘we always begin in the middle’ (Lyotard 1992, p. 116), and ‘we are always in the middle’ (fourth-century BC philosopher Chuang Tsu). Here is the hero of *Nausea*, in the process of realising that those essential aspects of adventure – beginnings and endings – are only in stories, in the recounting of a life, rather than in life as lived:

First of all beginnings would have had to be real beginnings. Real beginnings, appearing like a fanfare of trumpets, like the first notes of a jazz tune, abruptly cutting boredom short ... Something begins in order to end: an adventure doesn't let itself be extended; it achieves significance only through its death ...

When you are living nothing happens. The settings change, people come in and go out, that's all. There are never any beginnings. Days are tacked onto days without rhyme or reason, it's an endless monotonous addition. (Sartre [1938] 1963, pp. 59, 61)

Trying to *live* our lives as *adventure* or *story* could only lead to depression or mental instability: ‘I wanted the moments of my life to follow one another in an orderly fashion like those of a life remembered. You might as well try to catch time by the tail ... You have to choose: to live or to recount’ (Sartre [1938] 1963, pp. 63, 61). ‘The past is beautiful because one never realises an emotion at the time. It expands later, and thus we don't have complete emotions about the present, only about the past’ (Virginia Woolf, quoted in Holly 1989, p. 26).

Hélène Cixous asserts that only masculine stories have beginnings and endings. ‘A feminine textual body is recognised by the fact that it is always endless, without ending ... at a certain point the volume comes to an end but the writing continues and for the reader this means being thrust into the void.’ And ‘a feminine text starts on all sides at once, starts twenty times, thirty times over’ (1995, p. 175).

Realising that accounts of practice do not need to stick to what happened in life as lived can offer confidence in the expression of experience, and widen the range of possible ways of reflection. Fiction can omit slow episodes or effectively combine events which took place at different times and with different people. Writing fictionally from deep professional experience can be more dramatic, leap over the boring bits, tackle issues head on; convey

multiple viewpoints; sidestep problems of confidentiality, fear of exposure, and some of the inevitable anxiety which accompanies the exploration of painful events.

Writing about 'she' or 'he' rather than 'I' can be liberating. Fiction can feel safer to write – less personally revealing. Later rereading, sharing and discussing can offer a paced way of exploring areas which might otherwise seem too painful to address.

Fiction can be a vehicle for conveying the ambiguities, complexities and ironic relationships that inevitably exist between multiple viewpoints. It can offer an intelligible research summary of the huge body of data that qualitative research tends to provide. The creation of a fiction, with the awareness that it is a creation, can enable the writer to head straight for the heart of the matter (see also Rowland 1991; Rowland (Bolton) et al. 1990). 'Thinking up a plot and a range of characters in a certain context is analogous to formulating a theory of that context' (Winter 1988, p. 241).

Fictional characters and situations take on a life of their own. If writers try to discipline them to do what they want, the writing will be flat, lifeless and dull. Each character is an aspect of the author, and needs full expression via the creative process. This allows expression to the non-logical, non-rational parts of the writer's mind, allowing contact with previously unperceived internal voices.

Peter Clough's stories about education are an example of using narrative to challenge assumptions (2002). The text is hampered by dense explanatory prose: the stories could have carried the argument more powerfully within themselves. These narratives are perspectively limited, all being from the point of view of fictional Peter Clough.

Critics have been dissatisfied with forms of research or reflection which make overt use of fiction. Just as few are satisfied with the copy of Michaelangelo's *David* in a Florentine piazza free of charge, with no queues: they need to see the very lump of marble from which Michaelangelo himself 'released' David. Stories, however, are not *objects* like *David*: they are constructions mediated through writers or narrators. There is no *real account* in literature, like the *real statue of David*: we need to lose an obsession with seeking objectivity, and enable authentic scientific experimentation and exploration.

Charon (2006) has reflected upon patients' charts as if novels. She says 'Literary critics who write about the novel provide useful frameworks for doctors who reflect on their practice' (2000a, p. 63). Helman's (2006) medical memoir, written like a novel gives invaluable insight.

There is a problem when reflective writings are discussed and assessed. Hargreaves (2004) maintains that nursing students are forced by the system to present reflections within a professionally acceptable frame or to



fictionalise, while at the same time they have to sign to say that their work is a true, faithful reflection of their actual practice. She concludes: 'exploring the value of fictional narratives may reveal a powerful medium for the development and understanding of professional practice (2004, p. 199)', rather than requiring them to create absolutely accurate accounts of thoughts, feelings and actions.

Here is a narrative to explore social work experience, by Rosemary Willett:



### **Evelyn**

Only her father understood Evelyn. Only he knew that there were times when the noises and voices in her head made her angry and she wanted to lash out. There were times when she could not stand the people and bustle in the day centre. Then he took her to sit at the side of the canal while he fished, or to walk in the woods and look at the birds and animals.

Then, quite suddenly, he was gone. Admitted to hospital for a routine operation, he had a heart attack and Evelyn was alone. She had to live with people she did not know; there were too many of them and they did not realise that she needed her routine, her space, her time. And she missed her father's comforting presence desperately.

'Evelyn is violent, dangerous. Evelyn has challenging behaviour,' they said. So they locked her up; she was terrified. Later, she went to live with a family. Happier at first, the toddler's needs competed with her own and she wisely asked to move. She moved again after she threw a table; she had been accused of lying. Evelyn knew that she was not lying, only saying things as she saw them. 'Evelyn is a gypsy. Evelyn needs to move,' people said. 'Evelyn needs to learn anger management.'

The new place was smaller, quieter, more tolerant. When she is tense, she walks by the canal.

She looks after her bird. 'Roy is happy,' she says.

### **Rosemary's afterword**

I came to this job after some years away from much contact with people with Learning Disabilities, and was immediately profoundly affected by their interesting, poignant and sometimes dramatic life stories which are not always reflected in Health or Social Services assessments or academic research. Working as a social worker in a multi-disciplinary team our major role is the assessment, co-ordination and review of services for our users and their carers. We become involved in people's lives offering clarification, support and some continuity, and possibly most important we give them our time.

To provide necessary services, maximise choices and maintain the quality of life which is everyone's right, it is clearly appropriate to evaluate a range of strengths, needs, skills and behaviours. However, it seems we categorise people in a way which overlooks or denies significant parts of the reality of their life experience, and their feelings about that experience.

Some of the language in these stories is deliberately stigmatising, because that is part of the reality. I hoped to give a different slant on why people are as they are: some explanation which may influence practice. Social workers can become institutionalised in thinking and action. We need to be moved by those we work with: a colleague was in tears on reading *Evelyn*, whom she knows well. It is personally fulfilling for me to *paint these pictures*. (Rosemary Willett)

Harnessing the power of story-writing in tackling the joyous but utterly messy and uncertain complexity of professional life can help us to hear the story without missing the plot. Narrative and metaphor are two powerful foundations of *through-the-mirror* writing (along with observation and description, see Chapters 1, 2, 5, 6 and 7). Chapter 13 gives a cogent and persuasive account of metaphor; what it is, how to use it, how it uses us, and why it is so powerful.



### Read to Learn

- Clandinin, D.J. and Connelly, F.M. (1994) Personal experience methods, in N.K. Denzin and Y. Lincoln (eds), *Handbook of Qualitative Research*. London: Sage.
- Gabriel, Y. (1995) The unmanaged organization: stories, fantasies and subjectivity, *Organization Studies*, **16**, 477–501.
- Ramsey, C. (2005) Narrating development: professional practice emerging within stories, *Action Research*, **3**(3), 279–95.



### Write to Learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

(Continued)

(Continued)

### Exercise 12.1 Points of view

1. Do a *six-minute write*.
2. Write a narrative about an event which puzzles you, in as much detail as you can remember, call yourself 'I'.
3. Write about the same occasion, this time from the perspective of a significant other person who was there; this person will now call themselves 'I'.
4. Write about the same occasion, this time from the perspective of an omniscient narrator: in this version there is no 'I', you and the significant person become 'she' and/or 'he'.
5. Now write a final piece, reflecting on the significance of these three stories.
6. Reread to yourself with loving care, rewriting if you wish.

### Exercise 12.2 Significant clothes

1. Do a *six-minute write*.
2. Describe a favourite set of work clothes in detail, including any features such as mends.
3. Describe buying (receiving or acquiring) these clothes, if relevant.
4. How do these clothes make you feel?
5. Describe your *least* favourite work clothing.
6. When do you wear these and why? Why do you dislike them?
7. Tell the story of an occasion when you wore them, in detail.
8. Read back to yourself with care. Add or alter or adapt.

### Exercise 12.3 Stepping stones

1. Do a *six-minute write*.
2. Create a list of life (or work) *stepping stones*, giving the list a heading: the *aha moments* in my life; the writing in my life; trees; patients/clients/students/and so on; colleagues; places of work; whatever springs to mind.
3. Choose one from your list. Write a story ...
4. Read back to yourself with loving care, commenting and reflecting.

## CHAPTER 13

# THE POWER OF METAPHOR

Chapter 13 explains and illustrates the fundamental importance of metaphors in life and work, and how authority can be taken over them through reflection and reflexivity. Metaphor is explained in detail, and how to work with them for powerful insight and personal and professional development.

Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature ... human thought processes are largely metaphorical. (Lakoff and Johnson [1980] 2003, p. 6)

Metaphor is the birth of meaning. (Hogler et al. 2008, p. 400)

Reflective practitioners look at life fully, perceiving right through the mirror rather than merely musing upon reflections. The world the other side of the mirror will seem different in strange and enlightening ways. Once the metaphorical nature of conceptual systems and communication is grasped, and fresh metaphors are tried over previously accepted ones, culture, society and work can never again be perceived in the same way. This chapter offers a route to grasping greater authority over, and responsibility for, our lives and work.

Metaphor is a frame through which we perceive, understand and feel, our conceptual system is 'fundamentally metaphorical' as Lakoff and Johnson say ([1980]2003, p. 6). A form of cultural interpretation, it is fundamental to communication, values, ethical beliefs and practices. Every utterance and

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every perception is imbued, or informed metaphorically (see Hogler et al. 2008, p. 400). Each metaphor, consciously used or created, gives authority, and extends and vivifies that which it describes. Metaphors used unwittingly restrict perception and understanding.

Metaphors are culturally powerful, forming understanding and attitudes, certain elements being foregrounded, others ignored. Take the image of the body as machine: it leads to assuming doctors can mend bodies with spare parts or oil, and physiology can be logged as in car owners' handbooks. The economy as marketplace? In the current economic climate I do not need to enumerate the problems this simplistic assumption has led to. A reflexive awareness and conscious use of metaphors and metaphorical systems therefore is vital to take authority. The way an issue is understood cannot be changed without changing the metaphors, or metaphorical systems, which express it. By paying attention to the metaphors we use, we can become critically aware of hitherto uncritically accepted and repeated world views. Conceptual frameworks constructive of values, understanding, and feelings and therefore actions can, to an extent, be chosen.

Responsibility for moral and social consequences of metaphors needs to be taken. 'Metaphors can kill' (Lakoff 1991). 'Evocative language can take on pernicious and evil power if wrong metaphors are chosen – we are liable to be captives of our own phrases and must be careful how we speak' (Osborn 1993, p. 306). George W. Bush responded to the attack on New York's Twin Towers with a '*Crusade* against Terror'. Metaphorically likening American forces to medieval Crusaders, was a clear declaration of war against Islam. The belief that hearing voices indicates incurable psychosis, like aliens arising from untameable and unknowable unconscious realms, might lead hearers to kill themselves or others. If these voices are perceived as part of the self, they can be talked to, reasoned with and controlled to some extent: a life project (Smith 2009; [www.hearing-voices.org](http://www.hearing-voices.org)).

People are mostly unaware of professional, political and social metaphors and metaphorical systems they live and work with. When we struggle to conceptualise, grasp or explain an issue, the struggle is often a search for appropriate metaphors. I asked a group of medical undergraduates if one could give an example of metaphor. They looked blank and rather scared (I could see them thinking 'we're scientists . . .'). One responded, 'I can't think of any, my mind's a blank sheet', comically unaware she'd just used a brilliant metaphor: blank mind = blank sheet.

To enlighten groups about metaphor, I often initiate a discussion about prevalent metaphors in their profession. It only takes one participant to shout one out for the whole group to excitedly contribute, discovering a dominating force they can tackle. The ensuing task is to see if they can rewrite any

habitual and unnoticed metaphors into new and dynamic ones. For example *hit the ground running* could become *take wings and fly*.

## What is metaphor?

Metaphor, a major way of making sense of the world (along with narrative), is something otherwise unrelated or logically inconsistent standing in place of another: 'my work is the baby thrown out with the bathwater'. 'Giving the thing a name that belongs to something else' (Aristotle 1995, p. 105); Lakoff and Johnson describe it thus: 'the essence of metaphor is understanding and experiencing one kind of thing in terms of another' ([1980] 2003, p. 5). 'The use of metaphor implies ways of thinking and seeing that pervade how we understand the world' (Elkind 1998, p. 1715; Frankenberg 1986), *prescribe* even how it *ought* to be viewed and evaluated (Gray 2007).

Metaphor makes abstract concrete, a grasp of the ungraspable, make visible or audible that which is normally invisible or inaudible. Have you ever touched, heard, smelt or seen a feeling, emotion, or spiritual experience? Metaphors, whether written, painted or played, give vital everyday areas tangible form. The human mind thinks concretely: what *is* love, anxiety, guilt? Love is a beautiful, scented flower, anxiety a beast gnawing at your guts, guilt the heavy bird you should never have shot, strung inescapably around your neck (Coleridge [1798] 1969). For our purposes metaphor (my love *is* a red red rose) can be used the same way as simile ('My love is *like* a red red rose': Robert Burns [emphasis mine]). A simile is a metaphor with *like* or *as* creating the link.

Metaphoric images from the five elements are common in our culture: *my body was leaden, their heads were lumps of rock, our legs turned to water, he talked hot air, she breathed fire*. The body as container is another prevalent image: *I'm full to bursting with pride*. John Dewey used countless metaphors for the essence of being a teacher, including artist, lover, wise mother, navigator, gardener, servant, composer, physician, builder (Simpson et al. 2005).

Metaphors enable verbal painting, creation of symphonies, banquets, perfumes, silk, the use of all five senses to enable 'cognitive, affective and somatic ways of knowing' (Shafer 1995, p. 1331). C.S. Lewis (1961b) said some moments of bereavement could only be described in metaphor, true for many who turn instinctively to poetry to express intense emotion. A powerful image can be succinctly created. 'My throat is very sore' hardly compares with 'my throat is on fire'.

Our dominant cultural metaphors are static. Fluid and active elements are often expressed as *things*, commonly commodities. Nursing and teaching

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are relationship based. Yet teaching *plugs a knowledge or skills gap, a module*; nursing *delivers packages of care*. We have *human resource management*, rather than *personnel*, as if people were bricks. Everyone has a metaphorical way of understanding their lives (Brody 2003). Some with a half-empty glass and others half full, metaphorical expressions of native optimism or pessimism.

As a poetic device, metaphor is visible: poets and readers do not believe love *is* a rose. But scientists can believe theirs, and persuade the public for example the body is a machine (Pickering 1999). The metaphor becomes invisible.

Metaphor is the rhetorical process by which discourse unleashes the power that certain fictions have to redescribe reality ... The metaphorical *is* at once signifies both *is not* and *is like*. If this is really so we are allowed to speak of metaphorical truth. (Ricoeur 1978, p. 7)

‘Metaphorical truth’ is an essential aspect of our mental and physical understanding, the ‘open sesame’ to memories and understanding. ‘Metaphor is the “aha!” process itself’ (Shafer 1995, p. 1332). And to psychiatrist Modell:

Metaphor [is] the currency of mind, a fundamental and indispensable structure of human understanding. It is by means of metaphor that we generate new perceptions of the world; it is through metaphor that we organise and make sense out of experience ... The locus of metaphor is now recognised to be in the mind and not in language ... metaphors have their origin in the body. There is a privileged connection between affects and metaphor. As feelings are to some degree beyond our control, translating such feelings into metaphors provides us with some degree of organisation and control. Through the use of metaphor we are able to organise otherwise inchoate experiences, so it is not surprising that somatic experiences, such as affects, are transformed into metaphors ... (1997, pp. 219–20)

### Metaphor: some examples

Examining metaphorical structures is an essential reflexive process. Leslie Boydell describes the leadership programme she directs for the Institute of Public Health in Ireland as:

a team of horses pulling a heavily laden wagon. The horses are of different sizes and colours and they are pulling at different speeds. One has the bit between its teeth and is going full tilt, another is taking it easy, a third wants to eat grass, while another is grumpy and nipping the others. But every so often we pull together and we fly. I am sitting on the wagon, inconspicuous, without a whip

or loud voice. I constantly keep my eyes on the road ahead to steer around any dangers. Other people come on board for a while and ride with me and use their greater strength to control the horses. (Leslie Boydell, in Denyer et al. 2003, p. 19)

Cecilia Forrestal, in describing the programme as an opened jigsaw box, depicts her learning graphically. Here's an extract: 'Well look at that! I thought that blue piece was definitely the sky. But no. It is water. And that piece of "cloud" is part of the "snow". Who would have guessed I could be so wrong? Now I can see the value of that sharp edge: you would have to have it to give shape to the whole picture' (in Denyer et al. 2003, p. 22). Jane Wilde, Institute Director, saw the programme as jewel-like stained-glass windows (in Denyer et al. 2003, p. 27), and:

The stones in the river are dull and grey  
 The sky low and gloomy lies on my shoulders  
 And clouds are in my head  
 A heron balances on a stone in the river  
 We watched and waited for each other  
 He held my gaze. Balanced  
 Silent, still, surveying  
 Later, gently with ease, he flew. (Jane Wilde in Denyer et al. 2003, p. 44)

Plato relied on metaphor to explain his theories. His exposition of the ethical responsibility of philosopher-educators is widely remembered and clearly understood through his graphic *cave* metaphor (1955).

Susan Sontag wrote a polemic (1991, p. 91) against metaphors in medicine and healthcare. Battlefield metaphors are commonly used for diseases like cancer, which 'doesn't knock before it enters ... a ruthless secret invasion' (1991, p. 5).

Audrey Shafer argues that 'anaesthesia is much more complex than commonly used metaphors seem to suggest ... new metaphors may need to be developed to help us completely understand how anaesthetics work' (1995, p. 1339). *Under* anaesthetic metaphor is unhelpfully simplistic, giving a negative sense, since *down* is normally metaphorically construed as bad, perhaps related to the image of devil and hell as underneath, and heaven above (*bottom of the heap, under the weather*).

We ask [participants] to describe education as a pudding, then to write up their luxury version. Much of this activity is light-hearted, as we aim to keep a distance from personalistic accounts, heavy by definition, but nevertheless, startling, surreal images abound, aesthetically subverting the humdrum world of everyday practice. (Kemp 2001, p. 350)



This family medical practitioner (GP) used metaphor to help him to perceive how he might be experienced by a patient he is unable to help:



### **Nigel Gibbons: portrait by a patient**

If he was a dog he'd be an old greyhound, tense and stiff but droopy round the middle.

If he was a cat he'd be a Siamese small eyes, and coming over all superior, but lazy.

If he was a wild animal he'd be a weasel cunning and sly and always wriggling and slipping away from you.

If he was a bird he'd be a heron tall and staring at you with beady eyes, and then darting at you.

If he was an insect he'd be a busy bee bumbling about and blundering into things and no use at all.

If he was a fish he'd be a fat trout just sitting there, and then suddenly shooting off.

If he was a bit of furniture he'd be a tallboy all big and shiny and domineering, but just a lot of empty space up at the top and not much use down below. You keep putting things in but you can never get anything out when you want it.

If he was a car he'd be an Austin Cambridge years out of date, mediocre, middle of the road, too big, using up too much fuel, and you can't get the spares.

If only he wasn't the way he is he'd be a proper doctor.

I was asked as an exercise to write a piece about a patient. I chose a familiar one. I found it quite a satisfying experience to share a distillation of my observations with others. It was a pleasure to be able to tell a story involving some of my observations, displaying anonymously some of what would otherwise have slipped into oblivion. It was written in a spirit of affectionate resignation about the impossibility of making any real medical progress in this case. Reflecting about my consultations in this detached and analytical way, and writing a parallel piece about the imagined observations of me by the patient, taught me that I should be acutely aware of the signs and signals that I give out when talking to people, just as much as I am aware of what I observe. (Gibbons 2003)

## **Reframing metaphors**

Metaphors can express abstractions, memories, ideas, thoughts and feelings, and explore constructive contact with painful or difficult areas of experience and memory. Effective metaphors can appear to *come from nowhere*. Facilitators

help images bubble up, presenting themselves on the page: an artistic process. It only seems like accident because we are used to the Cartesian ‘I think, therefore I am’: these metaphors do not arise through cognitive processes. Such powerful images occur once we have the courage to be ‘absent-minded’, or to pay attention to absent-mindedness (as Freud suggested about parapraxes). If reflective practitioners are encouraged to experiment *playfully* with words – *doodle* with metaphors, they can ‘absent-mindedly’ enter areas of experience, as well as Modell’s (1997) and Harris’s (2003) locked categories of memory. Metaphor can reveal because it sidles up sideways, giving non-traumatic images for traumatic events. Writers or artists might not understand their own metaphors initially (as dreams are frequently not understood); when they do, it is the indrawn breath of ‘aha’. I’ve likened writing this third edition to knitting an intricate pattern with hundreds of needles and balls of wool of all colours: an interesting metaphor, as I can’t knit. Metaphors can also enable contact with otherwise hidden memories:

Cognitive metaphors form bridges between the past and the present; metaphor allows us to find the familiar in the unfamiliar. This means affective memories are enclosed as potential categories; we remember categories of experience evoked by metaphoric correspondence with current perceptual inputs. We can think of ourselves as owning a library of categorical memories of pleasurable and painful experiences, all of which at certain points in our life will be activated by means of metaphoric correspondence with current inputs. (Modell 1997, p. 221)

Traumatic memories lose connectedness with the rest of the memory, preventing living in the present and looking to the future. Metaphor is the only way to make contact with this material. A relatively safe way to make them accessible and communicable is writing poetry. Writing, as a powerful communicating force, can help to overcome the isolation the survivor experiences (Harris 2003).

### **Metaphor to develop reflexivity**

There are many ways of encouraging professionals to become aware of habitual metaphors, and wield metaphor’s perceptive power. Practitioners also create powerful new metaphors, like Boydell, Wilde and Forrestal above. Megginson and Whitaker ask management development participants to create metaphors for their career in a structured exercise (2003, pp. 34–6). Julie Hughes’s education students, in a metaphor creating and exploration exercise, gave in-depth explanations why teaching was disco ball, river, road network, and mountaineering.

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As a warm-up exercise, professionals write lists of binary pairs. They then play with them as metaphor, like assigning one of the pair to patient or student, and one to themselves. Charles Becker, a therapist, wrote this about himself and a female client:

silk & sand	I put the smooth on her rough
light & dark	she's in the light and I'm in the wings
Hansel & Gretel	I'm a boy and she's a girl and we're searching our way
mountains & streams	she flows round me and I stay fixed
horse & cart	she takes the lead and I follow on
grass & green	she's growing while I reflect her colour
sad & happy	I carry her tears as she learns to smile (Charles Becker)

Kate Milne, a family doctor, wrote about sunshine and showers:

My depressed patient and me. I am the sunshine. He is the showers. I try to brighten his life with pleasantries to help him pull through the storm. Maybe I am too light-hearted and I am minimising his sufferings. When the rain is fine the sun makes a rainbow. As the shower becomes heavy it clouds out the sun. Are my football stories irritating and patronising? He now chooses to see my colleague.

I found it useful putting my feelings down on paper as the situation put me in a dilemma. By sharing it with my group I was able to put the episode into perspective. It was interesting that the patient concerned is now causing my colleague some anxiety also. Maybe it is transference. (Kate Milne)

Carol Wood and Elaine Trevitt are practitioner peer-mentors (see Chapter 11); they played fruitfully with metaphor, even calling their joint educative process 'chip and pin' (see Chapter 11). Carol reports how metaphor enabled her constructively to perceive her *inner mentor*, whom she metaphorically personified as *Crow* (see Chapter 6 for dialogues with *inner wise self* and *internal supervisor*):

Over time, in exploration with Elaine, I realised *Crow* was, perhaps, a metaphor for my inner mentor. Realising *Crow* does not have to tread a tortuous winding road full of dark and dangerous pitfalls, but can rise above and fly, was something of an epiphany. Realising I did not always have to settle for compromise and a 'quiet life', that sometimes a discordant voice is vital to achieve best practice, I began to notice subtle changes in my practice and interpersonal relationships. Significantly, *Crow* enabled me to recognise and deal with suppressed anger at perceived injustice and the words that followed on led me to the place where I could comfortably assert that 'I AM' and could not be diminished by others and their tricky words. Elaine has found her own value in her own metaphors.

I believe that it is something within the power of metaphor that allows each of us to 'tune in' to the other easily. There is safety within metaphor because it

can hold a myriad of layered meanings and their impact on our affect can be made explicit in our writing/dialogue or can remain implicit within the imagery. We do not presume to analyse and interpret each other's metaphor, or judge. We simply find ways to reflect what metaphors bring to our attention, giving their creator explorative opportunities. We are perhaps the looking glass for each other and each reflected metaphor takes us further 'through the looking glass'. (Carol Wood)

Playing with metaphors can help move practitioners and students from focusing upon everyday practical concerns, to a wider overview. They have been used in pre-service teacher training (Graham and Paterson 2010) to help students, among other issues, confront attitudes to diversity and disability in inclusive classroom settings. Students develop metaphors illuminating the role of *teacher*: gardener, tree in the rainforest, weather forecaster. For a further assignment they significantly developed their metaphors. Assessment carried 20 per cent of marks, students being required to: write educational life histories developing their metaphor; present a student-led seminar; and chart the development of the metaphor throughout the module. Lecturers worked alongside students, enhancing their understanding of metaphor. When metaphors were introduced in an initial lecture, students instantly understood and recognised the power of working with them.

Here is a teacher on another course: 'I thought that all teachers were the same, [but] when I heard what some of the other metaphors were, I thought, "this is so different from what I've been doing or what I've been experiencing", and I liked that' (Bullough 1991, p. 49).

Metaphor examination and creation informs organisational theory (Cunliffe 2008, Hogler et al. 2008).

In organizational studies, metaphors contribute to theory construction, help to structure beliefs and guide behaviour in organizations, express abstract ideas, convey vivid images that orient our perceptions and conceptualizations, transfer information, legitimate actions, set goals, and structure coherent systems. Because metaphors are enacted and surface through everyday language use, they can be used as tools to illuminate organizational practices, including capturing perceptions and reactions to ambiguity with organizational goals; norms, motives, and meaning in studying organizational culture; the nature of struggles between competing ideologies; and covert practices that mask power relationships by highlighting certain features while suppressing others. (Hogler et al. 2008, p. 396)

Metaphors are used in educational leadership (Pellicer 2008). Cherry and Spiegel's (2006) leadership students focused upon beliefs, values and ethics, using three themes: (1) touchstone, standard bearer; (2) advocate for a cause beyond oneself; (3) parent. School principalship training uses metaphor

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(Linn et al. 2007), students responding to: 'The principalship is like ... because ...' (p. 163) with four 'themes: (a) protection and nurturing; (b) skill, adventure or problem solving; (c) challenge, risk and threat, (d) chance and luck. They generally depicted it as uncontrollable and unpredictable, yet each expressed determination and resolve to remain steadfast' (pp. 166, 168).

Practitioners often use metaphors unwittingly, as when Jo Turner wrote about rowing (About this book), and Jenny Lockyer drumming (Chapter 13). A doctor wrote a precise account of his drive to work: tricky roundabout, blind corner, frustrating traffic and so on. Such metaphors take writers by surprise. Here is a searching self-portrait:



### Jug by Sam Kyeremateng

A terracotta jug sits on a stone floor, in a dark space. The Jug ponders its existence in the world. It surveys the gloominess of its surroundings. Why am I here? Who am I? What am I? The unspoken questions are unanswered.

The Jug ponders itself. It was crafted with care. Someone had lovingly sculpted its form. Taking great care moulding its short spout and stout handle. Despite this the questions remain unanswered. It understood it was a jug. By its own admission it knew jugs could hold all manner of things. But it could not hold all things at once, and it could not decide what it should hold. It was not enough to be simply a jug, was it? It did not think it wished to be an empty vessel, and it did feel so very empty.

If it held water it could be used to sustain people or to hold beautiful things like flowers. If it held wine it could bring life to a party, solace to the lonely and joy to sad. If it held oil it could fuel a fire, or ease the workings of some great machine. If it held marbles it could be an ornament to be admired and adored. As the thoughts danced through its imagination the Jug realised that in the darkness of this room it could see no water or oil or wine or even stones let alone marbles and even if it could, it could not decide how to choose between them all. The Jug sat empty.

In the distance the sound of footfalls tapping the flagstones pierced the darkness. The Jug pondered a new thought. Perhaps someone would come and make the choice. Someone would find it and fill it up with something that would make it something worth being. Delighted by the prospect it sat thinking soon it would find the answer to all its questions. As the steps drew closer the Jug's excitement changed to anxiety. What if the person chose the wrong thing? Once filled with wine it could no longer hold water for fear of tainting the taste and vice versa. Would oily marbles have the same appeal? Panicked by the new dilemma the Jug remained frozen in the spotlight. The steps stopped. The Jug sensed the gaze

of the unseen figure. After a moment the silence that had nurtured its thought became unbearable. The steps clacked back into life then faded.

The terracotta jug sat on a stone floor. In the silence it decided it was better just to be and not ask too many questions. To be an empty jug was enough for now.

### Sam's afterword

I wrote this at a time of uncertainty: I'd like to think the sort of uncertainty that everyone experiences from time to time. Primarily it was about career paths. There was also, though, uncertainty about my place in society. As a black Scotsman (or Scotsman of African origin to be pc) I often wonder about my place in the world and what my attitudes should be. Being young, male and black all have their own associated dilemmas. Whilst I am undeniably Scottish, I have a deep love of my African roots. All this is further complicated by the media concept of *blackness* which is very different from that which has been passed to me by my parents. In my experience there are very few role models for the young, black Scotsman even in today's multicultural world. Even now the only one I can think of is the guy who was in *Porridge* with Ronnie Barker and I'm sure he doesn't count.

The story was never meant to be a self-portrait. I think I was just trying to capture certain emotions. It was certainly never meant to be published. Only now reading it again do I realise how embarrassingly personal (and at times sad) it is. Despite the blushes I am happy for it to be published as it surprises me by capturing my thoughts at a certain moment in time. I guess I hope that someone else might gain some comfort knowing that they are not the only ones to have similar thoughts of uncertainty. (Kyeremateng 2003, pp. 101–2)

### Image and reflection

The reflection in Van Eyck's convex mirror in *The Arnolfini Portrait* (National Gallery, London) allows a view of the couple from both sides. Our night sky would be denuded without the power of reflection: the moon and the planets are only visible because they reflect the sun's light. 'The Lady of Shalott', cursed to live her life indirectly through mirror images, wove them into tapestry. When handsome Sir Lancelot appears in her glass she can stand it no longer: The mirror cracked from side to side / 'The curse is come upon me!' cried / The lady of Shalott (Tennyson [1886] 1932, p. 82 ). She dies because her curse was to perceive life only reflected.

Reflective practitioners need to look at life fully, and perceive right through the mirror rather than merely musing upon reflections. The route is a critical

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rendering and re-rendering of life's narratives, and critical re-viewing of habitual metaphors.



### Read to learn

- Bullough, R.V. (1991) Exploring personal teachers' metaphors in pre-service teacher education, *Journal of Teacher Education*, **42**(1), 43–52.
- Cherry, D. and Spiegel, J. (2006) *Leadership, Myth and Metaphor*. Thousand Oaks, CA: Corwin Press (Sage).
- Hogler, R., Gross, M.A., Hartman, J.L. and Cunliffe, A.L. (2008) Meaning in organizational communication: why metaphor is the cake, not the icing, *Management Communication Quarterly*, **21**, 393–412.



### Write to learn

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

#### Exercise 13.1 Empowering your work

1. Do a *six-minute write*.
2. Think of a picture, object of beauty (for example, a shell), or an element of nature (for example, a mountain, a tree) you particularly like.
3. Describe its qualities: those that make it inspiring, beautiful, restful ...
4. Now replace the name of the thing with the name of your work (see, for example, below).
5. Reread to yourself with care, seeking any resonance between *six-minutes* and the longer write.

(For example, 1. This ancient Greek jug is graceful and elegant, yet also totally functional enabling it to contain liquid safely and pour effectively; it has a firm base and reasonably large capacity. 2. My work is graceful yet functional, with a large enough capacity and firm ethical and practical base. I can use it to carry wisdom to other people and pour it carefully, the amount they need.)

**Exercise 13.2 Binary pairs (see example above)**

1. Do a *six-minute write*.
2. List as many binary pairs as you can (for example, needle and thread, horse and cart, Adam and Eve, knife and fork).
3. Picture yourself and one other work person: client, colleague, whoever.
4. Write who is which from your pairs (for example, I am needle, my client thread); note which ones seem not obvious to assign.
5. Choose one, and write more (for example, I am a big fat shiny darning needle; she is a long length of dark grey wool darning a huge hole in the heel of this old sock).
6. Read back to yourself with care and imaginative involvement.

**Exercise 13.3 If your work were a ...**

1. Do a *six-minute write*.
2. Respond to each of these with a phrases for each:
  - (a) If my work were an animal what animal would it be?
  - (b) If my work were a piece of furniture what would it be?
  - (c) If it were a season or weather what would it be?
  - (d) A food?
  - (e) A drink?
  - (f) A flower?
  - (g) A form of transport?
  - (h) And so on.
3. Use the items of the list to create a description of a place, or very short story (for example, if you have a cat and a cup of cocoa on your list, a cat might lap from your cocoa while your back is turned ...).
4. Read back to yourself with imagination.



## CHAPTER 14

# WIDER AND DEEPER: OTHER WRITING FORMS

Chapter 14 gives an informed account of how the writing of genre including story, fantasy, folk tale, fable, myth, parody, writing for children and autobiographical reflective stories, as well as poetry, can elucidate and enlighten the reflective and reflexive processes. Illuminative examples are given.

Important art ... invites your attention to the previously over-looked and negligible, and shows that the unconsidered is deeply considerable. (Jonathan Miller 2009, p. 12)

We should beware of what stories can do to the way we put the world together. (Antonia Byatt 2004, p. 4)

Man is an animal suspended in webs of significance he himself has spun. (Geertz [1973] 1993, p. 5)

We have many selves and many potential voices, one clamouring for expression as fantasy, another wanting nurturing towards the tiny poetic form, haiku. There are a range of fictional forms (genres) such as fairy story, romantic fiction, detective, fantasy, fable, whodunit, social realism, sci-fi, comedy, Agassaga, thriller. Writing these can enable the exploration of facets of the self and of experience. Genres tend to be formulaic with archetypal characters, place and type of plot. Writers are set free from having to depict realistic characters, chronology, events and environments. 'Writing "works" because it enables us to come to know ourselves through the multiple voices our experience takes, to describe our contexts and histories as they shape the many minds and

selves who define us and others' (Holly 1989, p. 15). Writing in genre can help us perceive the 'webs of significance' (Geertz [1973] 1993, p. 5) we spin around ourselves. A grasp of genre and the way its form moulds content is vital for critical understanding; Antonia Byatt (2004, p. 4) warns that we need to understand the power of stories; this chapter shows how we need to understand the power of story form and genre as well. 'Realis[ing] the hospital chart is a genre with its own strict rules of composition, unlock[s] a powerful method of studying the text itself as well as the actions it tries to represent' (Charon 2006, p. 155). Mercedes Kemp asked students to write in genre, to '*create* self' (2001, p. 353).

This chapter provides exemplars of other forms of writing and explores how different prose genres and poetry can be useful in *through-the-mirror* writing. Different forms of writing can take writers by surprise, confronting them with issues forgotten, or previously assumed to be negligible. As Miller illuminates above, and 'I try ... to reintroduce people to the previously unconsidered. It's a passionate, almost religious belief of mine that it is in the negligible that the considerable is to be found' (Miller 2009, p. 12).

## Story

Things come out because the story lets them out. (A reflective practice writer)

Unlike poetry, in which from the first word to the last you are placed in a world of extraordinary sensibility and delicacy or dynamism, a novel or a short story is a text in which it is impossible to be intense and creative all the time and to sustain vitality and dynamism in the language. When you tell a story, the moments of intensity must be supported by episodes that are purely informative, that give the reader essential information for understanding what is going on ... [It] is not possible in a novel, as in a poem, to use only intense, rich language. (Llosa 1991, p. 95)

We cannot intrude into another's thinking and feeling, and ethically would not want to. Fiction removes this practical and ethical barrier. Fictional characters have no privacy: they live and act and think and feel with no social cloaks between them and their readers. Writing fiction can be a way of finding out what might go on inside others or what might have happened to them in the past, influencing how they are in the present (see Bev Hargreaves, stories, Chapter 6). Fiction similarly gave Gully (2004) insight into his work with sexually abusive adults. Stories can be performed like plays (Alexander 2005; Holman Jones 2005).

People unwittingly live in genre, just as they think through metaphor. As soon as I suggest different genre to a group, several will set off instantly and

unthinkingly towards *romance* or *detective* or *fairy story*: a particular genre will grab each (see the teacher's use of romantic story, Chapter 2). A nurse tried to write a *doctor–nurse romance*, swapping the roles to male nurse and woman doctor. She could not make it work: the genre relies on a power structure of habitual male dominance. We all laughed, but learned a great deal about medical-nursing relations, and the way they are seen by 'the public'.



### Amanda Howe: Strange love

A good-looking patient – that's a change. And smart – so why is he living round here? New patient card – always a frisson of expectation, so easy to impress on first acquaintance by a charming manner and efficient style.

He tells me he's in a hurry – 'got to get to London on business, just needs some antimalarials' as he's off to the Far East tonight. Exotic lifestyle then – and wonderful scent, Opium for Men? His shirt is white, bit creased, touchingly ruffled. Does he smoke? No. Keep fit? Yes. Drink? A smile – eye contact – 'now and again, how about you?'

He's flirting! But I don't mind. Married? No. Lives alone? Mostly. Will he be in Sheffield long? No, 'fraid not, just passing through.

I take a chance and suggest he might like a blood pressure check 'since he's obviously a busy man and probably doesn't get much chance to look after himself'. An excuse really. I see a masculine forearm, and some rather stylish leather braces, but not much flesh. Oh well – this is feeling rather unethical anyway.

He leaves, thanking me, shaking my hand – the firm dry grip of all romantic heroes. After he's gone, I notice the name on the computer. It reads Bond, J: patient I.D. number 11 – 007. (Amanda Howe)

## Fantasy, folk tale, fable, myth

Now that we have no eternal truth we realise that our life is entirely made up of stories ... truth is made of stories. So we can rehabilitate myth ... myths are the stories people live by, the stories that shape people's perception of life. (Don Cupitt 1991)

Fantasy is currently appropriate. Cultural, professional, political and familial forms all seem to be in flux. Organisations constantly upgrade, update, innovate, modernise, and no one expects to be long in a particular post. No longer can one be GP to the same families, village school teacher teaching children whose parents they also taught, or midwife remembering the mother's birth. Fantasy deals with people not knowing in what dimension they live, what kind of being they will meet, what kind of communication is

appropriate. The values of the main characters remain reassuringly constant, as in *Star Trek* strong and moral, or obstructive and wicked; events either turn out very right or very wrong. Enjoying fantasy is part of our relentless attempt to create moral order in a chaotic world. Confronting elements in our everyday world by exploring fantastic ones has been called 'structured fabulation' (Gough 1998). Huxley's *Brave New World* ([1932] 1994), Orwell's *1984* ([1949] 1987), Shelley's *Frankenstein* ([1820] 1994), and Pullman's *His Dark Materials* (1995) are examples of fantasy which both create and critique our own world. A pre-service student teacher clarified his view of his chosen profession by writing a fairy story for his assessment (Berman et al. 2002).

Fairy, folk tales, fables and 'mythical thought always progress from the awareness of oppositions toward their resolution' (Lévi-Strauss 1963, p. 224); they consist of oppositions and contradictions which are mediated and resolved as the story progresses (Bradley Smith 2008). This makes such stories effective, if surprising, vehicles for reflective practice. They traditionally involve character archetypes such as the wicked witch, good godmother, hen-pecked ineffectual husband and father. Like ancient Greek plays, they help us to make sense of perplexing lives and fate. Just as people tend to tell their lives according to a particular genre, so they relate to particular archetypal characters. Are you, or a colleague, wily beautiful Scheherazade, Baba Yaga the witch, Anansi the tricky spiderman, the boy who knew the king was wearing no clothes and was not afraid to say so, or perhaps 'Mudjekeewis, / ruler of the winds of heaven' (Longfellow 1960, p. 37)?

John Goodwin, higher education tutor for adult learners, uses fiction writing for reflection. His teaching team also undertakes reflective writing sessions to share professional issues. This was written in a half-hour *through-the-mirror* writing session, using folk tale to distance and yet focus the writing: especially useful when staffing had become a tense matter.



### John Goodwin: Pathway

She sat in a small dark room. Scared. Bored. Miserable. Alone. The wood man had left for his day's work in the forest bolting the door firmly behind him. Clunk went the bolt. Clack went the lock.

She waited for the hours to pass. Heavy long hours. Darkness began to fall in the forest. Birds made wing in the thickness. Clack went the lock. Clunk went the bolt. The door of the room was flung open wide. She peered out. No woodman.

'Hello,' she called. No voice answered.

'Anybody there?' she called again.

(Continued)

(Continued)

Still nobody answered. She got to her feet and went timidly to the door. Nothing but blackness. Her foot hesitated by the open door. Dare she step out? He had forbidden her to do so yet forward went her foot and touched pine needles on the cold earth. An owl shrieked.

Earth shrank. Pine needles vanished. There was no forest now only a clear path onward which she began to step slowly along. Cautiously. Nervously. Then there were others walking along the path each like herself stepping nervously and holding themselves back a little. At both sides of the path plans sprang up. Each was in gold writing on rolls of parchment. Each had a big red wax seal on it stamped with a crest of arms.

Then the plans began to speak. Excitedly. Enthusiastically. Happily. They sounded like her. Yet it was a strange and mysterious language. A language she'd never known in all her life. How she wanted the language to go on and on. Never stop. All the others along the path were speaking in the strange new language and now her lips moved too just like the rest.

The pathway was pulling her on. So on she moved. Quicker. Easier. All the others were moving too with the same ease and comfort. The pathway climbed skywards. It twisted and turned and the going was harder. Some fell off and were not seen again.

She had climbed long and hard and when now she looked back at the way she had come all she could see was a mirror. On the mirror was a bold and clear image of herself. Oh how she had changed. There was no way back now to the forest. The lock and bolt were broken beyond repair. (John Goodwin)

## Parody

Parody helps us understand (or deride) an everyday matter. Students often write such as: 'Shall I compare thee to a heap of shit? ...', parodying Shakespeare's *Shall I compare thee to a summer's day?* (Sonnet 18). Like fantasy, parody often uses archetypes to which we all relate.



### Susanna Gladwin: Problem-solving

I did once and once only use a form of writing to help me resolve a problem: and it was amazingly effective – so rather surprising perhaps I've never used it since. It used the simple device of taking the A.A. Milne, *Winnie the Pooh* (1928)

format and style, and using his characters – Tigger and Eyeore and so on – as a sort of allegory to represent the various people and their relationships as I saw them in my own psychodrama. The extraordinary thing was, I started writing it in the vein of spleen and hurt and anger, a means of venting my spite against those who had hurt me. But as I went on, I found the very act of writing (and I suppose using that particular model) induced a feeling of generosity in me which spilled over not only in the little story (now lost!) but into the real-life relationships as well.

This actually did have a permanent effect on my working life, because it awoke me to an effect of creative writing I'd only intellectualised about before. I determined to introduce this form of writing into my English Literature students' experience, and from that small beginning a whole undergraduate degree course in writing has now sprung. (Susanna Gladwin)

## Writing for children

Writing for or as a child can open up straightforward, lucid understandings and insight 'a child's wise incomprehension for defensiveness and disdain' (Rilke [1934] 1993, p. 46) (See also Chapter 2). Jonathan, a physician, speaks to his *writing self*, a child:

My head is full. Full of stories and poems. Some of them I've written and some of them I've listened to. And we've talked about writing stories and poems. I told my friends about the stories and poems that you've written. I wonder – would you write me some more? And will you read them to me?

And can I read my stories to you? Can we learn together about writing stories and poems? Can we? Can we? (Jonathan Knight)



### **Mairi Wilson: Dear Sarah and Jenny**

I know you have been puzzled about my job as a doctor for many years, especially because I always tell you, you say, when you tell me about your illnesses, that it will get better on its own. But that's the truth; people come to me all the time with things they perceive as illnesses which are not illnesses at all, or, if they are, will get better on their own. There is very little use of the skills and scientific

(Continued)

*(Continued)*

knowledge I struggled so hard to get into my brain and regurgitate at the right moment for the examiners. A lot of my work involves creating a pleasant space and place for people to come to when they feel they need help. What we do in there barely matters very often, but making the place welcoming and relaxing goes a long way to helping people feel better, and helping people feel better is the main part of my work.

Nowadays we put everything in terms of illness and disease, and pills or operations to 'cure' people, but they don't cure people really. For the main part, people and problems are much more complex and we really only ever scratch the surface.

I would like not to be embroiled in the machine that is the N.H.S. today. I would like the opportunity to be genuine and honest with people, without having to sell them something which, for the main part, I don't believe in – sometimes I feel like a dodgy car dealer, which is a bit of a funny thought, isn't it?! (Mairi Wilson)

## Autobiographical reflective stories

A large proportion of reflective stories are based on direct experience. The term autobiography was invented at the start of the nineteenth century (Cox 1996). Such stories represent writers' viewpoints: a way of exploring and making sense of impressions, understandings and feelings. Memoirs from experienced practitioners can also be invaluable teaching material, as well as insightful reading (Helman 2006). Charon (2006) describes a personal illness narrative exercise: 'Affording students and residents (medical registrars) an opportunity to describe and share their illness experiences may counteract the traditional distancing of physicians' minds from their bodies and lead to more empathic and self-aware practice ... one means toward recognizing, acknowledging, and incorporating the physician's self-story into their clinical practice' (DasGupta and Charon 2004, pp. 351, 355), and 'offer unique subject positions from which to view and critique medicine' (DasGupta 2003, p. 242). Medical training tends to disembodify doctors, separating them from patients: a Cartesian split of patients as bodies, doctors as minds (and women are bodies, men minds). Writing personal illness stories helps heal such splits, imaginatively enabling medical students to enter patients' worlds. Here is a senior midwife with long experience reflecting on a strange element of practice, and a psychotherapist

reflecting on the influential role of reflective writing for his professional development:



### **Mavis Kirkham: the wisdom of nausea**

In recent years, I have cared for several women who have had long labours at home with successful outcomes. During these labours, I have inevitably become tired. After a long period with no apparent problems, I had to leave the room because of nausea. On some occasions I actually vomited. After a wash and a walk round the block to clear my head, I returned to the labouring woman. On each occasion she then started to push.

My first reaction to this was the traditional female response of blaming myself. I concluded that I am getting old, tired and possibly past coping well with long labours. I arranged better back-up against my own exhaustion and need to leave women at a crucial time.

Then I heard Susie Orbach give a lecture in which she described physical experiences of counter-transference in her practice as a therapist. This, and subsequent discussion with her, led me to realise that my nausea occurred at the same point in each labour.

My next labour my stomach somehow picked up that the woman was approaching second stage well before I could see or hear any signs. Because I learned this through my stomach, rather than my intellect, I had to leave the room, later returning with fresh energy that was picked up by the tired woman and her tired supporters.

This experience led me to ponder a midwife's ways of gaining knowledge, which are discounted because they do not appear in textbooks and are not congruent with measurable medical knowledge. A colleague told me how she is aware of changes in the smell of women as they progress in labour.

The rhetoric of reflective practice takes place within the accepted sphere of authoritative knowledge. Therefore it does not seem to have had much impact upon what we accept as knowledge or our recognition of patterns in our own experience. As women caring for others, we tend not to see our own feelings as important enough to reflect upon.

Reflecting on bodily knowledge has made me aware of the wisdom of my own perceptions and of the ways in which I can learn that are not intellectual. It has also made me aware that I am trained in ways of knowing that prevent me from acknowledging my own wisdom, which made me initially think I was old and inadequate rather than growing in awareness. (Adapted from Kirkham, 1999, p. 15)





### Lane Gerber: we must hear each other's cry

For me the whole 'business' of my writing and the vignettes I use [as a psychotherapist with Southeast Asian refugees] is an attempt to find out what I am thinking/experiencing – which I don't know except as I begin to reflect and to 'talk' in written form about what is moving around inside me. It doesn't take full shape and meaning until I begin the writing process, which creates the meanings out of what has been inside me, unbirthed in thought or language.

I felt very strongly that I didn't want to separate my professional life from my personal life. So my writings about therapy have been about the interaction and wondering about who I am as I am in relationship with the other at the same time I am trying to understand their world.

I began writing letters to friends trying to find my way out of the career morass – really trying to find who I was. And 'writing', such as it was, enabled me to make a bit of sense out of what was inside me that I hadn't been able to do in any other way. Certainly not by talking. And it was the letters and then papers I wrote for grad school in which I found subject matter that counted for the course, but more importantly helped me express my despairs and longings and hopes. For me the writing was discovering something that felt real and true about me at a time when I felt on the verge of losing myself. (Gerber 1996)

## Poetry

Maybe all poetry ... is a revealing of something that the writer doesn't actually want to say, but desperately needs to communicate, to be delivered of. (Hughes 1995)

Every poem breaks a silence that had to be overcome. (Rich 1995, p. 84)

The inexplicable importance of poetry. (Cocteau [1930] 1968, p. 128)

Each poem is an experiment. The poem carries you beyond where you could have reasonably expected to go. The image I have is from the old cartoons: Donald Duck or Mickey Mouse coming hell for leather to the edge of a cliff, skidding to a stop but unable to halt, and shooting out over the edge. A good poem is the same, it goes that bit further and leaves you walking on air. (Heaney 2008, p. 3)

Some reflective practitioners use poetry for expression. Poetry's conciseness enables it to reach the parts that prose cannot, leaping straight to the heart of the matter. Poetry is an exploration of our deepest and most intimate experiences, thoughts, feelings, ideas and insights: distilled, pared to succinctness, and made music to the ear by lyricism. In order to make its point in as few words as possible, poetry relies on imaginative and insightful

image, particularly metaphor and metonymy. For some, it is the only way to explore and express certain things, directly diving for the heart of the issue, with no messing around with sentence structure or grammatical sense: a way of saying exactly what you want to say, and finding out what you need to say (Abse 1998). Ted Hughes felt poetry is a vital form of expression:

Maybe all poetry, insofar as it moves us and connects with us, is a revealing of something that the writer doesn't actually want to say, but desperately needs to communicate, to be delivered of. Perhaps it's the need to keep it hidden that makes it poetic – makes it poetry. The writer daren't actually put it into words, so it leaks out obliquely, smuggled through analogies [metaphors]. We think we're writing something to amuse, but we're actually saying something we desperately need to share. (Hughes 1995)

Poetry and metaphor can enable the exploration and expression of 'things we don't actually want to say', but 'desperately need to share', because meanings are released slowly and kindly. It can also be a graphic way of describing and explaining something, and gaining clarity for the writer (Perry and Cooper 2001).

Ted Hughes thought poetry should be an uncivilising force (Middlebrook 2003). Poetry strips away cloaking veneers, lays bare thoughts, ideas, feelings, values, dilemmas about identity, and so on, through image, metaphor and other poetic devices. These devices allow insight subtly, graciously and acceptably. Take another look at the poetry of Jo Cannon (Chapter 2), Mark Purvis (Chapter 2), Maggie Eisner (below) and Nigel Gibbons (Chapter 13). Each employs lightness, humour, gentleness, and image to communicate vital messages succinctly, subtly, yet surely.

Sir Philip Sydney was desperate to 'faine in verse my love to show', yet could not find a poem good enough: "'Foole," said my Muse to me, "look in thy heart and write"' (Sydney 1965, p. 165): he had to write it himself. The right words can be used in the right place, and only them; and these right words might be ones no prose writer could possibly put together.

Finding the right words and the right place is not always easy, but once found they offer expressive insight to reader, and clarity of understanding to writer. The poetic mind knows with a different wisdom from the cognitive: 'I like poetry because I can't make it do what I want it to do, it will only do what *it* wants. I didn't want to write that poem: I wanted to write a nice glowing poem about being a mother' (a medical course member).

Poetry often uses image, such as metaphor or simile, to express vital experiences in a few words. Strict form, such as sonnet or villanelle (controlled rhyme, rhythm, syllables or repetition), is often preferred for expression of deepest experiences. Such control seems to contain the otherwise uncontrollable unlimitedness of grief for a friend's death from AIDS (Doty 1996; Hamberger 1995), the work of a busy clinician (Campo 1997), or unrequited love (Shakespeare's sonnets). Yet 'Poetry should be ...

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unobtrusive, a thing which enters into one's soul, and does not startle or amaze it with itself, but with its subject ... if poetry comes not as naturally as the leaves of a tree it had better not come at all' (Keats 1818).

Poetry-writing, utterly absorbing and rewarding, offering immense surprises, tends to be self-affirming, as well as challenging and demanding. It draws upon deeply held memories, knowledge and values. Initial drafts can be intuitive, intensely absorbing, hypnagogic even, the hand writing without conscious direction: 'That willing suspension of disbelief for the moment, which constitutes poetic faith' (Coleridge [1817] 1992). Winnie-the-Pooh, who could express wisdom with supreme simplicity, said: "It is the best way to write poetry, letting things come" (Milne [1928] 1958, p. 268). Wordsworth took this a stage further: 'Poetry is the spontaneous overflow of powerful feelings; it takes its origin from emotion recollected in tranquillity; the emotion is contemplated till by a species of reaction the tranquillity gradually disappears' ([1802] 1992, p. 82).

Laurel Richardson (1992) 'breached sociological writing expectations by writing sociology as poetry. This breach has had unexpected consequences for my sense of Self'. Her carefully crafted poem was the expression of a research interview. She found it 'one way of decentering the unreflexive "self" ... In writing the Other, we can (re)write the Self' (p. 136). Writing about another in poetry, particularly in the first person singular (I) is writing about the self as well as the other (see Chapter 6). Her research poetry-writing was a deeply reflexive experience.



### Angela Mohtashemi: poetry in management consultancy

I write myself to make sense of organisational life and couldn't imagine living without hearing my voice and practising being me. This poem explores the implied contradiction in Targeted Voluntary Severance: selecting people for redundancy with an apparent 'option' to go.

#### Targeted voluntary severance

We targeted them. Singled them out  
Because they were old or simple  
Didn't have the required milk  
Dried up cash cows.  
We asked them. It was voluntary.  
When they wondered what would happen if ...  
We talked of subtle pressures. And no cash.  
Best go now we said.  
They were severed. We couldn't wait  
To get them out. Gave them boxes  
To collect their bits. Stains on the carpet

Affect morale.  
And now they are gone.  
Those who remain  
Speak in whispers. (Angela Mohtashemi)

Sarah Gull, medical course supervisor, wields expressive haiku:

A Japanese lyric form of 17 syllables in lines of 5, 7 and 5 syllables (Drabble 2000), has a formal structure providing support in framing ideas. Could it be that the structure within a medical course: timetables, deadlines, examinations and so forth, are of neglected value in supporting students to think for themselves?

Educational  
Objectives officially  
Prescribed, dull the mind.  
  
Could learning be an  
Exploration of the world  
Without set limits?  
  
Yet ways of learning  
Should enable the student  
To adapt to Change. (Sarah Gull)

Janina Chowanec explores similar themes in verse:

In research and in teaching  
we are now supposed  
to anticipate outcomes  
that are easily measured.  
The culture of audit  
has fully espoused  
the commodification  
of academic endeavour.  
These changes in climate  
have led to confusion  
  
fragmented identity  
general distress,  
for now we are living  
the widespread illusion  
that only such changes  
will lead to progress ...

My years in full-time research were spent continually extending my knowledge and skills in adaptation to changes in the direction of science funding and prevailing paradigms ... But at its worst (and most intensive), it becomes a form of

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prostitution – of our subjects and ourselves, and is relentless, exhausting and futile. Now, the whole of HE is expected to commodify itself, driven by external pressures. (Chowanec 2005, pp. 267, 269)

The following three examples of poetry are accompanied by explanations by their writers on how the poems came to be written and how useful they are to their writers.



### Poetry writing to help face fear

Working in the Spinal Unit how could I not be affected by the young men who were so suddenly traumatised by accident? How frightening the idea of the consequences of these terrible accidents: to me and mine? For months I wrote notes, typed up scribed poems, but I could not write from my own centre, I felt myself utterly gagged – helpless – paralysed ...

Then someone started talking about the way a paralysed body hears sound differently. I was intrigued and that night, after the notes I started to write. The poem came very quickly and received very little editing, for me, a mending, separating out. It held the awe and the anger that had dumbled me for months. And of course – it was about facing fear.

...

What is a body when it discovers itself as a drum  
the world tuned to a new acoustic, centred in new space  
What is a body that echoes, resonates, re-locates –  
makes stereophonic initiation: a seedling sense pushing  
out from breakage and decay. Raw at first, in discord  
noise scrapes harsh, vibrates fire along the unknown tension  
of a timbrel-skin inside the self and sometimes dins  
tinnitus ringing through the lymph and blood as if  
all arbitrary sound came now with a collected purpose:  
to beat into the body, to strike *this this this* primal note –  
insistent, purposeful, stridently, determinedly alive  
What is the body beyond its sack and pieces, beyond its secret, aching  
diffusion, its inchoate random knowledge? (Rose Flint)



### Maggie Eisner's villanelle

On a muggy Saturday afternoon after a busy week at the Health Centre, I sat down with two hours to do my homework for the next day's meeting of the Reflective Writing Group. It's one of my very favourite things – I wonder why I

always leave the writing till the last minute. I felt exhausted, uncreative and devoid of ideas. Six minutes *free writing*, recommended as a kind of warm-up, produced a long moan about how tired I was. Then I remembered reading how to write a *villanelle*:

I'm spending too much time on work, I know,  
The pressure's putting lines upon my face.  
I'd like to sit and watch the flowers grow.

Sometimes I feel the tears begin to flow:  
I'm leaden tired, I'm desperate for some space,  
I'm spending too much time on work. I know!

Do they want blood? Why don't they bloody go?  
I'll crack if I continue at this pace.  
I need to sit and watch the flowers grow.

Those piles of paperwork oppress me so,  
They never seem to shrink, it's a disgrace.  
I'm spending too much time on work, I know.

If I could take my time and take it slow,  
If life could be a pleasure, not a race,  
Perhaps I'd sit and watch the flowers grow.

If I got bored, there's places I could go,  
I'd stretch my limbs, write poetry, find grace.  
Must get to spend less time on work – although  
I might do more than just watch flowers grow.

When I'd finished it, I felt rejuvenated and alive. It's always good to express my feelings in writing, but I was surprised to feel so dramatically better. Possibly the villanelle, or the challenge of writing in a tight poetic form, had a specific chemical effect on my brain (maybe serotonin reuptake inhibition like Prozac, or dopamine release like cocaine). (Eisner 2000, p. 56 )

### **Robert Hamberger: at the Centre (for Kettering MIND)**

When we all went on holiday they put a photo in the paper. My husband was embarrassed. He said you with all those mental people. I said I'm not ashamed. I've had a breakdown and that's me. Like it or lump it. People think you should hide coming here.

*(Continued)*

(Continued)

celebrate the woman  
scabbing her skin with a matchbox edge  
to make her husband listen  
celebrate the man  
who cracks jokes at the kettle  
on bad days

Anyone can get depressed. I can, you can. They want me to have injections. I'm all right without it. If you go in the sun you've got to cover your arms. Who needs that?

they build their papier-mâché time  
carefully  
shred by shred  
so it won't unglue again

This isn't me. I had a job. I had a laugh. Look at my hands now. Mornings are worse. I take another tablet, go back to bed. I want to wake up and be like I was.

at the centre  
you can tell your life  
to whoever sits beside you  
you can touch the shaking woman  
say I've been there  
and I know you will be well.

*At the Centre* was written towards the end of my first placement, when I was qualifying. I think writing it helped me to achieve two things simultaneously: to attempt to make sense of meeting a large, varied group of so-called 'mentally ill' people for the first time, and to – as some lines say – *celebrate the woman ... celebrate the man*. The dedication to Kettering MIND was also important, because I was bowled over by the positive, supportive work they do. I hope that reading the poem feels like meeting a group of new people collaring you, the reader. If it does, that mimics the experience that led to writing it.

A recognition I channelled into writing the poem was that the people I met felt a compelling need to tell their stories: this is my life, my perspective, my experience of the mental illness I'm currently going through. The busy Day Centre was full of voices – sometimes competing against each other and arguing, but usually sharing a joke, a laugh, and literally supporting each other by their presence. I suppose the poem attempts to give both voice and shape to those voices. The prose sections are simply transcriptions of statements made to me.

The last stanza concerns a creative writing workshop I held at the centre. Two seriously ill women attended regularly. We would all read out the work we'd produced at the end of each session. After Christine read hers, she was shaking and saying that she felt she would never get better. Gillian, who sat beside her, and whose mental illness was as serious and long-standing, calmly said what became the last lines of the poem.

This generous and supportive statement was not only moving, it seemed to sum up the ethos of MIND – of mentally ill people helping each other to attempt to become well again – so forcefully that it stayed with me. It reverberated and I couldn't let go of it. During the placement all these statements dropped into my ear and fizzed inside my head, showing me glimpses of other lives and perspectives, trying to tell me something I didn't know before. Writing them down towards the end of the placement got them out of my head and gave them shape. By setting them on paper, I could let them go. (Robert Hamberger)

### Reflections in water

Linda, despite being partially sighted, drew my attention to a bridge over Durham's river, which her husband had described: I saw a powerful metaphor for reflective practice.

#### Bridges

Her hand on my arm  
so I can be eyes for us both  
on the stony path by the river,  
she stops, look at the arch  
of the old bridge and its reflection.  
I can't see it, but can you?

The reflection wavers as a duck passes;  
stone arch, and reflected arch together  
make a perfect circle.

We've written together, shared pools  
of deep thought, mirroring our lives  
yet different: the one reflecting the other  
touching, feeling, tasting, listening,  
seeing beyond sight. (Gillie Bolton)

#### Completing the circle

A season ago we shared  
A moment that captured our lives  
Meeting, crossing and leaving;



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The circle so perfect in stone and water  
 Would soon break  
 We parted on another bridge  
 Returning home, to live separate lives.  
 Even when the reflection is not visible, in shade or dark  
 The possibility of rejoining the circle is ever present  
 And vision is more than sight.  
 As our sharing of thoughts, ideas, experiences and feeling  
 Continues. (Linda Garbutt)

**Read to learn**

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**Write to learn**

Each chapter ends with *Write to learn*. For straightforward advice, sufficient for the exercises below, see *Write to learn* in Chapter 1, and see Chapter 6 for more advice. Each writing can be shared fruitfully with a group or confidential trusted other, if this seems appropriate once the writer has read and reflected on it first.

**Exercise 14.1 Journalism**

1. Do a *six-minute write* (see Chapter 6).
2. Write an article for *Journal of Shamanic Practice* explaining and describing your profession, its very heart or essence, and what it means to you.
3. Reread all you have written including the *six minutes*, add or alter as you wish.

**Exercise 14.2 A senses poem**

1. Do a *six-minute write* (see Chapter 6).
2. Write a line for each of these:

- (a) something you saw which struck you yesterday
  - (b) a memory of a smell from a long time ago
  - (c) a sound from yesterday
  - (d) a taste for tomorrow
  - (e) a touch last week
  - (f) a feeling about the future.
3. Write more about one or more of these, to develop the poem.
  4. Read and reflect.
  5. If this is done in a group, they can be read to the whole group with no comment. If the group is very large, each person to read only one line. This can feel like a group poem.

### Exercise 14.3 Who are you? What is your work?

1. Do a *six-minute write*.
2. Think of a well-known story you've loved and has been significant to you (Cinderella; Pride and Prejudice; Sherlock Holmes; Jeeves).
3. Rewrite it, setting it in your work.
4. What is different between the story and your work? What similar?
5. Who is 'you' in this story (Elizabeth Bennet/Mr Darcy or Charlotte Lucas/Mr Bennet?)
6. Are you this character consistently, or sometimes Cinderella and sometimes Buttons?
7. How do your colleagues fit into the other character roles?
8. Reread, reflecting on what insight this brings, what you feel about the ending, and any ways you might alter any of it.
9. Alternatively write a new story, set in your work, beginning *Once upon a time ...*

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